

SAFE, DIGNIFIED & INCLUSIVE MENSTRUAL HYGIENE MANAGEMENT (MHM) PROGRAMMING IN EMERGENCIES

ABOUT THE CHALLENGE

Elrha's Humanitarian Innovation Fund (HIF) aims to improve outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions. To achieve this, we fund innovations that aim to improve the effectiveness of humanitarian response.

Our Water, Sanitation and Hygiene (WASH) focus area aims to explore and grow the potential for innovation to improve humanitarian WASH.

In 2013, we commissioned a Gap Analysis to identify the major challenges that require innovative solutions in humanitarian WASH. Whilst this Gap Analysis remains the foundational framework for our WASH innovation work, we also recognise that the needs of affected populations evolve, and so must the humanitarian innovation agenda and the WASH sector's response to these needs.

Over the past couple of years, menstrual hygiene management and incontinence management in humanitarian settings have surfaced as important and neglected gaps in the sector. While our 2013 Gap Analysis acknowledged menstrual hygiene provision as a gap in humanitarian programming, it made no reference to incontinence management. Guided by conversations with WASH experts and our Technical Working Group (TWG), as well as informed by initial rapid desk research, we decided to focus the two May 2019 WASH Challenges on these complex and neglected areas for the sector. Our decision is also informed by our HIF Programme Strategy for 2018–2020 and our ambition to be a responsive and adaptive actor in the humanitarian system, tackling more complex and systemic innovation problems.

Through these two Challenges, we hope to build a better understanding of the existing barriers to effectively managing menstrual hygiene and incontinence in humanitarian settings and support the development and uptake of innovative solutions.

This Handbook is about the Menstrual Hygiene Management (MHM) Challenge.

The Challenge has three separate Calls that are covered in this Handbook:

- Call 1: Shifting humanitarian norms: prioritising MHM
- Call 2: Designing better MHM spaces
- Call 3: Solving MHM waste management

We will accept proposals for projects that aim to address one, two or all three Calls.

To apply, fill out the Expression of Interest (EOI) for the relevant Call via our Common Grants Application platform.

- Already have an account? Login to start an application.
- Don't have an account? Sign up to open an account and start an application.



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THE PROBLEM

Menstrual hygiene management (MHM) is a long-overlooked aspect of humanitarian response. With nearly half of the displaced population consisting of women and girls¹, there is a growing urgency for the humanitarian community to better address such gender-specific needs.

Managing menstruation safely, hygienically and with dignity is a challenge to women and girls across low-income settings. This is often due to a lack of physical access to latrines during menstruation, a lack of dedicated disposal options for sanitary materials and cultural taboos. This challenge becomes even greater in emergencies.² Women and girls may lack access to adequate supplies or materials (eg, cloths, pads, underwear) to manage their menstruation; they may lack access to private and safe water and toilet facilities (especially at night) to change their menstrual materials and wash themselves; or they may lack the spaces and mechanisms for privately disposing of used materials, or for discreetly washing and drying reusable materials.³

All of these constraints can lead to poor MHM and significant health and psychosocial implications for women and girls including social exclusion and vulnerability.⁴ Lacking access to safe and private spaces to manage menstruation can also increase exposure to the risk of sexual violence and exploitation in humanitarian settings.⁵

In recent years, the topic of MHM has been getting increasing attention and coverage in the humanitarian sector.⁶ A significant proportion of the research, advocacy and programming has focused on the availability of appropriate materials and supplies⁷ for MHM, with a number of new menstrual materials being tested across different settings (eg, RealRelief's SafePad, IFRC's MHM Kits, and Afripads).

While efforts to ensure that women and girls have appropriate materials to manage their menstrual hygiene in a crisis are important, to be effective and provide comprehensive support, MHM programmes have to be holistic. This means they have to provide (1) safe, private and hygienic water and sanitation facilities and spaces for changing menstrual materials and bathing, (2) easy access to water inside or near toilets, (3) supplies (eg, laundry soap, separate basin) for washing and drying menstrual materials discreetly, (4) disposal

1 United Nations Refugee Agency (UNHCR). (2015) "World at War: UNHCR Global Trends Forced Displacement in 2014 [pdf]", Geneva: UNHCR.

2 M. Sommer et al. (2016) "What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review", *Waterlines*, Vol. 35, No. 3.

3 A.H. Parker et al. (2014) "Menstrual management: a neglected aspect of hygiene interventions", *Disaster Prevention and Management*, Vol. 23, No. 4, p. 437–54.

4 C. VanLeeuwen, B. Torondel. (2018) "Improving menstrual hygiene management in emergency contexts: literature review of current perspectives", *International Journal of Women's Health*, Vol. 10 p. 169–186.

5 M. Sommer et al. (2014) "Violence, gender and WASH: spurring action on a complex, under-documented and sensitive topic", *Environment and Urbanization*, Vol. 27, No. 1, p. 105–16.

6 M. Sommer et al. (2016) "What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review", *Waterlines*, Vol. 35, No. 3.

7 See Glossary for a clarification of the terms 'menstrual materials' and 'menstrual supplies'.

systems through waste management, and (5) access to practical information on MHM, for adolescent girls in particular.⁸ In addition to this, there has to be an explicit commitment from the humanitarian sector to prioritise holistic MHM programming and drive the uptake of inclusive practices.

To support the development of holistic MHM programmes, this Challenge is focusing on three important barriers⁹:

LACK OF PRIORITISATION OF MHM

While MHM initiatives, tools and guidance are gradually emerging, there are still significant challenges when it comes to humanitarian practitioners implementing even basic MHM practice. There is a need for initiatives that are able to shift prevailing attitudes, behaviours and practices within the humanitarian sector and drive the importance of MHM programming.

LACK OF ACCEPTABLE MHM SPACES

While having access to relevant menstrual supplies is important, it is also insufficient. Women and girls need safe spaces where they can dispose of or wash and dry menstrual materials in privacy. These spaces will vary widely depending on local cultures, practices and available materials. There is a need to build on existing good practice and develop culture-specific guidance and spaces.

LIMITED MHM WASTE MANAGEMENT SOLUTIONS

The disposal of used menstrual materials is a growing and complex challenge as the types of menstrual materials used in an emergency vary and can change over time even within the same setting. Disposal is dependent on socio-cultural norms and taboos related to menstruation and menstrual blood. We need new, safe, discreet and environmentally-friendly solutions for managing MHM waste.



For this Challenge, each barrier was translated into a distinct Call for innovative solutions. For more information about each of these barriers and the types of solutions we're interested in funding, please read the respective Call description.

8 M. Sommer et al. (2016) "What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review", *Waterlines*, Vol. 35, No. 3.

9 These barriers were prioritised following several rounds of rapid research and discussions with our WASH Technical Working Group.

CALL 1

SHIFTING HUMANITARIAN
NORMS: PRIORITISING MHM

THE PROBLEM

Over the past couple of years, resources and guidance on how to include MHM within humanitarian response have increased.¹⁰ There has also been an increase in initiatives focused on generating and promoting good MHM practice in both development and humanitarian sectors. Examples include the Menstrual Hygiene Alliance who in 2018 ran a webinar series on MHM, and global advocacy initiatives such as Menstrual Hygiene Day, MHM in Ten and the MHM Virtual Conference that convenes annually to share best practice around MHM in schools.

Good MHM practice in humanitarian settings is extensively captured by resources like Columbia University and International Rescue Committee's "Toolkit for integrating MHM into humanitarian response" and the "Menstrual Hygiene Matters" resource developed by Water Aid in collaboration with 16 practitioners and researchers with expertise in WASH, health, education and gender, and co-published by 18 organisations.

Across these resources, to highlight the importance of MHM, parallels are often drawn to the Sustainable Development Goals (SDGs). For example, SDG 3 (on improving the physical health and psychosocial wellbeing for women and girls), SDG 4 (on providing quality education for girls), SDG 5 (on gender empowerment and equality), SDG 6 (on access to clean water and sanitation), and SDG 12 (on responsible consumption and production of sanitary materials).

Despite these varied initiatives, guidance is rarely prioritised or implemented as a standard part of WASH humanitarian response. This is a significant problem as poor MHM programming can have a serious negative impact on the health and psychosocial wellbeing of women and girls.¹¹

Nevertheless, available research points to limited and biased practices on behalf of humanitarian practitioners across both WASH and Shelter responders when it comes to MHM programming. For example, the "Toolkit for integrating MHM into humanitarian emergencies" presents examples where male survey data collectors skipped MHM related questions due to embarrassment, or where the supply of sanitary pads was delayed because the men working in the warehouse were refusing to touch or move the pads.¹² This points to a lack of prioritisation of MHM practices

¹⁰ M. Sommer et al. (2016) "What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review", Waterlines, Vol. 35, No. 3.

¹¹ S. House, T. Mahon and S. Cavill. (2012) "Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world".

¹² M. Sommer, M. Schmitt, D. Clatworthy. (2017) "A toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response". (First edit). New York: Columbia University, Mailman School of Public Health and International Rescue Committee.

which has the potential to endanger the wellbeing of women and girls living in humanitarian settings.

While norms and perceptions are slowly changing, there is a need for more purposeful approaches to changing existing humanitarian practitioner attitudes and practices around MHM, and to promote a more adaptive approach that builds on existing good practice.

THE CHALLENGE

We're looking for projects able to shift humanitarian practitioners' attitudes, behaviour and practices around the importance of MHM in emergency responses and ensure the uptake of existing good practice.

Projects funded under this Call could include advocacy projects, the development of consortia working together to change sector attitudes, behaviours and practices, or uptake and dissemination programmes for existing good practice. We are open to solutions across all stages of the innovation process.¹³

SUCCESS CRITERIA

Successful projects responding to this Call will meet the following requirements:

- **Innovative**
Solutions represent new or improved approaches that build on existing best practice.
- **Effective**
Solutions are able to reach a large number of humanitarian practitioners¹⁴ and lead to a wide uptake of existing good MHM practice. Solutions are able to demonstrate effectiveness in increasing uptake of good MHM practices.
- **Scalable**
Solutions can be adapted to work across a range of humanitarian settings and cultures.
- **Collaborative**
Solutions engage with and leverage the reach of the diverse humanitarian community in the dissemination and/or uptake¹⁵ of good MHM practices.
- **Evidence-based design**
Solutions build on existing evidence on MHM programming in humanitarian settings.¹⁶

¹³ See our [Humanitarian Innovation Guide](#) for details about the different stages of the innovation process.

¹⁴ Although the focus of this Call is on WASH programming, we are interested in projects able to engage both WASH and Shelter practitioners.

¹⁵ See [Glossary](#) for a definition of 'dissemination' and 'uptake'.

¹⁶ See [Glossary](#) for a definition of 'evidence-based design'.

¹⁷ See [Glossary](#) for a clarification of the terms 'menstrual materials' and 'menstrual supplies'.

CALL 2

DESIGNING BETTER
MHM SPACES

THE PROBLEM

Holistic MHM programming should include the provision of appropriate menstrual materials and supplies¹⁷, as well as spaces where women and girls can safely and with dignity change and clean themselves as often as needed, as well as wash and dry reusable materials and/or dispose of used materials.¹⁸ While most recent MHM initiatives in humanitarian settings have focused on the provision of materials and supplies, the development of adequate and inclusive spaces is often neglected. This is a significant problem as provision without spaces for women and girls to actually manage their menstrual hygiene appropriately is insufficient.

The lack of appropriate spaces can have significant health and psychosocial implications for women and girls. It can affect their ability to actively participate in a community, for example, it can prevent young girls from going to school, or women from accessing essential services such as water, food or health provision if they are confined to their homes.¹⁹ It can also restrict their ability to meaningfully participate in decision-making processes and lead to further social exclusion and vulnerability. Lack of private drying spaces could lead to women and girls using damp pads, which increases the risk of infection and irritation.

Despite existing good MHM practice, there is still a lack of cultural knowledge, solutions and guidance for designing culture-specific spaces for washing, drying and disposing of menstrual hygiene materials in humanitarian settings. Existing guidance such as the “[Toolkit for integrating MHM into humanitarian response](#)” and the “[Menstrual Hygiene Matters](#)” guide point to basic good practice, but each affected community will have its own complex composition and range of cultural practices that will have a direct impact on sanitation and MHM.

A range of factors can affect women and girls’ menstrual hygiene practices, including socio-cultural norms and beliefs, their education, economic factors such as the cost of different menstrual products, or biological factors such as their menstrual flow or physical and mental ability.

Understanding women and girls’ menstrual practices, preferences and taboos is critical in designing and developing appropriate, inclusive and accessible MHM interventions that include supplies, as well as spaces to change, wash and/or dry reusable materials, and discard disposable ones.

18 WHO/UNICEF Joint Monitoring Program for Water Supply and Sanitation. (2012) “[Consultation on draft long list of goal, target and indicator options for future monitoring of water, sanitation and hygiene](#)”.

19 M. Sommer et al. (2016) “[What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review](#)”, *Waterlines*, Vol. 35, No. 3.

20 See [Glossary](#) for a definition of the term ‘camp setting’.

THE CHALLENGE

We're looking for projects to design public and private spaces that allow women and girls to manage their menstrual hygiene safely and with dignity in a humanitarian camp setting.

Projects funded under this Call are expected to consider how different spaces in displacement camps²⁰ affect women and girls' ability to manage their menstrual hygiene and how space design can contribute to safer and more dignified hygiene practices.²¹ For this Call, we focus on camp settings as these present unique geographical challenges and limitations in terms of infrastructure design and lack of space and privacy that accentuate the problem of lack of suitable spaces for MHM.

Projects can focus on public and/or private spaces.²² *Public spaces* include but are not limited to communal latrines, washing and bathing facilities, and WASH facilities in public spaces like community centres, medical centres, communal shelters and schools. *Private spaces* are understood as spaces in the home environment (eg, within family shelters).

SUCCESS CRITERIA

Successful projects responding to this Call will meet the following requirements:

- **User-centred design**
Solutions should be user-centred²³ and clearly demonstrate how members of the target population participated in the design, development, implementation and evaluation of the solution. The engagement of communities affected by crises is expected to be iterative and meaningful, with a direct influence on the decision-making of implementing organisations. Projects should use appropriate research methods and tools, for example, see the design research methods part of our [User-centred Design Guide](#).
- **Participatory and inclusive**
Proposed solutions and approaches to engaging with people affected by crisis should be inclusive to enable meaningful and safe participation of any groups with particular vulnerabilities (eg, women or girls with disabilities), and actively mitigate any risks of exclusion. Projects should also engage with relevant humanitarian practitioners to understand any challenges and opportunities they perceive in designing and implementing suitable spaces that allow women and girls to manage their menstrual hygiene safely and with dignity.
- **Ethical**
Projects must consider the ethical implications of their proposed solution and methods and how to mitigate any risks. Any barriers to the participation of people affected by crisis in the development and implementation of solutions

²¹ Applicants are expected to define which stage(s) of emergency their solution will apply to (eg, rapid-onset, protracted).

²² This is open for applicants to decide (it can be either or both).

²³ See [Glossary](#) for a definition of the term 'user-centred design'.

²⁴ See [Glossary](#) for a definition of 'evidence-based design'.

should also be identified, as well as proposed strategies for addressing them. Projects must also pay attention to ethical issues throughout the project's delivery. Please see our [Humanitarian Innovation Guide](#) and [Ethics Framework](#) for more information.

- **Evidence-based design**
Solutions should build on existing evidence, guidance and good practice related to MHM space design and MHM integration in humanitarian response.²⁴
- **Collaborative**
Relevant local and international (if suitable) stakeholders are expected to be engaged in the design and implementation of the solutions to ensure sustainability and buy-in. Meaningful partnerships with local organisations are strongly encouraged.²⁵
- **Effective**
Solutions should demonstrate a strong monitoring and evaluation framework designed to measure the extent to which a proposed solution supports, facilitates or promotes safer and more dignified MHM practices.
- **Scalable**
Solutions should demonstrate the potential to be implemented at scale across camp settings and to apply relevant learning to the design of safe and dignified MHM spaces in a range of other humanitarian settings and by different humanitarian actors. We are interested in the scalability of both the participatory approach to designing suitable spaces with women and girls, and the resulting product(s)/spaces.

²⁵ Please note: applications that can demonstrate a meaningful and high-quality partnership with a local organisation will be given a higher score on partnerships.

²⁶ M. Sommer, M. Schmitt, D. Clatworthy. (2017) ["A toolkit for integrating Menstrual Hygiene Management \(MHM\) into](#)

CALL 3

SOLVING MHM WASTE
MANAGEMENT

THE PROBLEM

One of the biggest and most neglected challenges presented by MHM programming is menstrual waste management.

The disposal of used menstrual materials is dependent on socio-cultural norms and taboos related to menstruation and menstrual blood. For example, in some cultures, the burning of menstrual blood is taboo, as it is believed it will compromise a woman's fertility. In other cultures, women might not be comfortable with disposing of their used materials in bins because of the belief that discarded blood could be used for witchcraft.²⁶ However, there is little guidance on how to understand these local practices before building relevant sanitation or MHM facilities.

The increasing range of disposable menstrual materials makes menstrual waste management a challenging and dynamic issue. Currently, there is little research on this topic and little information and guidance in terms of what counts as appropriate or safe disposal and management of menstrual waste in humanitarian settings.²⁷ The lack of clarity and consensus on how menstrual waste is classified (eg, as solid waste, hazardous waste, bio-medical waste) represents a further challenge to providing clear disposal guidance.

One of the most common waste treatment strategies is incineration. The technologies employed can range from basic ceramic pots to electric incinerators, and complex systems with energy recovery. However, done improperly or incomplete, the incineration of menstrual waste can pollute the environment as certain component materials may become toxic upon burning. Guidelines for the incineration of sanitary pads are lacking, while existing standards applied for medical waste may not be appropriate.

The lack of safe and appropriate disposal mechanisms can lead to poor practices such as open burning, burying, or discarding used materials in the open or in latrines, which can have a negative impact on users, sanitation systems and the environment.

In urban settings, pads and cloths discarded in latrines can block pipes and pose challenges for wastewater treatment plants. In camp settings, discarding used pads in pit latrines compromises them and makes the emptying and cleaning

humanitarian response". (First edit). New York: Columbia University, Mailman School of Public Health and International Rescue Committee.

27 M.F. Elledge et al. (2018) "Menstrual Hygiene Management and Waste Disposal in Low and Middle Income Countries—A Review of the Literature." *Int. J. Environ. Res. Public Health* 2018, Vol. 15, 2562.

process very challenging. Inappropriate disposal of used materials also has implications on the health and social status of sanitation workers and cleaners who have to remove blockages and clean septic tanks. Poor MHM, including the lack of measures for safe and discrete disposal, can also negatively impact the health and psychosocial wellbeing of women and girls.²⁸

THE CHALLENGE

We're looking for innovative and environmentally-friendly solutions for menstrual waste management in emergencies to ensure women and girls can dispose of used menstrual materials safely and with dignity.

We welcome solutions that propose innovations that are processes, not just products.²⁹ This means that we are interested in projects that take an innovative approach not just to the solutions they propose, but also to how they're going to develop and implement them in a humanitarian setting (eg, taking a user-centred design approach to inform the development of the waste management solution, as well as its implementation in the local setting).

For this Call, we are looking for solutions that are at the Adaptation/Invention stage or further along in the innovation process.³⁰

SUCCESS CRITERIA

Successful projects responding to this Call will meet the following requirements:

- **Innovative**
Solutions represent new or improved approaches that build on existing best practice.
- **User-centred design**
Solutions should be user-centred³¹ and clearly demonstrate how members of the target population participated in the design, development, implementation and evaluation of the solution. The engagement of communities affected by crises is expected to be iterative and meaningful, with a direct influence on the decision-making of implementing organisations. Projects should use appropriate design research methods and tools, for example, see the design research methods part of our User-centred Design Guide.
- **Participatory and inclusive**
Proposed solutions and approaches to engaging with people affected by crisis should be inclusive to enable meaningful and safe participation of any

28 C. VanLeeuwen and B. Torondel. (2018) "Improving menstrual hygiene management in emergency contexts: literature review of current perspectives." *International Journal of Women's Health*, Vol. 10, p. 169–186.

29 See our Humanitarian Innovation Guide for a definition of the different types of innovation (eg, paradigm, process, product and position innovation).

30 Read more about the different stages of the innovation process in our Humanitarian Innovation Guide.

31 See Glossary for a definition of the term 'user-centred design'.

groups with particular vulnerabilities (eg. women or girls with disabilities), and actively mitigate any risks of exclusion.

— **Effective**

Solutions should demonstrate a strong monitoring and evaluation framework designed to measure the extent to which a proposed solution leads to the safe and discrete disposal of MHM waste.

— **Suitable for humanitarian emergencies**

Solutions should be cost-effective and able to be rapidly implemented and adapted in order to meet the time and resource pressures of humanitarian settings.

— **Environmentally-friendly**

Solutions should have a minimal negative impact on the environment. Applicants should suggest how they will measure, track and assess this.

— **Holistic**

Solutions should consider and reflect all elements of an MHM programme including sanitation materials used by the target population, local MHM practices and taboos, and available waste management systems, as these will all have an impact on the uptake of the solution.

— **Scalable**

Solutions should demonstrate the potential to be implemented at scale across a range of humanitarian settings and by different humanitarian actors. We are interested in the scalability of both the participatory approach to designing the waste management solution, as well as the solution itself.

WHAT WE'RE LOOKING FOR

Across all three Calls, we're looking for innovative solutions that:

- utilise technology if and as appropriate – we recognise that technology may only play a small part, or even no part at all, in an innovative solution.
- have a vision of potential avenues to scale, regardless of the current stage of innovation.
- build on the existing knowledge and guidance around good MHM programming in humanitarian settings. Innovative solutions can be new, or adaptations/new applications of existing solutions.

We welcome applications from any legally registered entity (eg, INGO, NGO, UN, academic, private company). **Successful projects must include at least one humanitarian actor as a partner.** The partnerships can be indicative at the EOI stage but must be formalised when your full application is submitted if your proposal is shortlisted.

Applicants are encouraged to form interdisciplinary teams (eg, architects, designers, academics, community engagement experts, advocacy experts) to ensure a diverse combination of skills. Where possible, we will support applicants' search for partners, but we are not able to commit to securing partners.

We encourage applicants to think holistically about their chosen Call/barrier in the broader context of MHM programming. To facilitate this, we expect to support coordination and learning between the grantees of the three distinct Calls.

FUNDING AVAILABLE

We are looking to fund diverse solutions that address the range of MHM barriers outlined in the three different Calls.

We have a **total budget of £650,000** available for this Challenge (including all three Calls).

- From this, we envisage funding a selection of solutions across the three Calls with varying budgets, **generally between £50,000 and £300,000 per solution**, with projects lasting between **12 and 33 months**.
- The total duration of projects should cover implementation and evaluation, as well as a dissemination phase (up to one year).

The proposed budgets and timelines should align with the level of ambition of each individual project. For example, we expect larger proposals to include a range of partnerships – we are particularly interested in projects that establish collaborations with local organisations. Each solution will be assessed on its own merit, value for money and potential for impact.

We will accept proposals for projects that aim to address one, two or all three Calls.

Please note that the grant amount requested at EOI stage can be indicative. Detailed budget plans will be requested at the full proposal stage.

DELIVERABLES

All successful projects, regardless of the Call they are responding to, will be expected to deliver the following stages of work:

PROBLEM RECOGNITION

Provide a short overview of existing research, practice and evidence to outline the MHM programming barrier you are looking to solve.

The overview is expected to build on existing academic and grey literature from within and outside the humanitarian sector, as well as key stakeholder interviews.

SOLUTION DEVELOPMENT

Further develop, adapt or tailor your solution to address one or several of the MHM barriers identified in the problem recognition stage.

IMPLEMENTATION

Test the solution in one or more humanitarian settings and/or with a humanitarian organisation.

Testing can include several rounds. Learnings from the pilots will be expected to inform the iteration and improvement of the solution with the goal of achieving proof of concept³² or above.

MONITORING AND EVALUATION

Develop a clear, evidence-based theory of change and include a strong monitoring and evaluation component designed to measure the progress of the project/solution against the outcomes outlined.

Provide outcome-level evidence for each project.³³

DISSEMINATION AND SCALE

Create a plan of how to share your solution development process, results and learnings with the wider humanitarian community (eg, publish a peer-reviewed article in an established journal, create a simplified practice guide, provide content for relevant online platforms, develop training courses, feed into minimum standards or other outputs³⁴).

Outline your plans to bring your solution to scale (eg, obtain an expression of interest from at least two humanitarian organisations to adapt and implement

³² See [Glossary](#) for a definition of 'concept'.

³³ See [Glossary](#) for a clarification of the terms 'outcomes' and 'outputs'.

³⁴ We expect formats to differ depending on the content shared and the relevant audience. We are interested in projects sharing both their approach and resulting solutions.

your solution, agree partnership(s) with relevant humanitarian cluster(s), set up collaboration(s) with training providers/platforms). Please note that this could include a wide range of outputs and we encourage applicants to be creative.



The projects selected for funding will be required to report on their progress via written reports, verbal conversations or possible monitoring visits. Details on the reporting requirements and timings will be shared at the contracting stage, as well as details of our safeguarding and whistle-blowing policy, procedures and feedback mechanisms.

CHALLENGE TIMELINE

APPLICATION (2019)



23 May 2019
Challenge launch

The Challenge launches on 23 May 2019. The deadline for Expressions of Interest (EOIs) is 23 June 2019 at 23:59 BST. Apply via the Common Grants Application platform.

Jun–Jul 2019
EOIs shortlisted

EOIs will be reviewed against the criteria outlined in this Handbook. Shortlisted projects will be notified in the week commencing 1 July 2019.

10 Jul 2019
Virtual convening workshop

Shortlisted projects will receive general feedback and have an opportunity to meet potential collaborators in a Virtual convening workshop on 10 July 2019. **Attending the workshop is mandatory for qualifying for the full proposal stage. Please hold this date in your diary.**

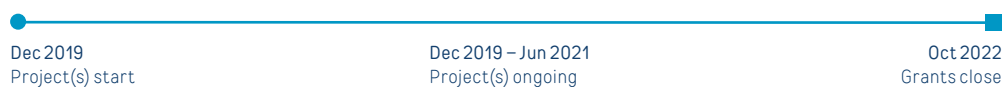
4 Aug 2019
Full proposals

All shortlisted projects will be invited to submit full proposals. The deadline for full proposals is 4 August 2019 at 23:59 BST. Full proposals are reviewed by independent technical reviewers and their feedback is given to the HIF's independent Funding Committee. For further details on funding decisions and processes please see [our governance information](#). The final project selection is made by our Funding Committee.

Oct 2019
Project(s) selected

Successful projects will be announced in early October 2019. Contracting is expected to last six to eight weeks.

PROJECT PHASE (12–33 MONTHS)



Dec 2019
Project(s) start

The projects are expected to start in early December 2019, with a kick-off workshop organised by us in the week commencing 20 January 2020.

Dec 2019–Oct 2022
Project(s) ongoing

Grantees will have between 12 and 33 months to carry out their projects. **The total duration of projects should cover implementation and evaluation, as well as up to one year for dissemination.** All projects must be completed by October 2022 (including dissemination activities).

YOUR APPLICATION

To apply for one, or several, of the Calls in this Challenge, register via our Common Grants Application platform accessible from the [MHM Challenge webpage](#).

- In filling out the EOI online, you will be expected to provide the following:
- Indicative funding requested from the HIF. At the EOI stage, we only require an estimate of the total amount. Successful applicants will be able to update this amount at the full proposal stage, and will be expected to provide a detailed budget and project plan.
- Brief details on your team and anticipated partners who will work on this project.
- Brief details about your innovative solution including:
 - the problem your project is trying to solve
 - any work to date on your proposed solution
 - your suggested approach to assessing the effectiveness of your solution
 - a rough outline of intended activities and deliverables
 - details about possible settings for implementation.

If invited to develop your EOI into a full proposal, you will be expected to adapt and expand on the EOI and answer a few additional questions about your plans for implementation, evaluation, dissemination and scale.

For the full list of requirements and details about the application process, please register via the Common Grants Application platform.

- Already have an account? [Login to start an application](#).
- Don't have an account? [Sign up to open an account and start an application](#).

GLOSSARY

Where a reference is given, these definitions are taken in whole from the source document.

CAMP

A variety of camps or camp-like settings and temporary settlements including planned or self-settled camps, collective centres, reception and transit centres, and evacuation centres established for hosting displaced people. It applies to rural or urban settings, to ongoing and new situations, to those resulting from conflict or natural disasters, in other words, wherever displaced people are compelled to find shelter in temporary places.³⁵

- Please note that for **Call 2: Designing better MHM spaces**, we are interested in camps larger than 1000 people.

CONCEPT

An idea that has been further developed and recorded in some form and can be used to test feasibility. The idea of developing a final ‘proof of concept’ comes from research and development, when a theory is tested to see whether it can be delivered in practice. Please see the ‘Minimum Viable Solution’ section in the [Humanitarian Innovation Guide](#) for further details.

DISSEMINATION

An approach to scale where the innovator creates and publishes resources to enable an independent other to implement the innovation in a new location.³⁶

EVIDENCE-BASED DESIGN

A process for (1) identifying relevant information that can be used as evidence for or against a proposed course of action, (2) explicitly applying that knowledge as a resource in the design of potential solutions; and then (3) field testing those with key stakeholders in the real world.³⁷

INNOVATION

Humanitarian innovation can be defined as an iterative process that identifies, adjusts and diffuses ideas for improving humanitarian action. See more in our [Humanitarian Innovation Guide](#).

³⁵ International Organization for Migration, Norwegian Refugee Council, UN Refugee Agency. (2015) “[Camp Management Toolkit](#)”, Edition June 2015.

³⁶ Elrha. (2019) “[Humanitarian Innovation Guide – Glossary of Terms](#)”

³⁷ Elrha. (2019) “[Humanitarian Innovation Guide – Glossary of Terms](#)”

MENSTRUAL HYGIENE MANAGEMENT (MHM)

Women and adolescent girls are using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials.³⁸

MENSTRUAL MATERIALS

The materials used to catch blood. This could be a pad, piece of cloth, tampon, cup or any other preferred method.³⁹

MENSTRUAL SUPPLIES

The other items needed to support the management of menstruation such as laundry soap, body soap, waste bins (with lids), MHM bucket with a lid, clothesline and clips.⁴⁰

OUTCOMES

Intended or unintended changes or shifts in conditions due directly or indirectly to an intervention. They can be desired (positive) or unwanted (negative). They can encompass behaviour change (actions, relations, policies, practices) of individuals, groups, communities, organisations, institutions or other social actors.⁴¹

OUTPUTS

The products, goods and services which result from an intervention.⁴²

PUBLIC SPACES

Include but are not limited to communal latrines, washing and bathing facilities, and WASH facilities in public spaces like community centres, medical centres, communal shelters and schools.

PRIVATE SPACES

Spaces in the home environment (eg, within family shelters).

38 M. Sommer and M. Sahin. (2013) "Overcoming the Taboo: Advancing the Global Agenda for Menstrual Hygiene Management for Schoolgirls", *Am J Public Health*. September; Vol. 103, No. 9, p. 1556–1559.

39 M. Sommer, M. Schmitt, D. Clatworthy. (2017) "A toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response". (First edit). New York: Columbia University, Mailman School of Public Health and International Rescue Committee.

40 Ibid.

41 ALNAP. (2016) "Evaluation of Humanitarian Action Guide."

42 Ibid.

UPTAKE

Where an independent organisation takes on another organisation's innovation and implements it in a new location.⁴³

USER-CENTRED DESIGN

An approach to developing new innovations and programmes where the end user's characteristics, environment and needs are at the centre of each stage of development.⁴⁴

- For examples of design research methods, see our [User-centred Design Guide](#).

43 Elrha. (2019) "[Humanitarian Innovation Guide – Glossary of Terms](#)"

44 Elrha. (2019) "[Humanitarian Innovation Guide – Glossary of Terms](#)"



WE LOOK FORWARD TO RECEIVING YOUR EOIs!

Apply for the Challenge via our Common Grants Application platform by 23 June 2019 (23:59 GMT).

For any questions that are not covered by this Challenge Handbook, please email us at hif@elrha.org, referencing 'MHM Challenge' in the subject line.