



Terms of Reference (ToR) for Developing Menstrual Health and Hygiene (MHH) Toolkit in Emergency and Refugee Programs

Population Media Center-Ethiopia (PMC-E) in partnership with the United Nations Children’s Fund (UNICEF) has been implementing SBC (Social and behavioral change) project to address gender/disability inclusive SBC (Social and behavioral change) on WASH issue in sampled woredas of selected regions. The project mainly focuses on radio talk show production and broadcast, capacity building training, development of gender and disability inclusive WASH guides, SBC strategy, conduct interpersonal communication campaigns for social and behavior changes among communities in the project intervention woredas/kebeles.

Menstrual Health and Hygiene (MHH) encompass both Menstrual Hygiene and Management (MHM) and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been recognized by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy. WHO and UNICEF define MHM: ‘Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.

Access to safe and dignified menstruation is a fundamental need for women and girls. UNICEF envisions a world where every girl can learn, play, and safeguard her own health without experiencing stress, shame, or unnecessary barriers to information or supplies during menstruation. Meeting the hygiene needs of all adolescent girls and women in all settings is enables human rights, dignity, and public health.

A growing evidence base on low-and middle-income countries shows that many girls are not able to manage their menses and associated hygiene with ease and dignity. This deprivation is even more acute for girls and women in emergencies. These girls and women cannot practice good menstrual health and hygiene at home, at school, at work or in other public settings, due to a combination discriminatory social environments, inaccurate information, poor facilities, and limited choice of absorbent materials. Public infrastructure and policies in health, WASH, and education under-priorities and under resource menstrual hygiene, support, and knowledge. In addition, myths and taboos often promote a high level of secrecy about even the most basic menstruation facts-leading to shame and exclusion for women and girls. Inaccessible WASH facilities, access to information and

materials are barriers for women and girls with disabilities managing their menstruation hygienically and with dignity.

Gender inequality, discriminatory social norms, cultural taboos, poverty, and lack of basic services often cause girls' and women's menstrual health, and hygiene needs to go unmet. Adolescent girls may face stigma, harassment, and social exclusion during menstruation. Transgender men and non-binary persons who menstruate often face discrimination due to their gender identity that prevents them from accessing the materials and facilities that they need. All of this has far-reaching negative impacts on the lives of those who menstruate restricting their mobility, freedom, and choices; affecting attendance and participation in school and community life; compromising their safety; and causing stress and anxiety. The challenges are particularly acute for girls and women in humanitarian crises.

Over 26 million displaced girls and women are estimated to be menstruating around the globe. A significant but often overlooked issue facing these girls and women is their ability to manage their monthly menstruation privately, safely, and comfortably. In many humanitarian emergencies, there is a lack of access to the basic materials needed to manage the blood in addition to a lack of appropriate sanitation facilities (including water), which are critical for addressing menstrual hygiene. Furthermore, privacy in emergencies is often scarce, and even when toilets are available, they often lack locks, functioning doors, lighting, and separation between genders. These barriers are often intensified by cultural beliefs and taboos surrounding menstruation which can restrict the movements and behaviors of girls and women (such as attending school, waiting in line for distributions or going to the market).

The Scope of MHH Toolkit in Emergency Refugee and Disability Programs

The intervention woredas of Gender and disability responsive SBC WASH project comprises 9 woredas in the selected regions. These include SNNPR (3), Oromia (3), Afar (1), Gambella (1), and Benishangul Gumuz (1). However, the development of MHH Toolkit will have national context and the Ministry of Health will endorse it. The MHH Toolkit provides clear direction for Government and Non-Government Organizations (NGOs) working in Emergency and Refugee programs.

Objectives MHH Toolkit development in Emergency, Refugee and Disability Context

The Gender and Disability responsive Menstrual Health and Hygiene (MHH) toolkit is a practical guide providing guidance to WASH and Emergency actors on the comprehensive menstrual hygiene and health interventions to be done in humanitarian/emergency/refugee/IDP context and disability inclusive MHH program. The toolkit aims at improving MHH through the provision of practical guide on the comprehensive MHH packages and solutions to the challenges girls face in Emergency, Refugee and disability context and settings.

Approach/Methods

The MHH Toolkit in emergency, Refugee and disability context will be developed in close consultation with ministry of health, water, emergency WASH cluster, UNICEF and PMC-E concerned staff who work in WASH issues. The MHH toolkit should adopt mixed approaches/methods, integrating MHH related literatures and key informant interviews with key stakeholders. Moreover, all data collection

methodologies should be considered in line with the agreed principles between the envisaged firm and PMC-E Senior Management Team in consultation with UNICEF and the key stakeholders. The consultant is expected to undertake secondary data analysis, KII with pertinent actors and literature reviews and related document review in country and outside of the country to capture the best experiences and documents.

Scope and Tasks of the Consultant

The Consultancy Service provider shall

- Submit inception report, collect input, and revised the report accordingly. The inception report shall be approved by PMC-E technical team and UNICEF before implementation.
- Submit draft and final work plan detailing the steps and activities to be conducted during the development of comprehensive MHH Toolkit in emergency and disability context.
- Develop a draft toolkit on emergency and disability focused MHH toolkit in WASH programing .
- Participate and facilitate the first-round discussion on the toolkit and collect comments/feedbacks/inputs.
- Incorporate all the comments/inputs, refined the gender and disability responsive MHH Toolkit and submit it for second round discussion
- Participate and facilitate the second-round discussion on the toolkit and collected additional comments
- Include all the comments, finalize the toolkits, and submit the final version to the Client.
- Compare the English version of the MHH Toolkit with the Amharic translation and confirm.
- There is a need to incorporate some illustrations in the toolkit.
- Present the final toolkit document in the familiarization workshop.

Deliverables

The Consultant or Firm will provide the following deliverables:

- An inception report with the detailed work plan, appropriate methodology, roles, and responsibilities of gender and disability responsive MHH Toolkit in emergency and Refugee programs.
- Final tools/checklist to collect information/data for the development of tender and disability responsive MHH Toolkit in Emergency and Refugee Programs.
- Action points captured during the first meeting with PMC-E senior staff, UNICEF, and key stakeholders.
- Action points captured during the second meeting with PMC-E senior staff and key stakeholders.
- Action points captured during the third meeting with PMC-E senior staff and key stakeholders.
- Draft MHH Toolkit which will be submitted within the specified days.
- The final MHH Toolkit which will be submitted within five days after the validation workshop with the stakeholders.
- All deliverables will be submitted in 2 copies in hardcopy and softcopy in editable form.

Duration of the Assignment/Timing

The MHH Toolkit in Emergency and Refugee programs will be completed within 30 days. The consultant must ensure that the whole process of the MHH Toolkit that includes preparation, consultation of stakeholders' development of data collection tools/checklists, write-up, and dissemination of the Toolkit to stakeholders and reviewing of the final guide can be completed within this timeframe.

Instructions

For the proposal, a detailed work plan with project milestones should be included. The budget should reflect the work plan. ***The selected firm should be governed by PMC's Child Safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA) policies including COVID-19 management principles throughout the whole process of developing MHH toolkit in Emergency and Refugee programs.***

Application Process

- Interested Consultants having multi-disciplinary professionals (Health backgrounds environmental health, public health, health promotion and behavioral Science; social science, communication, gender) or Firms which are legally registered in the Country's rule of Law are invited to submit an Expression of Interest (EOI) for delivery of the assignment.
- Detailed technical proposal will include proposed methodology of the material development indicating the overall process including, quality assurance, timeframe, etc. for undertaking MHH Toolkit in Emergency and Refugee programs.
- Clear work plan including outputs/deliverables and detailed timeframe.
- The financial proposal will include detailed budget containing total costs as per man-day rates, work plan and any other costs anticipated in undertaking process of the assignment.
- Detailed CV of the consultant/firm with full description of the profile and experience.
- Contact details from at least two references with in-depth and proven knowledge of the applicant's expertise and relevant work experience.
- Sample of relevant previously produced material; a cover letter outlining the suitability of consultant or consultant firm for the assignment, motivation and summarizing relevant experience.

The bidder should submit their technical and financial proposals with a sealed envelope to PMC-E, Addis Ababa located around Bambis Mekane Yesus BDG, 7th Floor during working hours within ten working days from the day of this announcement

OR

You can send your proposal through the following emails:

fkibrat@populationmedia.org or rahelbernardo@populationmedia.org