



An integrated approach to menstrual hygiene management:

**Awareness sessions and cash assistance
for women and girls affected by crisis in Lebanon**



SUMMARY OF LEARNING

In 2022, UNFPA Lebanon worked with local partners to launch an integrated cash and awareness for menstrual hygiene management (MHM)¹ initiative as a way to tackle the growing issue of period poverty amidst the country's economic crisis. Through the pilot, over 2,600 vulnerable women and girls of reproductive age received cash assistance intended to cover the purchase of monthly menstrual products after attending awareness sessions on menstruation and menstrual hygiene. These awareness sessions aimed to address social stigmas and myths that often shroud the limited education on menstruation in the country, with the intention of empowering and equipping women and girls to manage their menstruation with confidence and dignity.

Key findings were as follows:

- Despite many competing spending priorities and the unrestricted nature of cash assistance, the women and adolescent girls who received the cash assistance consistently spent it on menstrual hygiene products.
- The cash assistance helped those participating purchase menstrual products amidst economic turmoil in Lebanon, although the efficacy of the cash component was weakened by persisting hyperinflation which neutralized some of the benefits of the cash assistance.
- Monitoring showed very positive impacts on psychological wellbeing and intergenerational relationships, helping to normalize conversations about menstruation between adolescent girls and their caregivers and reducing the stress they felt about discussing and accessing products to sufficiently manage their menstruation.
- The program had gender-transformative impacts for participating women and girls, halting intergenerational chains of misinformation about menstruation and giving them the power to purchase their preferred menstrual hygiene items and lessen their reliance on harmful coping strategies.
- Participants were motivated to take part in the pilot by both the cash assistance and education components, and the cash assistance likely contributed to boosting participant retention in the program, which had higher retention rates compared to other awareness raising programs on similar topics.

¹ Menstrual hygiene management (MHM) refers to a range of interventions that enable women and girls to manage their monthly menstruation in a safe, dignified and hygienic way. Menstrual health and hygiene interventions support women's and girls' access to MHM and also act as a gateway for gender-transformative programming. For more information, see [Menstrual Hygiene Management in Emergencies: Perspectives and Practices from the Arab Region](#) (UNFPA, December 2020).



INTRODUCTION

Humanitarian context and period poverty in Lebanon

Since August 2019, Lebanon has been in the throes of an unprecedented economic crisis, causing increasing unemployment rates and multidimensional poverty rates up to 82 percent.² In times of crisis, women and girls' menstrual hygiene management (MHM) needs are often overlooked and deprioritized in household spending, exacerbating existing gender inequalities and power imbalances. Such has been the case in Lebanon, where hyperinflation and local currency depreciation have caused the cost of menstrual products to increase up to 234% for products made nationally and up to 409% for those that are imported since the economic crisis began.³

As a result of these circumstances, in 2020 an estimated 66 percent of adolescent girls in the country lacked the financial means to purchase the necessary menstrual products each month.⁴ Instead, many women and girls of reproductive age in Lebanon must buy the cheapest menstrual hygiene products available, compromising on quality, or are even forced to resort to using pieces of cloth cut from old clothing to manage their menstruation.⁵ These challenges build on widespread gender inequality, discriminatory social norms, cultural taboos, poverty, and dearths of basic services that already pervaded in the country prior to the economic crisis, hindering the ability of women and girls in the country to meet their menstrual hygiene needs in a dignified way.

This struggle is known as period poverty, a term which describes the difficulties that many low-income women and girls face trying to afford menstrual products such as sanitary napkins, tampons, pain medications, and underwear. The costs of these products can increase the economic vulnerability of women and girls of reproductive age who must find the means to fulfill their MHM needs alongside their other basic needs. Difficulties affording MHM products can also cause women and girls to miss school and work when they are unable to sufficiently manage their menstruation.

² Multidimensional poverty in Lebanon (2019-2021): Painful reality and uncertain prospects (United Nations Economic and Social Commission for Western Asia, 2021).

³ Period Poverty in Lebanon (Plan International, August 2021).

⁴ COVID-19 Multi-Sectoral Needs Assessment (Plan International, April 2020).

⁵ Menstrual Hygiene Management Among Syrian Refugee Women in the Bekaa (Oxfam, 2020); Period Poverty in Lebanon (Plan International, August 2021).

This can lead to lasting negative impacts on their education and economic opportunities, with long term effects on their freedom, mobility, and choices. Consequently, period poverty often causes increased stress and anxiety for those experiencing it by increasing existing vulnerabilities and pushing women and girls toward negative coping mechanisms⁶.

Synopsis of UNFPA intervention

To address these challenges in the context of Lebanon's current economic crisis, UNFPA implemented a pilot for cash for MHM for women and girls of reproductive age. Through the pilot, eligible women and girls of reproductive age received cash assistance conditional to attending awareness sessions on MHM led by local implementing partners. Although the cash assistance was conditional upon attendance to MHM awareness sessions, the cash assistance served more as an enabler to attendance than as an incentive to it given that there is a large appetite for MHM information among women and girls of reproductive age in Lebanon.

The cash assistance that participants received after each session was intended to cover the purchase of monthly menstrual products for the recipient. The pilot ran from August 2022 to January 2023 in North Lebanon, Nabatieh, and Bekaa and ultimately reached 2,622 women and girls of reproductive age.

Overall, the pilot aimed to lessen the reliance of women and girls of reproductive age on negative coping mechanisms (such as skipping work or school) or reusing menstruation products or other unsafe materials to manage their menstruation by:

- Providing women and girls of reproductive age with the financial means to purchase the menstrual products that they need and prefer, and
- Providing education on menstrual hygiene management, including by dispelling harmful myths and taboos about menstruation.



⁶ Menstrual Hygiene Management in Emergencies: Perspectives and Practices from the Arab Region (UNFPA, December 2020).

PROGRAM DESIGN

Eligibility criteria and targeting

UNFPA targeted over 2,600 adolescent girls of reproductive age as well as their caregivers and other adult women of reproductive age in the north, center, and south of Lebanon (namely, in North Lebanon, Nabatieh, and Bekaa) for MHM education and assistance. Targeting was conducted by UNFPA's implementing partners (IPs), AMEL and LECORVAW, which relied on existing lists of women and girls of reproductive age who were already benefiting from GBV services as well as door-to-door outreach in vulnerable communities. In order to fill gaps and avoid duplication, UNFPA Lebanon requested that the IPs focus on the most vulnerable geographical areas and communities that were not covered by previous distributions of dignity kits or washable pads by UNFPA or other actors. All women and adolescent girls of reproductive age in a targeted household were eligible to attend the sessions and to receive cash assistance individually, regardless of whether someone else in their household was already participating in the program. This was decided in an effort to mitigate the sharing of menstrual products between household members that is common in Lebanon.

Modality and delivery mechanism

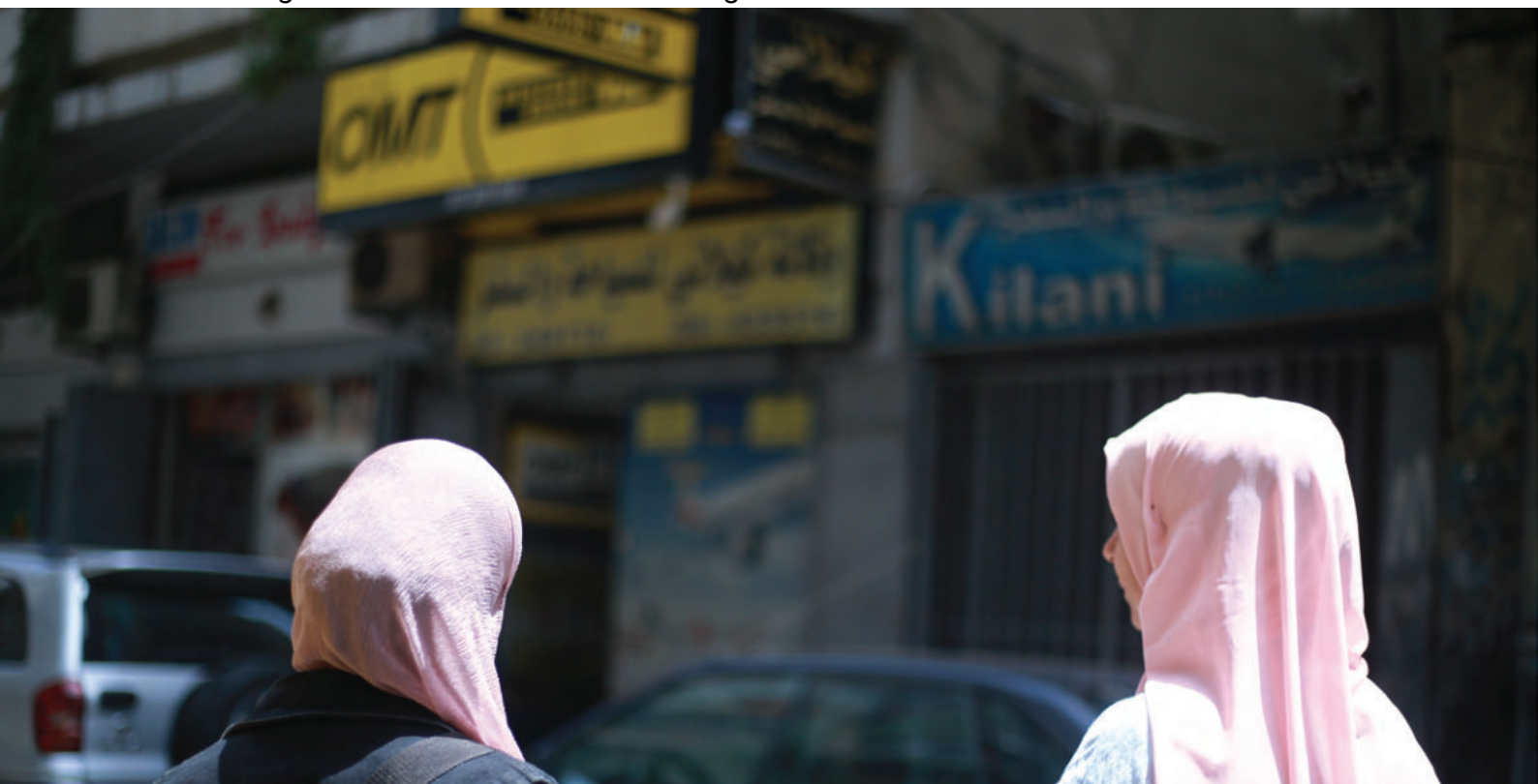
After targeting, selected women and girls of reproductive age attended up to three MHM awareness sessions, which took place in IP centers such as women and girls' safe spaces (WGSS), primary health clinics, or at the community level. In cases in which the awareness sessions took place in a location other than where most of the program participants were based, the IPs worked to provide transportation to the sessions. Separate sessions were held for the adolescent girls and for the adult women to ensure that each group would be in a comfortable environment of peers of around the same age.⁷ The awareness sessions were facilitated by trained social workers from each IP using the MHM curriculum from the Women's Integrated Sexual Health (WISH) program developed by the American University of Beirut Medical Center and supported by UNFPA, with each session covering different topics such as menstrual hygiene, changes to the body during puberty and menopause, fertility, and health issues related to menstruation. Participants were encouraged to attend all three sessions given that each session addressed different subjects.

⁷ Although it was intended that adolescent girls and the adult women would always participate in split-age sessions, in practice IPs a few times decided to hold mixed-age sessions in contexts in which adolescent girls expressed they would be more comfortable attending the sessions alongside their caregivers.

After attending each session, each participant was eligible to receive a cash transfer intended to cover the costs of their monthly basic MHM needs. Cash was intended to give the program participants the flexibility to choose for themselves where and what products to buy to meet their MHM needs in a safe and effective manner. The use of the cash transfers was not restricted, meaning that the women and girls receiving it were able to choose how to spend it, with the intention that it would be spent on quality menstrual products. UNFPA used its existing contract with a financial service provider (FSP) – a money transfer operator (MTO) called Online Money Transfer (OMT) – to disburse the transfers in Lebanese pounds. Due to national regulations in Lebanon, underage adolescent girls were not able to pick up transfers from the OMT themselves, but instead could designate any adult female as a proxy to collect their cash transfer and then pass it to the underage program participant.

Conditionality, transfer amount, frequency, and duration

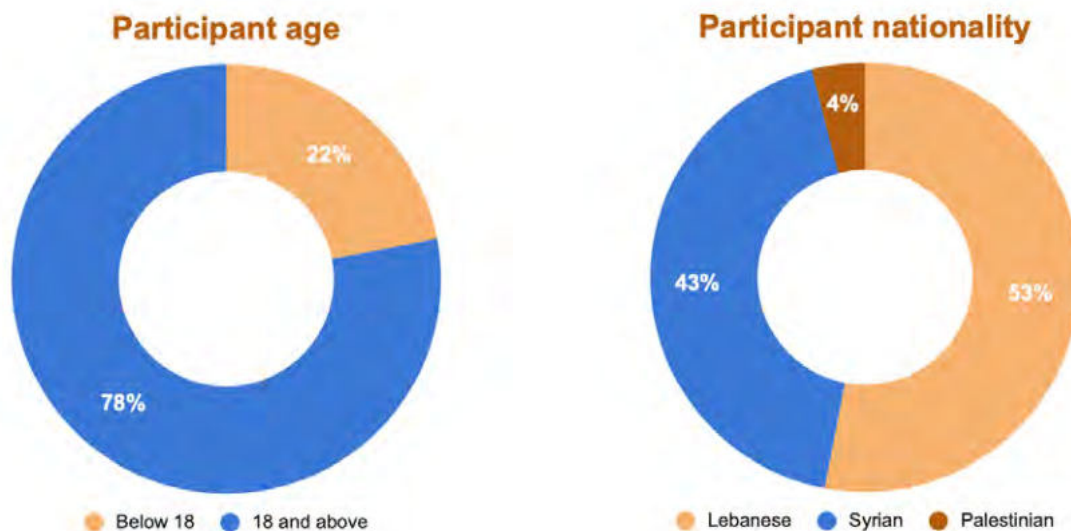
The transfer of cash was conditional upon the attendance of a program participant to an MHM awareness session. Three awareness sessions were offered for both the adolescent girls and for the adult women. After attending a session, the participating women and girls were each eligible to receive a single cash transfer and were thus eligible to receive three separate cash transfers if they attended all three sessions. Each cash transfer was worth 5 USD, though the transfers were distributed in Lebanese pounds (LBP) based on a preferential exchange rate. The cash transfer amount was designed to take into account costs of a monthly supply of disposable pads, other menstrual hygiene items such as soap, and the costs of transportation to the FSPs where the transfers could be collected given that there were no MTOs within walking distance in a number of the targeted locations.



MONITORING AND RESULTS

Prior to the implementation of the pilot, a monitoring framework that used a mix of qualitative and quantitative monitoring tools developed specifically for MHM programming was established. A baseline assessment, post-distribution monitoring (PDM) surveys, focus group discussions (FGDs), and key informant interviews (KIIs) were used to assess the effectiveness of the pilot program and to identify any potential safety and protection risks faced by participants as a result of their involvement in the project.⁸

2,622 women and girls of reproductive age ultimately attended the awareness sessions and received cash assistance. While it was not necessary to attend all three sessions in order to receive cash assistance, 71% of program participants attended all of the three sessions that were offered and were thus eligible to receive three cash transfers, worth 15 USD total. Although 270 cash transfers were not collected after attendance to sessions,⁹ the majority of the participants collected each of the transfers that they were eligible to receive.



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PDM was conducted using KoBo, with assessments with program participants taking place over the phone and utilizing questions developed specifically for the monitoring of MHM programming. Four FGDs were held (two with adolescent girls and two with adult women) in two different locations where the pilot was implemented. KIIs were conducted with relevant UNFPA staff and IP focal points who were involved in the programming. PDM for further iterations of this program will take into account challenges discovered through the monitoring of the pilot, particularly related to revising a few PDM questions to make them easier for program participants to understand in order to obtain more accurate data.

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The most common reasons that transfers were not collected were relocation, travel outside the country, increased transportation fees, lack of legal documentation for verification during cash collection, and changed phone numbers that meant that the program participants could not be contacted.

Key findings from the monitoring were as follows:

Decision making, use of cash assistance, and access to MHM products

- **74% of those surveyed spent the cash assistance exclusively on menstrual hygiene products or related costs**, despite competing spending priorities (such as food or rent) and despite the unrestricted nature of the cash.
- **92% of those surveyed reported that the women and girls receiving the cash assistance were the ones who decided how to use it**, rather than a male in the household making those decisions.
- **Disposable pads were the menstrual products most commonly purchased using the cash assistance**. Soap was the second most commonly purchased product.
- A few women and adolescent girls in the FGDs reported continued stigmatization when buying menstrual products in the markets (particularly when purchasing products in shops run by men), sometimes creating barriers to access the products because of fears of harassment.
- Some participants felt that the amount of the cash assistance was not sufficient to purchase all of the MHM products they needed, at times necessitating continued product sharing within the household even when all of the women in the household were attending awareness sessions and receiving subsequent cash assistance.
- 77% of those reporting “poor” or “very poor” access after the pilot stated that it was due to continued price inflation that made menstrual products more expensive to purchase.
- In an attempt to mitigate highly fluctuating exchange rates, the amount of cash given to each program participant in LBP was adjusted periodically to attempt to align it with the intended 5 USD transfer value. Even so, frequent fluctuations in the exchange rates made it so that program participants did not always benefit from favorable rates if time had passed between when the transfer rate in LBP was set in the system and when the participant actually collected it. It was not possible to adjust the USD transfer amount of 5 USD throughout the course of the pilot given its short duration, though this would likely be an option in longer-term projects.
- Dissatisfaction related to the cash transfer amount may have also been due to participant expectations that the assistance would cover a wider and longer-term basket of MHM needs (including items such as painkillers and undergarments), even though the assistance was only intended to cover a month’s supply of disposable pads and other small purchases such as soap and transportation to the FSPs. It is possible that a higher transfer amount is necessary to more substantially improve access to MHM products amidst the economic crisis.

- Despite persisting affordability issues posed by ongoing inflation, women and adolescent girls participating in the FGDs reiterated that the cash assistance created better access to MHM products, a conclusion that was reinforced by the fact that reliance on negative coping mechanisms such as skipping work or school significantly decreased after the pilot.

Physical mobility, engagement in social activities, and coping strategies

- The percentage of those surveyed stating that menstruation does not affect their usual activities increased from 44% to 63%, and **the percentage reporting that they never had to skip work or school due to their menstruation increased from 58% to 80%.**
- The percentage of those surveyed agreeing that it is not necessary to buy their menstrual pads surreptitiously increased from 36% to 55%.
- Women and adolescent girls in FGDs reported that the cash assistance lessened their reliance on negative coping behaviors such as skipping activities or using low-quality products to manage their menstruation.

Psychological and interpersonal impacts

- **Women who reported “always” or frequently” feeling stress or tension during their menstrual period decreased from 49% to 17%.** Women in the FGDs credited this to the fact that they felt less stressed because the cash assistance eased the financial burden of purchasing menstrual products.
- Women and adolescent girls who took part in the FGDs expressed their happiness that **the awareness sessions provided a safe haven for them to access factual and reliable information on MHM and break free from harmful myths and misconceptions that are typically passed down from mothers to daughters.** They conveyed that having access to accurate and trustworthy information about menstruation helped them feel more confident when discussing this topic. One woman said **“During the menstrual hygiene sessions, I was able to share my experience during menstruation, and compare it with the past months when I was stuck in the circle of misconceptions and myths.”**
- FGDs and KIIs with the IPs revealed that the pilot program had a **significant positive impact on opening intergenerational discussions about menstruations between adolescent girls and their caregivers, as well as with other members of the household.**
- Prior to the assistance, caregivers expressed that they felt fear and shame when their daughters tried to talk to them about menstruation due to lack of education and societal taboos. However, after attending the awareness sessions, they gained confidence to discuss menstruation and to fulfill their responsibility of accurately educating their daughters about it and answering their questions when asked. Speaking about her relationship with her daughter before participating in the program, one woman said: **“During her first period, my daughter changed her**

underwear more than 6 times a day, without realizing that this is a period, and she didn't even inform me because this is a conversation that is not encouraged within the family."

- Conversely, participating adolescent girls communicated that they were glad to be able to take part in the sessions because many of them hoped to one day be mothers themselves and would therefore be responsible for educating their future daughters about menstruation.
- **Participating women and girls seemed to particularly benefit from positive psychological and familial changes when both the caregiver and adolescent girl(s) of a household had attended the sessions**, and thus both therefore felt more knowledgeable and confident discussing menstruation. They reported that this helped create more positive relationships within the household.

"I was lucky to benefit from a program that provides us with menstrual hygiene materials, because they understand that access to this type of products is one of our minimum rights and it helps us keep our confidence high."

¹⁰
-Soraya*, an adolescent girl who participated in the Cash for MHM pilot

Product sharing

- Sharing of menstrual products within the household increased from 54% to 79% despite the fact that 88% of those surveyed stated that all of the females of reproductive age in their household attended the MHM sessions and received cash assistance. This may have been due to the fact that continued inflation led to lower purchasing power of menstrual products. Additionally, in FGDs women and girls reported that they sometimes shared the menstrual products they purchased with siblings and friends who did not attend the sessions.

Delivery of cash assistance

- **95% of surveyed program participants stated that they were able to safely access the cash assistance.**
- Some program participants did not live near an FSP branch, necessitating that they travel long distances and pay high transportation costs in order to collect their transfers. Fluctuating prices of transportation.
- Program participants sometimes experienced overcrowding and long waiting times at the FSPs, while others struggled to present identification or legal documentation required by the FSP to collect cash transfers.
- A few FGD participants reported that they faced rudeness from employees when collecting their cash transfers from FSP employees who complained that the

¹⁰
Name changed.

transfer amounts were not high enough to be worth their services.

- In more remote areas, there were also occasionally technical problems with the FSP systems and with the transfer of the necessary program participant data, though the transfer collection window was extended to mitigate the impacts of this challenge.
- It was not possible for girls under 18 years old to collect the cash transfers themselves after the awareness sessions given national regulations on electronic payments that do not permit FSPs to disburse cash to minors. Instead, the adolescent girls had to designate a proxy (usually their caregiver) to pick up the cash for them. While this was not reported as a significant issue for the majority of adolescent girls, there were two cases in which adolescent girls did not have a close family member to receive the cash on their behalf or were concerned that their designated proxy would not actually pass the cash assistance onto them.

Preference for further MHM programming

- **73% of those surveyed stated that cash (rather than in-kind items such as menstrual pads or tampons) would be their preferred modality for future MHM assistance** because it allowed them to purchase their preferred products and given that the process to receive the assistance was more practical than other modalities.
- Although the cash assistance did not seem to be a larger motivator to program participation than the awareness sessions, **the cash assistance likely helped to incentivize continued attendance and minimize dropouts from the sessions.**
- Participants in FGDs repeatedly expressed their **desire for additional awareness sessions with further information on MHM** and other topics such as broader personal hygiene and body image, as well as to create opportunities for participants to ask more questions about the topics covered in initial sessions.



LEARNING AND RECOMMENDATIONS FOR FUTURE MHM PROGRAMS



Integration of cash and awareness sessions for MHM

- The cash assistance component and education component were both vital to the success of the program. The cash assistance helped to increase women and girls' access to quality menstrual products as well as enable and incentivize continued attendance to the MHM awareness sessions, while the sessions themselves provided vital information on menstruation that helped to break taboos and normalize conversations about menstruation between adolescent girls and their caregivers.
- By stopping intergenerational chains of misinformation about menstruation and helping women and girls to more fully satisfy their MHM needs, the program had gender-transformative impacts for those who participated. Cash was a vital enabler of this, boosting participant retention and thus allowing women and girls to access the MHM information needed to create gender-transformative and intergenerational change.
- Whenever possible, it is recommended that all women and girls of reproductive age in a household attend the awareness sessions in order to a) ensure that they all benefit from education on MHM, and b) lessen likely reliance on the sharing of menstrual products by enabling each participant to receive their own cash transfer.

Transfer amount

- Future iterations of the pilot might consider disbursing cash in USD in order to combat fluctuating exchange rates. In Lebanon, however, 5 USD and 10 USD banknotes are not always readily available. Lump sum payments after attending all three sessions (rather than a smaller payment after each session) could be considered, but efforts would have to be made to ensure that the cash would still be used for its intended purpose and that a lump sum payment would not lead to a higher dropout rate from the awareness sessions. The USD transfer amount could instead be adjusted on a periodic basis (regardless of whether the cash is given in USD or LBP) to account for fluctuating prices of menstrual products.
- Consider conducting a systematic assessment of the transfer value during the project, adjusting it as necessary to take into account fluctuating commodity prices as well as the cost of program participants' transportation to both the awareness sessions and to collect the transfers.
- Bear in mind that as awareness of proper menstrual hygiene management increases, so too does demand for a variety of quality products (such as pads, painkillers, undergarments, etc.) and thus the cost for each person to purchase them. Consider increasing the transfer amount to cover the growing needs that may be generated by education on MHM.

Targeting

- Continue to enhance targeting approaches to ensure that those who are most financially vulnerable and in need of MHM assistance are those who are ultimately selected to benefit from the cash assistance.
- Ensure that women and girls with disabilities are targeted for cash assistance and education, as they may face larger barriers to satisfying their MHM needs.
- Work with IPs with experience in reaching out to gender nonconforming people who menstruate to discreetly and safely give them access to MHM information and cash assistance.

Cash delivery mechanism and modality

- When using FSPs such as the OMTs used in Lebanon, consider using a geographic targeting approach that takes into account the distance between the program participants' residences and the locations of the FSPs.
- While many program participants expressed that they would have preferred to receive cash in hand directly after the sessions rather than through the contracted FSP some time after, this is not always a feasible or safe option for IPs. Continue improving the efficiency of the cash disbursement timeline by shortening the amount of time between session attendance and transfer collection so that participants can receive the transfers in a timely manner after the awareness sessions. To do so, consider introducing a data management system, training IP staff, or designating dedicated UNFPA staff to efficiently compile accurate participant lists from each session, working to minimize the need for any back and forth with the IP to verify participants.
- If there are regulations preventing minors from collecting cash transfers themselves, integrate flexibility to disburse vouchers or cash in hand to minors who do not have a straightforward proxy to pick up their cash assistance or who are uncomfortable designating a proxy.
- Consider using a value-based voucher system only if there are adequate technological options available at an efficient price and if there are effective ways to engage with existing shop networks.
- Consider hosting information sessions or hanging posters in the cash collection locations about the accepted forms of identification to receive cash transfers in order to sensitize both the cash transfer agents and the program participants.
- Consider using cash in hand on a case-by-case basis in exceptional circumstances to serve program participants who face barriers (such as a lack of ID or the lack of a collection proxy for an underage girl) to collecting cash through an FSP.

Awareness sessions

- KIs revealed that the content and facilitation of the MHM awareness sessions should be refined to make the content more user-friendly and the facilitation more engaging with interactive techniques that are age appropriate for adolescent girls. Consider developing facilitator guides that highlight effective techniques.
- Consider holding additional awareness sessions following the initial three sessions on MHM in order to cover other related topics such as personal hygiene and body image.
- Consider developing leaflets with the key information from the awareness sessions to participants to bring home and/or share with others after the sessions.
- While splitting adolescent girls and adult women into separate awareness sessions helped to ensure that the participants were in comfortable and safe environments to learn about and discuss MHM, FGD participants expressed that they would also be interested in participating in mixed sessions involving both adolescent girls and their caregivers. Consider hosting additional joint sessions to provide a safe space for intergenerational conversations about menstruation, or consider hosting all sessions jointly but with separate breakout groups during the session for adolescents and adult women for specific topics.

Scalability and sustainability

- Given the pilot's encouraging results related to awareness and reduced reliance on negative coping mechanisms and bearing in mind persisting MHM needs, work to define a scale-up and funding strategy to expand the programme's coverage and duration.
- In addition to scaling up the pilot program to include more participants, consider partnering with other actors to leverage their targeting, delivery models, and network systems to more efficiently and effectively deliver the cash assistance.
- To address the fact that menstrual hygiene needs continue even after assistance programs end, consider ways to integrate education and greater availability of reusable MHM products such as reusable sanitary pads¹¹ that lessen the recurring costs associated with managing menstruation.
- Work to develop culturally-sensitive visual materials (such as videos and infographics) that can be used to reach wider populations with key MHM information.
- UNFPA Lebanon will continue to work with key partners to advocate for policy and legislative amendments, including advocacy to reduce restrictions to national production and international import of menstrual products that have an impact on price and accessibility.

¹¹ Results are forthcoming from a report commissioned by UNFPA Lebanon on a pilot on sustainable solutions to tackling period poverty in the country. Preliminary findings indicate that there is an openness of women and girls of reproductive age in Lebanon to the use of reusable sanitary pads, though women over the age of 25 were more comfortable using them than women and girls younger than 25.



Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

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