

# Humanitarian Settings (Triple Nexus)

Technical Brief





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# Key messages



- It is important to ensure systematic access to necessary menstrual absorbents and safe, clean and private facilities for women, girls and people who menstruate in humanitarian settings, including vulnerable groups.
- Affordability and adaptability to the appropriate socio-cultural norms are challenges to availability. Contextualization is important.
- Refugees often experience shame, stigma and fear of not managing their menstruation. More focus needs to be put on menstrual literacy, health services and stigma reduction in interventions and education initiatives.
- Humanitarian response at the international level should be more coherent, coordinated and guided by universal policy and best practices for menstrual health.
- National humanitarian responses vary in how they ensure the menstrual needs of refugees. Uganda is a host country that has a longer-term and more sustainable approach for refugees.

## Introduction and background



Sub-Saharan Africa hosted more than 4.7 million refugees at the end of 2021. This amounts to one-fifth of all refugees worldwide. Most refugees are clustered in three countries: Uganda (1.5 million), Sudan (1.1 million) and Ethiopia (821,300) (UNHCR, 2022). Humanitarian situations and emergencies often lead to overwhelmed infrastructure, disrupted service delivery and worsening security issues. This can have negative effects on the physical and mental health of refugees as well as poor menstrual health management.

As articulated by Hennegan et al. (2021), menstrual health refers to the overall physical, mental, and social well-being related to the menstrual cycle, not just the lack of disease or infirmity. It includes the ability to manage menstrual hygiene effectively and access to safe and affordable menstrual products and facilities to dispose of used menstrual materials. Additionally, menstrual health involves access to accurate information and education on menstruation and related topics, as well as the ability to participate fully in all aspects of society, free from the stigma

and discrimination associated with menstruation. Moreover, menstrual health is a human right and integral part of sexual and reproductive health and rights, including women, girls and people who menstruate within a humanitarian setting.

**In refugee camps and settlements, managing menstrual health is challenging due to the lack of affordable menstrual products, clean water, sanitation facilities, health services, menstrual health information, and privacy for maintaining menstrual hygiene.**

These concerns can add stress and trauma to their already crisis-stricken lives (UNFPA ESARO, 2021; UNICEF, 2019). In addition, several African countries have faced complex crises involving COVID-19, Ebola, cyclones, and famine in their humanitarian settlements.

To explore this and other, interrelated topics with menstrual health, the UNFPA East and Southern Regional Office (ESARO) and the African Coalition for Menstrual Health Management convened menstrual health symposia in May 2021 and May 2023. These symposia have generated a breadth of knowledge about the status of menstrual health in the African context, which have informed the findings and recommendations in this technical brief (UNFPA, 2021; UNFPA, 2023). During the 2023 symposium, a dedicated session was held on 'Advocating for increased unlimited access to climate-friendly menstrual products for sustainable gender equity in humanitarian settings' with experiences from Nigeria, South Sudan and Egypt. The session focused on the integration of menstrual health into climate change efforts, reusable products, menstrual stigma effects on refugees, unsafe disposal of products, initiatives for textile recycling and research needs on climate change impact in humanitarian settings.

## Purpose and scope

At the 2023 Africa Menstrual Health Symposium, stakeholders came together to make substantial strides in understanding and planning for comprehensive, multi-sectoral menstrual health interventions of the future. This technical brief provides an up-to-date summary of key evidence on menstrual health with the main aim of presenting available information on climate change and resilience in relation to menstrual health in Africa.

This technical brief also builds upon and serves as an update of key literature on menstrual health focused on the region namely, Siri Tellier and Maria Hyttel's 2018 Menstrual Health Management in East and Southern Africa: Review Paper (Tellier, Hyttel, 2018), the Technical Brief on the Integration of Menstrual Health into Sexual and Reproductive Health and Rights Policies and Programmes (UNFPA ESARO, 2021) and the 2021 Report of the Africa Symposium on Improving Menstrual Health Management (ACMHM, UNFPA, 2021).

## Methodology

This technical brief presents the findings of a rapid literature review of academic and grey literature using a scoping review methodology, with a focus on the period from 2018 to 2023. To conduct a rapid literature search, search terms were used through relevant websites, databases, or search engines such as PubMed and Google Scholar. Relevant studies and/or programs conducted in the African region<sup>1</sup> were included in the search and inclusion/exclusion criteria applied. Information extracted from the rapid review was analysed and grouped thematically and key findings are presented below.

While this methodology has limitations, given the general scope and limited resources, it provides an overview of recent literature, gaps in existing evidence and recommendations for future implementation derived from existing literature. The brief highlights menstrual health within humanitarian settings in Africa. Furthermore, this brief uses the term 'women, girls and people who menstruate' to be inclusive of all individuals who do not identify as female, but still experience menstruation.

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1 Countries of relevance included the 54 African countries covered by UNFPA regional offices at the time of review.







# Overview of the current evidence



There are many urgent and competing needs in emergency situations. Menstrual health is rarely at the top of the list of urgent priorities for host governments and aid organizations. Vulnerable groups like people with disabilities, transgender and non-binary individuals, and young adolescents face increased health risks in humanitarian situations due to their unique menstrual needs (UNFPA ESARO, 2021). It is, therefore, paramount to ensure consistent access to needed resources and facilities, considering the unique needs, preferences, and socio-cultural norms of the targeted group, as well as ensuring proper menstrual health management infrastructure that provides clean, safe, and private facilities.

## Access to menstrual absorbents

Access to menstrual products is a common challenge in many low- and middle-income countries (Rossouw et al., 2021). Menstrual supplies or absorbents can include disposable sanitary pads, reusable sanitary pads, reusable cups, underwear and equipment to wash and dry (basin, soap, equipment to sanitize menstrual cup). Many humanitarian organizations and other agencies distribute hygiene or dignity kits. These kits contain essential items that women and girls require and often contain menstrual absorbents, soap, underwear and other necessities to help people who menstruate manage their periods in a hygienic, healthy and dignified manner within humanitarian contexts. However, not all countries have adopted dignity kits tailored to the unique needs of women, girls and people who menstruate in humanitarian settings. Other types of kits distributed can include menstrual products related to water, sanitation and hygiene (WASH) kits, and non-food items kits, but not all (Tellier et al., 2020; Anjum et al., 2019). In addition, access to menstrual supplies also varies with many refugees receiving a kit covering the first three months or less, while others might not have access to any menstrual absorbents at all. For example, a cross-sectional study by Calderón-Villarreal et al. (2022) found that access to menstrual health material varied. It was high in the reviewed settlements and camps in Uganda, Kenya and Zimbabwe (> 96 per cent), in comparison to only 45 per cent in South Sudan and 54 per cent in Bangladesh.

## Affordability

Affordability is another barrier to access menstrual supplies. In humanitarian settings, this barrier is even higher since they often have limited financial resources and restricted opportunities to earn their livelihoods. There are also instances of girls, women and people who menstruate selling their food rations, relief or household items to afford menstrual absorbents. Locally produced menstrual absorbents can be a cost-reducing initiative (ACMHM, 2021). As reported in a CARE report about Uganda, the financial pressures of supporting girls, including the need to invest in hygiene products, can lead to early child marriage (CARE et al., 2018). Further, lack of access to appropriate menstrual absorbents leads to less hygienic and improvised alternatives such as clothing, cardboard and toilet paper for extended periods of time between changing of disposable products and/or washing and reusing disposable absorbents. This may cause additional health problems including reproductive and urinary tract infections and impacts on mental health. The lack of menstrual supplies leads to transactional sex for purchasing these necessities, exposing individuals to risks such as HIV, unintended pregnancies, early marriages, and family separation (Tellier et al., 2020; UNFPA ESARO 2021; CARE et al., 2018).

## Context and adaptability

Contextualization is key to ensure that necessary and appropriate tools and products are provided for women, girls and people who menstruate. The literature reviewed revealed that there are challenges in the implementation of different humanitarian interventions due to barriers of cultural and religious views regarding menstrual health. Additionally, sector guidelines such as the Sphere Minimum Standards stipulate that menstrual hygiene products and facilities should be appropriate for the cultural context, however, there is little guidance on how this should be done (Tellier et al., 2020). One approach to ensure adaptability is to carry out community consultations to understand the cultural and contextual nuances, however, this can also delay implementation in an emergency context. Notwithstanding, without initial consultations, project interventions may provide women, girls and people

who menstruate with materials that are unfamiliar to them or not suitable for the setting they live in. Previous experiences show that women, girls and people who menstruate in humanitarian settings often are adaptable and willing to test new materials and tools if provided follow up with experienced users available to answer questions (Tellier et al., 2020). Other literature suggested that interventions are more successful if feedback from the target group and users are heard and adapted into interventions (UNICEF, 2019).

In addition, the unique needs of refugees living with disabilities are often overlooked during acute humanitarian crises, causing them to experience multiple disadvantages. This leads to insufficient evidence on women, girls and people who menstruate with disabilities and their menstrual health and management risks and barriers they may encounter (UNFPA ESARO, 2021; UNICEF 2021). In addition to physical disabilities, war, natural disasters and other forms of conflicts that displaced people experience, can lead to psychosocial stress and disorders (Calderón-Villarreal et al., 2022).

## Safe, clean and private spaces

Poor sanitation and challenges pertaining to access to water, and safe, clean and private facilities are common in refugee camps and settlements, making bathing, changing, washing, drying or disposing of menstrual absorbents difficult. Female refugees often must share sanitation facilities with men, multiple households or with strangers (Calderón-Villarreal et al., 2022). These problems are deepened for women, girls and people who menstruate with particular needs, for instance, people with disabilities and their caretakers, unaccompanied or orphaned girls, indigenous or those with minority status. The identification of gaps in equity of WASH access, is important to improve the health and well-being of women, girls and people who menstruate living in refugee camps and settlements (Calderón-Villarreal et al., 2022; UNICEF 2021).

The lack of adequate facilities for menstrual health in humanitarian contexts is also associated with increased risk of sexual harassment, sexual and gender-based violence, sexually transmitted diseases and unplanned pregnancies, in addition to psychosocial stress, periodic decrease in education attendance and achievement and economic possibilities (Calderón-Villarreal et al., 2022).

## Soap access

A cross-sectional study looked into 21 refugee camps and settlements in Bangladesh, Kenya, Uganda, South Sudan and Zimbabwe, found that only 24 per cent of all refugee households surveyed have access to soap and water for handwashing. Handwashing with soap is critical for general hygiene, even more so for menstrual health. Thus, this is an important area to improve in refugee camps.

## WASH facilities

The same study found that on average there was a high level of access to improved water. Indicators for improved water included safe water from pipes, boreholes or tube wells, protected dug well, springs or rainwater, and packaged and delivered water. Tongogara, Zimbabwe and Kyangwali, Uganda had low household access to improved water sources with 57 per cent and 67 per cent respectively, which might be since these settlements are older. Further, the study demonstrated that most of the refugee sites had low rates of basic sanitation and sanitation privacy coverage. 63 per cent of households had access to sanitation facilities that provided privacy, the lowest sanitation privacy was measured in Kyangwali settlement with only 8 per cent coverage. Privacy afforded by a locked door in sanitation facilities can benefit women and girls and reduce the risk of gender-based violence inside the sanitation facilities. However, locked facilities are only one measure of gender-based violence risk-mitigation. Distance, lighting and security should also be considered given the risks related to walking to these sanitation facilities, particularly at night (Calderón-Villarreal et al., 2022).

## Shame and stigma

Access to menstrual products, water and sanitation facilities, is just one part of menstrual health. Other important elements include access to health information, identification and mitigation of stigma and psychological distress related to menstruation (Calderón-Villarreal et al., 2022). Shame and stigma are aggravated in refugee settings. For instance, reported situations that cause shame are when washing and drying menstrual absorbents; due to the fear of blood stains or smell, and when walking long distances to points for food distribution. Feelings of shame can also lead to school absenteeism and self-isolation from social settings on account of fear of staining or embarrassment.

Increased stress caused by emergency settings might also affect menstrual disorders, since menstrual stigma and lack of information prevents many women, girls and people who menstruate from seeking medical attention to get a diagnosis and treatment

(Ivanova et al., 2019).

Experiences from settlements in Uganda show that community and male involvement are key to addressing stigma (Tellier et al., 2020). For example, a qualitative study from Uganda highlighted how social support from family, siblings, peers and teachers are important for the menstrual experiences of adolescent refugees (Kemigisha et al., 2020). The importance of combatting stigma and taboos continues to be of utmost importance. Stigma mitigation necessitates a multifaceted approach encompassing comprehensive sexuality education from an early age and support for menstruating individuals, their parents, caregivers, community members, and males, fostering a gender-equitable environment.(ACMHHM, 2021).

## Training and information initiatives

Training can contribute to broader menstrual health literacy, as well as combating stigma and harmful social norms and practices surrounding menstruation and other stress-induced experiences for women, girls, and people who menstruate (Tellier et al., 2020; UNFPA ESARO, 2021; ACMHM, 2021; UNICEF 2021). Many adolescent girls in refugee settings report that they did not have knowledge about menstruation prior to menarche. The lack of knowledge derives from the fact that menstruation is not discussed at home, and that there is a lack of education on menstrual hygiene management (Kemigisha et al., 2020).

### Project experience

The NGO WoMena includes puberty in their training approach, which has provided space for wider discussions. Results from a pilot project in Imvepi, Uganda, indicated that 94 per cent of girls had talked about menstruation with family or friends after the project, compared to the taboo they felt prior. Another important outcome of WoMena's community-based model is that it has helped to address the effects of stigma-induced stress. Participants report that they have gone from feeling fear to feeling free, demonstrating the power of positive social attitudes towards menstruation. Further, WoMena has included information about cycles, irregularities, pain management and when to seek health assistance in their education material (Tellier et al., 2020).



## Response at international level

To ensure that people in humanitarian crisis receive the attention they deserve, there have been various attempts to coordinate at the international level. Although it took time to include menstrual needs in emergency responses, progress has been made through the Sphere Minimum Standards in humanitarian response and a toolkit for including menstrual health into a humanitarian response by Columbia University and the International Rescue Committee. Nevertheless, there is a lack of clarity on the key components for a complete menstrual health and management response, the allocation of responsible sectoral actors to implement (involving various clusters such as WASH, protection, health, education and camp management), the most effective interventions to adapt into emergency contexts, as well as insufficient guidance on monitoring and evaluation. Key challenges to achieve a coherent and coordinated response are the variation of what is seen as an 'appropriate' response from one national context to another, community resistance to sexual and reproductive rights services, in addition to social stigma and taboo about menstruation (Tellier et al., 2020; UNFPA ESARO, 2021). Further, there is an increasing recognition of the need for a more integrated interventions to include the full life cycle from the need of menstrual absorbents and WASH facilities to menstrual knowledge and practices (ACMHM, 2021).

## Triple nexus

Triple nexus refers to the interlinkages between humanitarian, development and peacebuilding. The nexus is intended to be an operational framework to facilitate complementarity, coherence and coordination between different actors (Pedersen et al., 2020). This review found little available literature on the issue of menstrual health regarding the triple nexus. Notwithstanding, there are some guides that provide information about programming in emergency responses and how this can be transitioned into development programming (UNICEF, 2021).

Tellier et al. (2020) pinpoint that the transition from an acute emergency to a longer-term sustainable approach is a challenge faced by the entire

humanitarian sector. In humanitarian assistance, neutrality is one of the core guiding principles. To ensure neutrality, organizations might work around local institutions. In the development sector, one of the central principles is often participation, meaning that working together with local institutions might be the best approach.

To ensure a transition from humanitarian assistance to a longer-term development approach, it is important to gradually contextualize and tailor interventions.

The first acute months can follow a blueprint to rapidly respond to a crisis, then interventions should be contextualized for the longer term. Uganda is one of the leading examples of this globally (Tellier et al., 2020; UNICEF, 2021).

## Response at national level

On an annual basis, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) releases humanitarian response plans (HRPs) to indicate how the 'assessed and expressed needs' are handled in humanitarian crises, which are often country focused. An analysis by Anjum et al. (2019) of all HRPs revealed that gender-sensitive aspects are often overlooked, and menstrual health is a key aspect that is under-reflected in HRPs.

Africa was the continent that released the most HRPs in 2016–2018 (30 of 59). It was also the continent that had the highest mention of menstrual health management-related search terms<sup>2</sup> in their HRPs. For African HRPs, the gap between the mention of menstrual health-related terms (average of 90 per cent) against the planned distribution of dignity kits (24 per cent), is paramount. This indicates that dignity kits are not sufficiently distributed and demonstrates a need for a universal policy about the provision of menstrual health in humanitarian crises and the lack of evidence on best practices. This lack of a universal policy for menstrual health in emergency settings has implications for the

2 Note of limitation: These included different search term variations for kits that may or may not include menstrual hygiene management related products. Search terms included WASH kits, hygiene kits, dignity kits, non-food item kits and spelling variations of these.

health and dignity of women, girls and people who menstruate, in addition to the country-level progress towards the Sustainable Development Goals. Many countries had unconcise reporting with regards to needs and planned distribution, as well as inconsistencies between the different report years. This left the analysis of needs versus plans for menstrual health incomplete in many regards, as well as demonstrating the need for monitoring and evaluation to ensure adequate reporting (Anjum et al., 2019).

Uganda has 1.5 million refugees and various long-term settlements that have existed for more than a decade. The Ugandan approach is more sustainable than many other countries since the refugee population is given more freedom to develop livelihoods, as well as more freedom of movement outside the settlements (Tellier et al., 2021). Nonetheless, women, girls and people who menstruate in settlements in Uganda still have great challenges such as stress, taboos, feeling of shame and difficulties accessing menstrual supplies. These experiences are exacerbated for the refugee population

### Project example

WoMena adopted an approach based on the ecological model which takes into consideration the different levels of network and relations surrounding women, girls and people who menstruate. The approach goes from the individual to the societal level, including community contacts, trainings, local supporters including male role models, skills and knowledge about using materials, followed by end-line surveys, consultations and follow-up. They also distribute menstrual products of reusable materials, especially menstrual cups and reusable sanitary pads. They experience that women, girls and people who menstruate in refugee settings are quite adaptable to test different absorbents and initiatives. The presence of experienced users to answer questions is very valuable, especially for cups. Flexibility to modify after concerns and feedback from the community is key, for instance, challenges in boiling the cup for monthly sterilization resulted in a metal container being added to their kits. The consultative approach also helped to identify people who menstruate with special needs like limited mobility or cognitive disabilities (Tellier et al., 2021).



# Gaps in the existing evidence



Evidence gaps to be further explored:

- Access to menstrual absorbents, menstrual hygiene facilities and health services for women, girls and people who menstruate in refugee camps and settlements.
- Barriers to the distribution of dignity kits, including menstrual supplies and their sustainability.
- The menstrual needs and experiences of women, girls and people who menstruate, including vulnerable groups such as people with disabilities and their caretakers.
- Consequences of poor menstrual health in humanitarian settings, including the impact of psychosocial stress on impaired management of menstruation.
- Challenges related to the culture-specific nature of menstrual health, including stigma, taboos and harmful practices in host populations, and the implications for the displaced women, girls and people who menstruate.
- Lack of a universal policy, best practices and sectoral allocation for responsibilities, and a clearer strategy beyond sharing kits and towards more sustainable approaches, including waste disposal and adequate WASH infrastructure.
- Intervention studies for more evidence about reusable menstrual absorbents such as reusable pads and menstrual cups. These studies should include identification of indicators that can help assess whether a problem with a menstrual absorbent is due to failure of the product itself, or improper usage. Reusable absorbents can constitute a more climate-friendly approach to menstrual management in humanitarian settings. Evidence-based information should feed into policy development for provision of more sustainable menstrual absorbents and information-sharing during humanitarian emergencies.
- More best practices and project examples of menstrual health in humanitarian settings and in relation to the triple nexus.

## Conclusion and recommendations



There are many gaps in the existing knowledge about the menstrual needs, depth of experiences and effects of stigma for women, girls and people who menstruate in humanitarian settings, as described above.

Recommendations include:

- Ensure systematic access to necessary supplies and safe, clean and private facilities for women, girls and people who menstruate in humanitarian settings, particularly for vulnerable groups.
- Target and mitigate challenges of affordability, acceptability and adaptability to the appropriate socio-cultural norms of the humanitarian settings. Contextualization is important.
- A comprehensive inter-sectoral approach to menstrual health in refugee settlements and camps is needed. Humanitarian response at the international level should be more coherent, coordinated and be guided by a universal policy and best practices for menstrual health. Menstrual health improvements require efforts from the health, WASH and protection sectors, among others, to meet the unique needs of women, girls and people who menstruate. A more coherent and cross-sectoral international response can also lay ground for triple nexus interventions, including menstrual health, with a focus on scaling up, sustainability and long-term development.
- Ensure a holistic approach to menstrual health. While access to menstrual health materials and WASH resources is critical, it is just one component of menstrual health. Access to health information and addressing stigma and psychological distress through educational initiatives and community inclusion are equally important aspects of ensuring menstrual health in humanitarian settings.
- National humanitarian responses vary in terms of how they ensure the menstrual needs of refugees. More monitoring and evaluation is needed, including standard indicators and inclusion into existing monitoring and evaluation tools and needs assessment. Uganda is an example of a host country with a longer-term and more sustainable approach for refugees.
- Include consultations and open dialogue to assess the menstrual hygiene needs in humanitarian response and programming. Assessments and formative research must be approached sensitively depending on the context to ensure that women, girls and people who menstruate feel comfortable to engage in discussions about menstrual health.
- Investment on research in menstrual health in humanitarian settings is required to further develop guidelines and policies based on evidence-based practices.



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