

NO ONE CARES WE'RE BLEEDING: THE PLACE OF MENSTRUAL MANAGEMENT IN HUMANITARIAN RESPONSE

CLAIRE LOUISE TRAVERS
MAY 2015

SUPERVISED BY DR. LUZ-PAULA PARRA ROSALES AND KRISTINA BOLME FROM UPPSALA UNIVERSITY



UPPSALA
UNIVERSITET



This thesis is submitted for obtaining the Master's Degree in International Humanitarian Action. By submitting the thesis, the author certifies that the text is from his/her hand, does not include the work of someone else unless clearly indicated, and that the thesis has been produced in accordance with proper academic practices.

ABSTRACT

Menstrual management is a pervasive issue for women globally, and it becomes critical in times of crisis. During these times of crisis and disaster, humanitarian response seeks to provide relief of suffering by meeting essential needs, in a comprehensive and predictable manner. Yet the provision of menstrual management remains largely ad hoc. Through a comprehensive literature review of documents pertaining to menstrual management in emergencies, this paper offers a qualitative analysis of modern humanitarian strategic approaches, to explore the place of menstrual management in emergencies. The core findings are that menstrual management is not fodder for strategy in humanitarian aid, and therefore lacks a 'home' in any of the humanitarian approaches to response. It is not fully integrated into either technical strategic implementation, typified by the cluster approach, nor through cultural implementation approaches, typified by gender mainstreaming. This paper also offers some explanations of why such an omnipresent need has, as yet, remained un-championed. This discussion is based on a theoretical framework offered by feminist theory. Supplemented by an understanding of organisations as gendered structures (Acker, 1990), this thesis posits that these cavities in modern humanitarian response are due to the inherent inability and reluctance of the humanitarian system to concern itself with a bodily, female issue such as menstrual management.

TABLE OF CONTENTS

ABSTRACT.....	1
TABLE OF CONTENTS.....	2
ACRONYMS.....	4
ACKNOWLEDGEMENTS	5
INTRODUCTION	6
JUSTIFICATION.....	7
THESIS STRUCTURE.....	8
1. BACKGROUND	10
1.1 WHAT IS MENSTRUATION?	10
1.2 WHAT IS MENSTRUATAL MANAGEMENT?.....	11
1.3 MENSTRUATAL MANAGEMENT IN EMERGENCIES.....	16
1.4 CONCLUSION	18
2. RESEARCH SET UP.....	19
2.1 RESEARCH METHODOLOGY.....	19
2.2 CONCEPTUAL FRAMEWORK: INCLUSION CRITERIA	20
2.3 CONCEPTUAL FRAMEWORK: EVALUATION CRITERIA	22
2.4 LIMITATIONS AND SCOPE.....	23
2.5 CONCLUSIONS	24
3. THEORETICAL FRAMING.....	26
3.1 FEMINIST THEORY	Error! Bookmark not defined.
3.2 GENDERED ORGANISATIONS.....	30
3.2.1 APPLICABILITY TO HUMANITARIAN ORGANISATION	31
3.3 CONCLUSION	33
4. FINDINGS OF A CRITICAL REVIEW	34
4.1 EVIDENCE OF TECHNICAL STRATEGIES.....	34
4.1.1 INTEGRATION INTO WATER, SANITATION AND HYGIENE IMPLEMENTATION	34
4.1.2 INTEGRATION INTO THE REPRODUCTIVE HEALTH RESPONSE	36
4.1.3 INTEGRATION INTO EMERGENCY EDUCATION	37
4.1.4 IMPLEMENTATION THROUGH PROTECTION APPROACHES.....	38
4.1.5 KITS AS AN EMERGING APPROACH	39
4.2 EVIDENCE OF CULTURAL STRATEGIES.....	42
4.2.1 MENSTRUATION IS A MULTI-SECTOR ISSUE.....	42
4.3 CONCLUSION	44
5. DISCUSSION OF FINDINGS.....	46

5.1 THE SLICK FACTOR: WOMEN AND STRATEGY DEVELOPMENT	46
5.1.1 NO WOMEN AT THE TABLE	47
5.1.2 A DISEMPOWERED DINER	49
5.2 THE ICK FACTOR: THE FEMALE BODY AND GENDERED ORGANISATIONS.....	50
5.3 CONCLUSION	52
CONCLUSIONS	54
WHAT IS 'MENSTRUAL MANAGEMENT' AND HOW DOES IT RELATE TO HUMANITARIAN RESPONSE?	54
WHAT STRATEGIES DO EXIST TO ENSURE MENSTRUAL MANAGEMENT NEEDS ARE MET SYSTEMATICALLY?	54
WHY IS MENSTRUAL MANAGEMENT UNDER-PRIORITISED IN HUMANITARIAN RESPONSE?	55
RECOMMENDATIONS FOR FURTHER RESEARCH	56
WORKS CITED	57
APPENDIX	64

ACRONYMS

HIV	Human Immunodeficiency Virus
MM	Menstrual Management
MMiE	Menstrual Management in Emergencies
MSF	Médecins Sans Frontières (Doctors Without Borders)
NGO	Non-governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
UN	United Nations
UNFPA	United Nations Population Fund
UN Women	United Nations Women
UTI	Urinary Tract Infection
WASH	Water, Sanitation and Hygiene

ACKNOWLEDGEMENTS

I wish to acknowledge the patience and guidance of my two supervisors; Dr Luz Paula Parra Rosales and Kristina Bolme. Without their good counsel this research would not have been possible, and I thank them for inimitable advice on both the subject matter and the process. I would also like to extend my appreciation to Dr Lars Loquist and Dr Cameron Ross for selecting and accommodating me on this Master's course, which has proved to be a most valuable experience. I would also like to thank my parents, Sandra and Ben Travers, for their ongoing support; and without whom this research would not have been possible.

I dedicate this research to my aunt, Maria Travers, who inspired and motivated me to follow academic pursuits to their highest climbs.

INTRODUCTION

This research is concerned with the place of menstrual management in humanitarian response. This represents a niche subject of research, but an important one. In any humanitarian crisis, conflict or disaster, women will be menstruating and often struggling to manage their period in a dignified and healthy way. This research seeks to provide a comprehensive review of the literature and research to date regarding menstrual management in emergency contexts. As such this research strives to include a review of all available literature on this subject. Although the author notes that there is a possibility that some relevant texts may have been overlooked, the material found and reviewed here can, as a whole, be used for analysis.

The focus of this research, will be an organised analysis of the prioritisation of this issue in the humanitarian sector, through an identification and assessment of strategies pertaining the menstruation and management practices in emergencies. The research will also analysis these findings to offer explanations of the prioritisation status of menstrual management in the sector.

This thesis will begin by considering the following descriptive research sub-questions to establish the status of menstrual management in the sector:

WHAT IS 'MENSTRUAL MANAGEMENT' AND HOW DOES IT RELATE TO
HUMANITARIAN RESPONSE?

and

WHAT STRATEGIES EXIST TO ENSURE MENSTRUAL MANAGEMENT NEEDS ARE
MET SYSTEMATICALLY?

From these sub-questions, this thesis posits that menstrual management is not prioritised in humanitarian response, and will seek to answer the following normative research question:

WHY IS MENSTRUAL MANAGEMENT UNDER-PRIORITISED IN HUMANITARIAN
RESPONSE?

This research then offers reasons why such a fundamental aspect of female life has been missing in humanitarian strategic response, and continues to be ill-integrated. In doing so this research uses feminist theory to critically examine the cultural and

organisational shortcomings of the humanitarian system. It is the hopes that such a critique may increase our collective ability to better address menstrual management in the future, by allowing us to consciously reprioritise menstruation. The real-life impact of such reflection can only be carried forward with further research, but posing the question constitutes the first step in understanding underlying barriers to an effective menstrual management response.

JUSTIFICATION

The topic is of timely relevance with the onset on new emergencies serving to highlight the unmet menstrual management needs (The New York Times, 2015). Menstrual management in emergencies (MMiE) is only now being understood as a key aspect of humanitarian response, following slowly increasing media attention of the issue. There is a documented need for further research into menstrual management, explicitly with how it relates to humanitarian crises (Sommer, 2010).

The oversight of menstrual management in humanitarian contexts has previously been chronic, with no academic investigation into why this is. Therefore this research is justified as it joins a relatively meagre body of scholarly literature on menstruation in humanitarian emergencies. Over the last 15 years there has been growing interest in meeting the menstrual management needs of girls and women in recovery and development settings, as well as a growing body of research on this topic (Sommer, 2009; Scott, et al., 2009; Oster & Thornton, 2009; Sommer, 2010; Mahon & Fernandes, 2010; McMahan, et al., 2011). However, there has been relatively little research on the same needs in the humanitarian response structures. This is often cited as an unfortunate side-effect of the nature of humanitarian response, where time is short and pressure high (Sommer, 2012).

In recent humanitarian crises the topic of menstruation has gained new attention in emergency response. Most recently, in the aftermath of the Nepalese earthquake, menstruation needs gained recognition, especially segregation restrictions and sanitary provision (The New York Times, 2015; IBT, 2015). This new acknowledgement is part of a wider pattern of media interest in menstrual management issues in development settings (CNN, 2015) – including its impact on schooling (The Guardian , 2014), and the

economic impact of mismanagement (The Guardian, 2014) – and in western ‘developed’ contexts (The Telegraph, 2015; The Independent, 2015).

Additionally this research represents an innovative use of theory in its application in the humanitarian sector.

THESIS STRUCTURE

Section One will introduce the topic of menstrual management from a background literature review of documents from a number of fields. This will also include an introduction into the specific issues of menstrual management in emergency contexts. In doing so this section will provide the answer to the first research sub-question. This section is designed to introduce this research in the current academic and humanitarian climate relevant to this thesis.

Section Two will make explicit the research methodology and the conceptual framework used in this thesis. The conceptual framework will allow this research to identify strategies in the literature review, and assess them. This section will explain these concepts/criteria and justify their applicability to this research.

Section Three will describe the theoretical perspective taken from feminist theory, with specific attention paid to the interpretation of a ‘gendered organisation’. This section will also justify the relevance of this theoretical framework to this research and to the humanitarian sector. This theoretical framing will be used to analyse and discuss the findings, in Section Five.

Section Four will give a detailed description of the research findings, alongside the evidence for each. These findings will be evaluated using the evaluation criteria introduced in Section Two, and will present these in a concise and systematic manner. In doing so this section will answer the second research sub-question and will establish the status of menstrual management in humanitarian strategic response.

Section Five will discuss the findings in light of the theoretical framework, outlined in Section Three. In doing so it will present answers to the main research question. It will discuss two factors which may explain why menstrual management is under-prioritised in humanitarian response.

The thesis will then conclude by reviewing the findings and analysis of this research and explicitly answering the research questions. This section will also formulate recommendations on further lines of research based on the research undertaken.

1. BACKGROUND

This section will introduce an understanding of menstruation based on a literature review of public health and medical research, and a broad understanding of menstrual management issues based on a literature review across different phases of a crisis.¹

Menstruation management (MM) is a term used for the practices employed to manage menstruation in a culturally and religiously appropriate way, given the environmental and economic resources available. The need for menstruation to be managed is culturally created, and preferred methods will differ according to different socio-cultural and religious environments.

In particular, the methods of sanitary collection and disposal of menstrual blood will be explained, and an overview of the restrictions placed on menstruating women and girls – including segregation, restrictions on access to food and water, and removal from school – have been reviewed. From this broad literature, menstrual management issues as they pertain to emergency contexts are outlined and a definition of the scope of menstruation management in emergencies (MMiE) is presented.

1.1 WHAT IS MENSTRUATION?

Menstruation is a natural bodily process. Females typically experience menarche between the age of ten and nineteen, and menopause between late-forties and mid-fifties (Cavill, et al., 2012, p. 24); although it should be noted that there is a dearth of research in the area of menarche and menopause in developing countries (Sommer, 2013). As such it is estimated that 52% of the female population globally are of an age to experience menstruation (Cavill, et al., 2012). Menstrual bleeding, also called menses or the menstrual period, is the discharge of blood and endometrium lining from the vagina, and is a natural part of the menstrual cycle (Oxford University, 2014). This bleeding expels unfertilised eggs from the uterus, for a period of between two to seven days, during which time most women and girls report a number of symptoms as the body goes through a false labour. ‘Period pains’, including abdominal cramps from the

¹ The phases of a disaster or crisis are used to manage these events in a proportional and effective way, to mitigate loss and suffering. The phases include mitigation, preparedness, emergency response, recovery, and development. Activities across these phases have been considered in this broad literature review, and literature pertaining exclusively to emergency response has been comprehensively reviewed and presented in the ‘Findings’ Section.

strain of the muscles and the widening of the birth canal, nausea, fatigue, as well as emotional and psychological signs and symptoms have been documented in medical research (Proctor & Farquhar, 2006). It should be noted that there is a gap in such research in the geographic south, although there have been some recent attempts to rectify this (Zegeye, et al., 2009; Sharma, et al., 2008; Lee, et al., 2006).

1.2 WHAT IS MENSTRUATIONAL MANAGEMENT?

Menstruation does not, in and of itself, necessitate any sort of management, except the treatment of menstrual-related discomfort or pain – with painkillers, rest, exercise, or heat. However, menstruation has social, cultural and religious facets. Many cultures and religions have beliefs or myths relating to menstruation, often viewing it as a form of uncleanness. Such beliefs create social norms about the practices of managing menstrual bleeding, which create the need for women and girls to cultivate menstrual management methods. Some of these methods are helpful, whilst others are potentially harmful or dangerous for menstruating females, affecting their full participation in society and their ability to enjoy a healthy lifestyle. The material resources available and the socio-economic position of women and girls are factors that impact their choice in menstrual management methods, and that potentially their ability to practice these management methods safely.

The practice of absorbing or collecting menstrual blood to prevent staining of clothes, as opposed to free bleeding,² is a practice commonly found across all cultures, although the stated reasons and beliefs necessitating this practice differ geographically and culturally. For example, it is imperative that Tanzanian women and girls hide menstrual blood, including stains and sanitary napkins, from being seen as it is believed that this will curse the owner (Sommer, 2010). The preferred methods and materials for the absorption or collection of menstrual blood also differ according to socio-cultural norms, economic resources, and availability of materials. Tampons, compressed cotton inserted into the vagina, are relatively popular across the ‘developed’ north-west, including in the US, Canada and Western Europe. Tampons should be replaced every

² ‘Free bleeding’ is a term that indicates a refraining from the use of feminine hygiene products that are designed to collect menstrual blood, and instead choosing to allow the blood to flow freely out the body, uncontrolled. The practice has been championed by third wave feminists and is a deliberate choice to disavow the feminine hygiene product industry, and the shame or unclean taboos that sustain it (Sarah, 2004).

four to eight hours, with the used tampon being discarded and not reused. This method of menstruation management has not seen a large uptake in the global south or 'developing' countries. This may be due to a lack of supply chain and affordability issues, but it has also cited that the penetrative aspect of the tampon may not be culturally appropriate in a number of countries where virginity is a tightly held concept (Global Industry Analysts, Inc, 2013).

An alternative method that has enjoyed a wider adoption in 'developing' countries is the menstrual cup. Made out of medical grade silicone, the menstrual cup is a flexible bowl that is inserted into the vagina to collect menstrual blood. The cup must be emptied, washed and reinserted twice a day. The reusable nature of this method makes it cost effective and easier to use, and the cup comes in multiple sizes to fit women and girls more comfortably, making them appropriate for older and disabled women. These reasons have been cited for its uptake in developing countries, especially in East African countries (APHRC, 2010). Programmes linked to schools allow for information on safe cleaning and storing to be delivered alongside a cup per female (Manson, et al., 2015). The cup, therefore, has enjoyed recent success as a menstrual management method, although the penetrative nature makes them less preferable in some societies (Diva Cup, 2015). The most often reported materials to manage menstrual bleeding are sanitary napkins or cloths. The product is usually held against the vaginal opening with underwear or a piece of elastic to absorb menstrual blood as it is expelled. The product should be periodically removed and either discarded, or washed and dried. Disposable napkins or pads have been popular in a number of settings, and are usually preferable to the reusable equivalent which require washing and drying. However, disposable options rely on affordability and availability. In some programmes disposable pads have been issued regularly or in bulk to women and girls at schools or community toilets (Mahon & Fernandes, 2010), whilst others have supported local initiatives to make and sell disposable pads (Proctor & Gamble, 2013).

Reusable cloth may not rely so heavily on the economic stability and supply chains as reusable pads might (Musaazi, 2011). Reusable sanitary materials have been widely researched in development and post-crisis contexts. These may simply be old strips of fabric, saris or kangas, or strips of cotton that have been tailored to fit into underwear

or holders (Bharadwaj, 2004). This method of menstrual management, however, is likely to leak or smell, which can cause complaints (Cavill, et al., 2012).

The practice of collecting menstrual blood, as opposed to free bleeding, has environmental implications. The used sanitary napkins or pads and tampons or the cup must either be disposed with or washed. Similar to the choice of product, the preferred method of disposal for the sanitary product is culturally informed through myth, taboo and/or resource availability. For example, in Bangladesh women bury their used cloths to prevent them being used by evil spirits (UNICEF Bangladesh, 2008). Tampons and disposable pads, which should never be reused at risk of infection, need to be disposed of. Disposal relies on a secure and reliable waste removal service, specific for sanitary products and separate from urine and faeces waste systems, or a sorting of household rubbish (Kjellen, et al., 2012). However, women and girls have often reported shame in disposing of soiled materials along with their household waste, or even in public (Kjellen, et al., 2012). In the absence of a secure and reliable waste removal service, burying and burning used sanitary materials may be preferred. Burying however, may result in environmental issues and present a public health hazard if they are later dug up by children or animals. Burning, along with household rubbish or alone, needs to be complete and carefully done to avoid the same issues (Johns Hopkins; IFRC, 2008).

Unlike disposable tampons and pads, reusable products, such as the sanitary napkins or the cup, need to be washed appropriately to avoid risk of infection to the user. The washing and drying of these can be a problem. Water needs to be of sufficient quality or boiled to ensure that the materials are washed appropriately. Especially with sanitary clothes, this washing can be unsightly and a source of embarrassment for women, who may not wish to wash soiled materials alongside unsoiled garments (Cavill, et al., 2012). The drying of these materials must also be considered. It has been reported that women often do not wish to hang menstrual rags out in public, and may resort to hanging them against their skin under their skirts, under other clothes on a line, or placing them under a bed or in the rafters where they cannot be seen (Cavill, et al., 2012). These methods may not allow the material to fully dry before being used again, which can cause a number of health issues (explored below). The cup must also be

stored to prevent the silicone from degrading, but can be disposed of in a discreet manner by being cut up and discarded with other household waste (Diva Cup, 2015).

Aside from social norms regarding the management of menstrual bleeding, women and girls have reported a number of behavioural norms that they are expected to adopt during times of menstruation. These are again the product of socio-cultural and religious customs which dictate the management of menstruation. These practices are often compound factors of the already poor socio-economic and nutritional status of woman and girls in these countries, which may place them in a particularly vulnerable position during their menstrual period.

Segregation of the menstruating individual from their family and community has been widely reported (Bharadwaj, 2004; Bhandaree, et al., 2013; Delaney, 1988). In some religious communities there could be restrictions on the participation of women and girls in religious ceremonies, celebration and worship during menstrual periods. In denominations of Judaism, Islam, Hinduism, Sikhism and Christianity participation in some religious practices are forbidden, although abidance to these teachings varies significantly (Montgomery, 1974). Although in some situations the segregation may be relatively minor, such as not sharing the same bed as ones husband or not receiving communion, there are extreme cases of segregation that have dangerous implications on the lives of girls and women. One example of such an extreme practice is '*chaupadi*' (Nepal), in which the menstruating female is exiled to outbuildings, cannot share food, touch livestock or water sources, or attend social events including school (Sashananda, 2013). Much research has been done on the implications of this practice on the safety and health of women (Bhandaree, et al., 2013). Exposure is one documented risk, as is the danger of attack by animals and men (Bhandaree, et al., 2013; Mahon & Fernandes, 2010). Although this is an extreme case, and has since been outlawed, such risks are perennial in segregation traditions regarding menstruation.

Another constraint placed on menstruating individuals are dietary restrictions (Ferro-Luzzi, 1980). Girls and women in Afghanistan, West Bengal and Nepal have all reported dietary limitations during their menstrual period, although the cited reasons for these limitations vary (Cavill, et al., 2012). In some cases, similar to segregation customs, the menstruating female is considered unclean and should not touch foods

which will be shared for fear of ‘contamination’ of other diners. In these cases their diet would be limited to simple staple foods (Montgomery, 1974). In other cases custom dictates that some foods might be bad for a menstruating female (Ferro-Luzzi, 1980). The dietary restrictions on menstruating females, however, often compound underlying poor nutrition status. For example, in Afghanistan girls are statistically more likely to be malnourished when compared with boys their own age, and are subject to dietary restrictions during menstruation (Save the Children, 2012). Their baseline malnutrition will likely be worsened by monthly imposed dietary restrictions, especially as the foods most often excluded are high in nutrients needed during menstrual bleeding – such as iron, vitamins and micronutrients.

There are also a number of recorded restrictions on the access of menstruating women and girls to proper bathing and water facilities. Menstruating females are prohibited from bathing entirely, or partially, in Iran and Afghanistan, whilst in Malawi, Nepal and India girls and women reported being unable to access latrine and washing facilities whilst menstruating (Bharadwaj, 2004; Cavill, et al., 2012). Reported reasons often refer to purity issues – the beliefs that menstruating women are ritually unclean and sharing water and/or purification sites will ‘infect’ the other users (Cavill, et al., 2012). In some cases women reported not using facilities due to a shame of their blood being seen, and fear of being shunned or assaulted in the facilities (Parker, 2014). The lack of access to water and bathing facilities not only puts women and girls at a higher risk of infection, but forces them into unsafe locations for menstrual management, such as outside or in open fields (Cavill, et al., 2012). As such menstruating females introduce important and unique protection considerations for humanitarian projects. Programmes providing adequate, private and safe bathing facilities for menstruating women and girls may be a way to allow them to manage their period in a safe and dignified way. Programmes which have done so indirectly, explicitly providing improved water, sanitation and hygiene (WASH) facilities for all women and girls, have had much success (Nawaz, et al., 2010).

Finally, the relationship between menstrual management and low school attendance has been well documented. In some context this may be a social norm, such in cases of segregation of menstruating women outlined above, but in many the low

attendance was due to an inability to practice proper menstrual management at school. The causal link between poor sanitary facilities and school inattentence has been established; Girls miss an average of one to four days of school each month due to menstruation (Cavill, et al., 2012). This amount differs drastically according to socio-cultural setting³. Spatial mobility restrictions, limited economic resources, and a baseline tolerance of gendered violence and discrimination, as well as shame or taboo are all well researched factors compounding this relationship (Jewitt & Ryley, 2014).

1.3 MENSTRUATAL MANAGEMENT IN EMERGENCIES

A crisis disrupts menstruation management practices in a number of ways. Supply chains may be disrupted, water may no longer be clean or accessible, household disposable income may dip and no longer allow for the purchasing of soap, water or napkins; and in cases of displacement coping mechanisms may be ill-suited to a new climate, materials may be left behind, and the context in camps or host communities may not align with the pre-existing management methods. The danger is that mismanagement under these conditions may cause ill-health and unnecessary risk to females, which will now be described below.

Menstrual mismanagement can occur in a number of ways. When adequate sanitary materials are unavailable, women and girls have reported using ash, leaves or mud to absorb menstrual bleeding, or reusing sanitary napkins for extended periods of time (Bharadwaj, 2004). Similarly, when washing habits are disrupted or facilities are destroyed, women and girls may not be able to properly wash and disinfect their napkins, and may reuse dirty or wet rags. Using inappropriate materials such as these can have negative health implications. Ash, leaves or mud are unhygienic and can cause a number of infections depending on the environmental bacteria found on these materials. Soiled rags, especially if cleaned in contaminated water, can carry traces of urine or faeces, and other harmful bacteria into the vaginal area and cause a urinary tract infection (Cavill, et al., 2012). Additionally the use of damp rags can cause the skin to break open and become infected around the vaginal opening which can be sore and expensive to treat. Douching (forcing liquid into the vagina) can alter the vaginal pH and

³ . In Ghana 95% of girls miss school due to menses, whilst in Malawi it is 7% according to (Cavill, et al., 2012).

could cause yeast infections, a likelihood that may increase if the water is unclean. It has also been noted that the risk of sexually transmitted infection and blood-borne disease such as HIV and Hepatitis B through unprotected sex is increased during menstruation; the plug of mucus that normally protects the opening to the cervix becomes dislodged during menses and can allow bacteria into the uterus (Cavill, et al., 2012). These health problems will be compounded further in humanitarian crises as women and girls face a number of challenges seeking medical attention, especially for reproductive health issues (Palmer & Zwi, 1998).

Humanitarian crisis can also mean that normal segregation practices cannot be carried out. Being forced into cramped living conditions, such as in camps or resettlement facilities, may increase the risk of shaming and social rejection when women cannot be effectively segregated. Women have also reported being unable to visit distribution points to gather aid or contribute to consultations, leaving men to do so (who may not be aware of their menstrual management needs), or leaving female-headed households stranded and unrepresented altogether (Palmer & Zwi, 1998).

During a crisis the nutritional status of women and girls usually dips (Gasseer, et al., 2004). Women are likely to prioritise their husband and children, especially sons, when portioning food in the household (Gasseer, et al., 2004), further endangering nutritional status of women and girls in times of food insecurity. Food distribution programmes do not include an understanding of the unique nutritional needs of menstruating women, who require higher calories and nutrients during and immediately after menses. This may be compounded by a lack of typical food stuffs in the distributions, or a shortage of preferred food items in local markets.⁴

The protection risks that bathing and washing carry for women and girls only increase in emergencies. The journey to and from latrines or bathing areas is a commonly reported time for attacks, a risk which is increased in humanitarian contexts and conflicts. Menstruating women and girls face an even greater risk as they will frequently seek out these facilities at night or when fewer people are around.

⁴ The link between menstruation and nutrition is also under-researched, although Sommer has conducted studies on the impact of extreme states of malnutrition on menstruation. She uses this study to highlight the potential for using menstruation as a nutritional indicator (Sommer, 2013).

Alternatively menstruating females may avoid bathing altogether for fear of being attacked or shunned, which, in the potentially unsanitary conditions in a crisis, can increase their risk of infection.

There is currently no agreed definition of what the scope of menstrual management programmes should be. Often 'menstruation hygiene management' or 'menstrual health management' is used by the development community. However, Sommer advocates for a minimum standard for menstrual management in emergency programming (2012). Menstrual management programmes should, as a minimum:

- ensure adequate numbers of safe and private latrines and separate latrines for girls and women with locks inside the doors;
- ensure easily accessible water inside or close to a latrine;
- ensure culturally appropriate sanitary materials are made available (for purchase or for free);
- ensure socially and environmentally appropriate means of disposal of used sanitary materials (e.g. burning, burying) or private washing/ drying for cloths;
- and provide pragmatic information on hygienic menstrual management, especially for pubescent girls approaching menarche

(Sommer, 2012).

This understanding will form the scope of this research, by defining the purview of the literature reviewed for this critical analysis.

1.4 CONCLUSION

This section has given an account of the context of this research, through a description of what menstruation is, an account of commonly documented socially constructed management methods, and an understanding of how these are affected by humanitarian crisis. This section has conclude with an understanding of what lies within the scope of menstrual management in emergency response. The following section will outline the methods that have been used in this research, and will include an explanation of the inclusion and evaluation criteria used to identify strategies for effective MMiE in the humanitarian sector today.

2. RESEARCH SET UP

This section will outline the research set up, including the methodology and the conceptual framework that is employed in the analysis.

2.1 RESEARCH METHODOLOGY

To answer this research question a qualitative critical literature review was utilised. Data collection for this was gathered over a period of five months, from December 2014 to April 2015. The collection identified a variety of sources through online search engines, including Google Scholar and the Uppsala Library catalogue, as well as on site research at the United Nations Office in Geneva Library and at the United Nations Population Fund Headquarters in New York. This literature was selected based on its relevance to the topic and concerning keywords of the research question and sub-questions: 'menstruation', 'menstrual management', 'menstrual hygiene/health management' and 'emergency response'. The literature found was in a number of academic areas, including public health, development studies, hygiene management, and medical literature.

However, much of the literature reviewed in this thesis is grey literature, not academically peer-reviewed. A search for peer-reviewed literature did not identify any specific articles on menstrual management response in specific emergencies, with one exception (Nawaz, et al., 2010), and only two examples of academic conference papers from the Water, Engineering and Development Centre (Bwengye-Kahororo & Twanza, 2005; Nawaz, et al., 2006).

This research did not use any other research methods to collect supplementary data, as this research was conducted in a time limited environment that would not permit adequate preparation and collection of primary data.

The analysis of this literature was conducted concurrently with the data collection, although mainly in February, March and April 2015. The analysis was designed to produce a comprehensive review of the literature pertaining to menstrual management in emergencies. A conceptual framework is used to structure this review, providing inclusion and evaluation criteria, based in organisational theory.

2.2 CONCEPTUAL FRAMEWORK: INCLUSION CRITERIA

The inclusion criteria for this research is designed to enable to author to identify the strategies pertaining the menstrual management in emergencies. However, as there is no clear concept of 'strategy' in the humanitarian sector, this research utilised a conceptualisation that can be found in organisational theory and made relevant to the non-for-profit sector. Such a conceptualisation sees a strategy, in its broad sense, as a statement of leaders to commit themselves, and the structures they champion, to a vision of how they will operate in the immediate future, developed specifically in relation to the underlying goal of the organisation and their revenue streams (Moore, 2000).

The goals and revenue streams of the humanitarian sector are importantly unique. Non-for-profit organisations have a social mission to produce aggregate effects in the world that are considered desirable by someone other than those that pay for and consume that outcome (Moore, 2000). In the humanitarian sector, this can be more specifically to produce these effects during times of crisis or disaster for the benefit of

A strategy is a statement by leaders of organisations or sectors which are made to commit themselves and the structures they champion to a vision of how they will operate in the immediate future.

(Moore, 2000)

those affected. Non-for-profit (and government) organisations also have unique revenue streams, specifically charitable giving or taxation. Strategy is still developed with attention to the expectation of those revenue holders (Moore, 2000). In the humanitarian sector this means that the donor expectations and knowledge are attended to when developing strategic direction in humanitarian response, either by catering the donor wishes or knowledge, or exploiting the advantageous nature of financially sustainable programmes which may allow for some independence from donor funding.⁵

⁵ Independence from state donors raises an interesting variable in this theory, which is beyond the scope of this thesis. Suffice it to say that MSF, which is the only large NGO to have complete autonomy from the state donors, makes very different strategic decisions which support the incorporation of this variable into this theory of strategic development.

This conceptualisation of 'strategy' lacks a concrete understanding of what might be the fodder or meat of strategizing. For the purposes of more specific analysis, this conceptual framework modifies Mintzberg's typology of strategies (Mintzberg, et al., 1998) and introduces a division in strategy types – the technical and the cultural. In Mintzberg's typology there is a division between the strategy types that are concerned with resources, accomplishments or tactical action, and those that are descriptive, political or abstract in nature. Technical strategies are action-orientated and action based deliverables, whilst cultural strategies are formulated as process-orientated and thinking based without a limited end point. This is important as the different types of strategy necessitate different implementation approaches, and are evidenced in different types of literature in this review.

Technical strategies tend to have been implemented in a 'mandated' approach. This is when one person, group or organisation is responsible for carrying out the plan (or pattern) to completion – it becomes their mandate. The mandate approach is perhaps best typified by the cluster approach, an attempt to plug any gaps in response and ensure consistency, by mandating 'leads' for thematic response.ⁱ The cluster approach offers predictable leadership, a systematic prioritisation of resources, roles and responsibilities, and a 'fail safe' to ensure technical strategies will always have an implementer. The lead agencies are the 'provider of last resort', meaning they commit to filling any gaps in service provision during humanitarian response in those areas (IASC, 2008). The cluster approach demonstrates a thematic ownership of technical strategies, such as health, WASH, nutrition etc. Objectives relating to these strategies, either emergent patterns or new plans, are integrated thematically by the cluster approach. Leaders in the clusters or thematic areas have an authority in the ownership of strategy, which is limited to relevant actors. The Ministry of Education does not, for example, have ownership of national health strategies, in the same way that World Food Program (WFP) does not have ownership of WASH strategies.

Cultural strategies tend to be implemented in a 'mainstream' approach. This is when an advocate pushes for an issue or organisational culture, with a view to have it adopted widely and successfully. Therefore these strategic positions must become well known. Sector-wide cultural strategies, favour an approach that will diffuse the

ownership of an issue widely. An example of mainstream implementation is in the gender mainstreaming approach. Unlike technical implementation approaches, the mainstreaming approach is a process, carried out by all:

“...assessing the implications for women and men of **any** planned action, including legislation, policies or programmes, in **all** areas and at all levels. It is a strategy for making women’s ... concerns and experiences an **integral** dimension of the design, implementation, monitoring and evaluation of policies and programmes in **all** political, economic and societal spheres...”

(UN Women, 2002) emphasis added

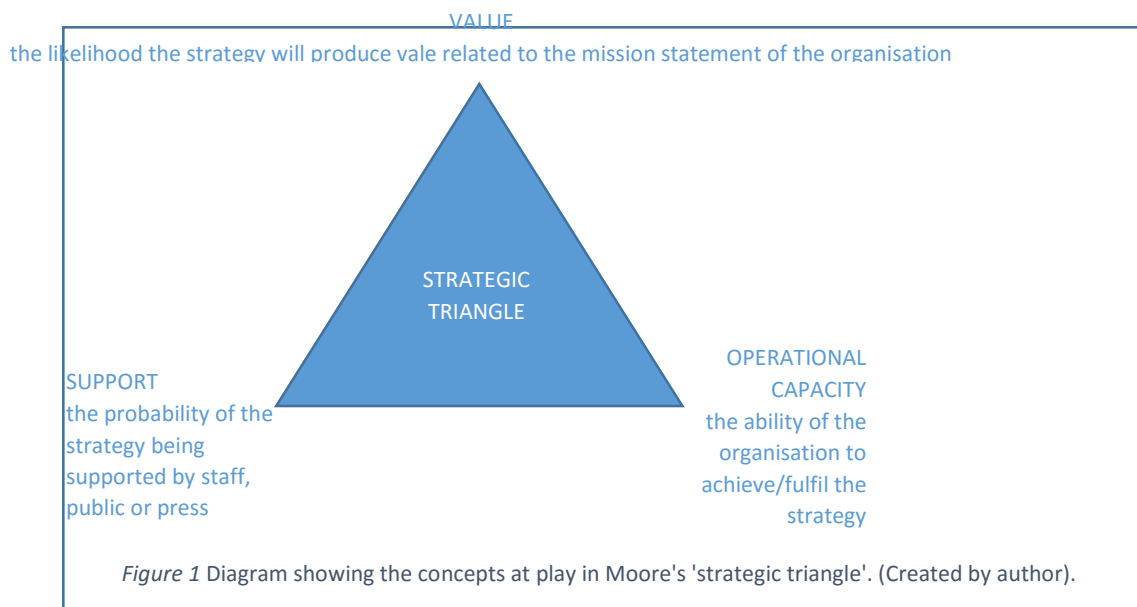
The mainstreaming approach aims at an ownership diffusion of a cultural understanding of gender. Although there may be one instigator or advocating actor, the ownership of the strategy is shared by all and is perennial across activities.⁶

2.3 CONCEPTUAL FRAMEWORK: EVALUATION CRITERIA

This analysis seeks to evaluate the strength of strategies identified. As such this conceptual framework also utilises a measure of what a good strategy would be. Moore sets out a model of what a well-developed strategy should consider in his ‘strategic triangle’ (Moore, 1995). According to this model, a well-developed strategy requires the developer to consider three elements – value, support, and operational capacity.

⁶ It is noted that the two approaches do not preclude each other, just as Mintzberg’s strategy types are not exclusive to one another. As UN Women makes clear “the strategy of gender mainstreaming does not in any way preclude the need for specific targeted interventions to address women’s empowerment and gender equality” (UN Women, 2002, p. vi). The intended effect of the gender mainstreaming approach was to make gender everyone’s business, and subsequently each cluster has since developed its own gender guidelines. For example the protection cluster has an area of responsibility for gender-based violence

According to this model, a strong humanitarian strategy will consider the value of the strategy to achieving the goal of the organisation or aligning to their mission-statement. For example, a strong humanitarian strategy will help the organisation or sector reduce suffering or save lives in the wake of a humanitarian crisis in some value-adding way. Such a strategy would have a high value. The second point of the triangle in this model is 'support'. A strong strategy will consider the level of support it can garner from staff, public and press. For example, a strong humanitarian strategy will gain momentum and support in the humanitarian sector, especially in the donor community to ensure funding. Finally a strong strategy will have considered the pre-existing or readily accessible technical skills and resource capacity to implement. A strategy with high operational capacity will be doable.



This strategic triangle will be used to evaluate strategies pertaining to menstrual management in emergencies found in this critical review.ⁱⁱ

2.4 LIMITATIONS AND SCOPE

This research is based on a comprehensive literature review of menstrual management in emergency response. However, the literature review method has limitations that may have constrained this research. Firstly there are a number of unavailable documents relating to this issue. Many documents are not publically available, especially when they pertain to the particulars of strategy. Those that are, may not be honest with their strategy as they are in the public eye. This has been taken into

consideration in the findings, and where possible many documents have been used to triangulate a strategy.

The literature that is available is mainly found in a search of grey literature, and as such is not peer-reviewed. This may have impacted the objectivity of such documents. The need for greater research in this topic, specifically more case studies, has been noted by public health professionals and academics alike (Sommer, 2012).

Finally, there are no established indicators on menstrual management, nor any definition. This is what necessitated a broad literature review to establish reliable and relevant definitions before specific analysis could take place. However, it is noted that the broad review only considered a marginal amount of available literature from sociological and anthropological academia on menstrual taboos. It is acknowledged that the socio-cultural quality of menstruation is only captured here in relation to management practices.

The conceptual framework used provides solid inclusion and evaluation criteria for evidence of strategy in the literature. It is noted, however, that this conceptual framework has been built from concepts in organisational theory, which is not directly applicable to the humanitarian sector. This has been done because the humanitarian sector lacks a solid theoretical grounding to isolate and evaluate strategy. Pains have been made to base this framework on writers who have extended organisational theory to the non-for-profit sector (Bryce, 1992; Moore, 1995; Mintzberg, et al., 1998), but these concepts are expected to be at best ill-fitting for humanitarian strategy.

2.5 CONCLUSIONS

This section has introduced the research methods used to structure this research. This has included an explanation of the literature review methodology, and has introduced a conceptual framework for the inclusion and evaluation of humanitarian strategies. It has concluded with an acknowledgement of the scopes and limitations of this research. The following section will introduce a theoretical framing which will be used to critique the findings and discuss the research question in later sections. The

theoretical framing will be based in feminist theory, and will draw particularly on a concept of the 'gendered organisation'.

3. THEORETICAL FRAMING: FEMINIST THEORY

The previous sections have introduced the background context of menstrual management and the conceptual framework which has structured this research. This section will introduce a theoretical framing that will be applied to the findings of this research in the discussion, to explicate the research questions.

This research is concerned broadly with a documentation and discussion of a manifestation of gender inequity in policy and strategy of the humanitarian sector. Therefore it requires a theoretical framing to aid this reflection, and this research uses Feminist Theory as a way to frame the concepts of gender and power in relation to organisational logic. This section will explain broadly the foundations of feminist theory, it's history of engaging with organisational theory, and will pay particular attention to the concept of a 'gendered organisation'.

3.1 CENTRAL TENANTS AND KEY CONCEPTS

3.1.1 GENDER

The concept of 'gender' within Feminist theory remains debated, but a core understanding that has dominated the theoretical landscape since it's enunciation by Simone De Beauvoir is that gender is a social construct: "One is not born but rather becomes a woman" (de Beauvoir, 1989, c 1953). Endorsing the distinction between biological sex and gender was originally used to counter arguments of behavioural determinism, which used to limit the scope of females/women in a number of ways⁷. The separation of gender from sex, and it's attachment to social pressures over biological fact, has remained persuasive. It enables feminists to argue that the differences between women and men were culturally and socially cultivated, and therefore changeable (Mikkola, 2016). Since the 1970's the term has been important to understand in feminists critiques.

⁷ A typical example of a biological determinist view is that of Geddes and Thompson who, in 1889, argued that social, psychological and behavioural traits were caused by metabolic state. Women supposedly conserve energy (being 'anabolic') and this makes them passive, conservative, sluggish, stable and uninterested in politics. Men expend their surplus energy (being 'katabolic') and this makes them eager, energetic, passionate, variable and, thereby, interested in political and social matters. These biological 'facts' about metabolic states were used not only to explain behavioural differences between women and men but also to justify what our social and political arrangements ought to be. (Mikkola, 2016)

3.2.2 POWER AND PRIVILEGE

Power and privilege go hand in hand as another core concept of feminist theory. A central proposition of feminist theory is that socially constructed structures and processes, including organisations, contain within them the prevailing power relations between genders. The power relations between genders place the masculine as dominant over the feminine, a position which is maintained by the oppression of the later (Hartmann, 1979). That is to say that the masculine is placed in a position of power over the feminine, a position which necessitates the oppression of the feminine to prevail and reproduce itself.

By virtue of the insidious nature of a dominant ideology, the norm appears natural (Walby, 1990). This is the privilege of dominance – that the power relations are either natural or completely invisible to the dominant class. This concept has been applied across a wide range of feminist critiques. In Philosophy of Language, feminists have noted how language is built on a norm of maleness, but is thought of as gender-neutral (Spender, 1985). For example the use of ‘he’ and ‘man’ as if they were gender-neutral (Saul, 2010). In Philosophy of Science,

In intersectional feminism, the privilege of dominance has been noted at the juncture between race, class, sexuality and gender.

Specifically organizations masquerades as a neutral, genderless system; filled with unencumbered workers, fulfilling gender-neutral job roles. Men in organisations take their experience and behaviour to be representative and so theorise the organisation as genderless (Kanter, 1977). Assumptions about women as being less capable of leadership, as fulfilling a more important role at home, remains unchallenged and the norm of the organisation remains unchallenged.

3.2.3 PUBLIC/PRIVATE DIVIDE

The distinction between public and private is an important central tenant of feminist theory, specifically from Marxist Feminism. The ‘public’ denotes a sphere of life which is inherently social; from which flows governmental policies, political rights, and industry (Vickery, 1993). Conversely the ‘private’ is defined in opposition to the ‘public’, and denotes a sphere of life which is personal; in which the family, sexual and home life operate (Vickery, 1993). Marxist feminism highlights how women are highly

disadvantaged by the public/private divide, which relegates their work to the private as mothers and housewives, and psychologically denies them full personhood, citizenship and human rights from the public sphere (Foreman, 1977) (Okin, 1989). In organisational analysis (an area obviously concerned with the public sphere), feminist theory have applied this division of labour in new and interesting ways.

The separation of public and private spheres holds within it the implied subservience of the private to the public. The public sphere is where labour is traded for compensation, which, under a capitalist system, distinguishes it from the kind of labour conducted in the private. This suggests domestic labour is undervalued, evidenced by its unpaid nature (Brenner, 2000). In such an economic system which frames, the private sphere is assumed. The economy relies heavily on the unpaid domestic and reproductive labour, allowing the worker to dedicate the majority of their time to economic production labour (Delphy, 1984) (O'Brien, 1981). The home life is a necessary backdrop to the business life of a worker, but the business life, the public life, is the more important (Mies, 1986).

3.2 FEMINIST THEORY MEETS ORGANISATIONAL THEORY

Feminist theory has a long history of engaging with organisational issues, usually in a skilfully crafted critique of power relations, interweaving issues of gender, class and race. These critiques have usually been concerned with documenting and discussing the problem of gender inequity in the workplace, and addressing the different conceptions of gender and the resultant courses of action organizations adopt (Ely & Meyerson, 2000). The incorporation of a feminist critique occurs from a critical perspective of organisations, referred to as an 'open systems' model of organisations.

"That a system is open means not simply that it engages in interchanges with the environment, but that this interchange is an essential factor underlying the system's viability."

(Iannello, 1992, p. 7)

This model of organisations has allowed research to consider the impact of societal values on the operation and structure of organisations, opening it up to feminist critique (Scott & Davis, 2006). This model of organisational thinking became in vogue by the 1960's, coinciding with 'second wave' feminism which saw a renewed

push for greater gender equality in areas such as the workplace and education (Haslanger, et al., 2012). Now synonymous with the second wave, the slogan 'the personal is political' is accredited to Carol Hanisch in 1970 (Hanisch, 2006). It communicated the idea that women's cultural inequalities are intrinsically linked to political inequities, and should be understood as a reflection of patriarchal power structures, and this critique was applied to organisational behaviour and processes to explain their role in creating and perpetuating gender inequality.

Practically feminist theory has also concerned itself with discussing inequalities internal to the organisation; such as the wage gap and the glass ceiling.

There is further division of labour within organisations, in which a structural gendered division of labour reflects and reinforces a formalisation of gender power. Organisations tend to recruitment of women into low-paying, less valued positions, with less decision-making power, under the prevue of high-paying, more valued positions which are dominated by men. The organisational logic beneath this hinges on a conception of value, relying on standardised job evaluation and worker valuation techniques. Such techniques and processes have a gender subtext in the way they are written, relying on an assessment which prides rationality, reason and power over perceived feminine traits such compassion, dialogue and emotion. In fact the leader is typified by male traits. Kantor describes it as a 'masculine ethic': "While organizations were being defined as sex-neutral machines, masculine principles were dominating their authority structures" (Kanter, 1977, p. 46). The traits of a leader are constructed to align with the masculine in traditional organisational theory. In these theories the leader is conceptualised as a strong, strictly rational, authoritative and forceful leader, capable of stripping themselves of the 'private' (family and emotions) to make decisions. These traits are then reflected in the perception and evaluation of leaders, both male and female, often times finding the role of the leader at odds with the role of a women resulting in poor evaluations and negative perceptions of female leaders (Eagly & Karau, 2002). This structural gendered division of labour is both a product of and a cause of gender characterisation and a formalisation of gender power. In feminist critiques of organisational theory, the abstract and necessarily impersonal 'ideal worker' is criticised for necessitating this public/private division of labour. The 'ideal worker', working an

abstract job, is a replaceable professional. The demands of this job on the worker are such that they are expected to leave the personal at home and enter the public sphere, the business sphere, as an unencumbered being. Issues concerning the personal - family, emotional connections, spouses, hobbies, etc – are expected to be shed to enter the public space and operate effectively in the organisation.

3.3 GENDERED ORGANISATIONS

Even after a number of studies exploring the ways in which organisational logic will favour and value men and their decisions over women and their decisions, there remains no deep change to organisational theory. It has become clear that analysing organisations with an understanding of the constituting effect and impact of gender is essential for a full explanation of any organisational process and dynamics.

A recent addition of feminist theory, so called 'gendered organization theory', claims that traditional feminist critiques have not made a deep enough attribution of gender to organisational processes. Acker argues that such critiques do not effectively grasp the complexity nor the depth of organisational gendered substructure (Acker, 1990). Acker's purposes an extension of feminist theory which introduces new notions relevant to this research, and particularly related to the decision making process taken within the organisations.

Acker argues that the feminist critiques have not understood the depth of the gendering of organisations. The feminist critiques often argue that gender is excluded from the organisational theory. Acker, however, suggests that the opposite is the case - the organisation is itself gendered, specifically as a manifestation of the masculine (Acker, 1990). The substructure of organisations are masculine, operating as a masculine entity; they have a 'gendered substructure'. This is why the organisations tend to favour the masculine in elements such as leadership. The organisations themselves operate on a gendered set of processes and logic. The organisational analysis cannot simply apply gender as a lens, for the organisation itself has within it a masculine rationality and reasoning. In this way the organisation resists these critiques, explaining why they have not be internalised and affected as changes to the organisational logic.

Acker also introduces an important addition to the image of the 'ideal worker', as essentially sexless. The separation of sex and gender, a core tenant of feminist theory, is that sex is a biological fact whilst gender is social construction.⁸ By extending this to the notion of the 'ideal worker' Acker asks us to appreciate that whilst the worker implicitly and inherently masculine in gender, he is also bodiless. The worker lacks a body and is inherently abstract. This explains the disengagement of the emotions, hormones and family that is expected of the unencumbered workers, separated from the private sphere. Emotions and hormones are intrinsically of the body, unlike the cold abstract texture of logic, whilst the family is a direct result of bodily processes. The disembodied workers crucially lack a sexuality. There is no conception of the worker as a sexual being, with sexual health and welfare often excluded from organisational theory.

This research will apply these notions of a gendered substructure, to complement wider feminist theory. Acker insists that without doing so, the critique can only ever be superficial.

3.2.1 APPLICABILITY TO HUMANITARIAN ORGANISATION

The critiques levelled against traditional organisational theory still pertain to the new economy of the humanitarian sector, and can provide possible answers for the research question concerning why menstrual management, a female, bodily issue, is under-prioritised in humanitarian strategic response?

As Acker's 'Theory of Gendered Organizations' is a relatively new theoretical interpretation, efforts should be made to justify its use in this research and its application to this sector.

Acker's notion of 'gendered organisations' was originally created to explain how gender was embedded in traditional organisations, found in the private sector. These are typified by standardised job descriptions, career ladders and manager-controlled evaluations, and by workers who sought permanent and stable careers for life, with promotion based on reward and loyalty. These are no longer hallmarks of many organisations, and look particularly foreign to the organisational frameworks and

⁸ For a helpful outlining of what can be called the Standard Model of Sex/Gender see (Stoller, 1974)

expectations of humanitarian culture. However, based on the work of Williams, Muller and Kilanski, there is adequate evidence that this theory is still relevant for this analysis (Williams, et al., 2012). Following the 'work transformation' and the advent of generation Y in the job market, there was a reshuffling of organisational logic.⁹ However, similar to technological introductions into the organisational schema, this merely reshaped gender divisions of labour, it did not eliminate it (Cockburn, 1985) (Cockburn, 1983). Instead there was an advent of a 'new economy', typified by a number of characteristics shared by the humanitarian field. New economies, such as oil and gas, and humanitarian aid, are increasingly interdisciplinary and have explicitly embraced diversification in gender, race and background (Williams, et al., 2012).

These industries no longer expect lifelong commitment to one employer, but encourage 'cyclical' employment and regular relocation. In oil and gas this is demonstrated through regular 'busts' causing lay-offs, whilst in humanitarian aid it is due to the normalcy of relatively short contracts. These economies are also increasingly based around team-work, as opposed to individual merit; although in both new energy and in aid the promotion is still individual. Finally, new economies no longer present a career ladder to climb based on regular step-by-step promotion. Instead Williams et. al. refer to a 'career map', including a number of moves laterally which are achieved through informal networking and contacts. The humanitarian field, without any official entry point and end point, shares these qualities.

Despite these economies having new principal mechanisms, gender inequality is still reproduced in its programs and in its implementation. The wage gap is still evident in the humanitarian sector and, although provisions have been made to accommodate family/work balance, there are still numbers of women reporting a reluctance to utilise such methods as flexi-time and remote work plans as it may hurt their career prospects (OCHA, 2014). Importantly, within the UN there is a dearth of women over P5 level, a number which decreases as one moves away from headquarters (OCHA, 2014). This

⁹ Gen Y is a term used to refer to millennials, born between 1980 and 2005. This demographic, as opposed to the earlier generation (Gen X), have distinctly different behaviours and values with relation to the job market. Specifically, Gen Y expect and desire several changes in career throughout their working lives, with less emphasis on stability and more value placed on advancement; and a better ability to manage change (Strauss & Howe, 2000).

results in an absence of female leaders in positions of power, who may be able to impact decision making in the design, development and implementation of strategies in the humanitarian sector. Furthermore according to Acker, this absence at decision-making level is not simply an unfortunate organisation manifestation of gendered power, but evidence of the deeply masculine gendered substructure of the humanitarian sector. This will be explored further in Section Five when the findings are discussed in reference to the research question.

3.3 CONCLUSION

This section has outlined and justified the use of a theoretical framing to address the research findings. Feminist theory, and specifically the notion of a sexless and gendered substructure introduced by Acker, has been introduced and its applicability to the humanitarian sector has been proven through its relevance to 'new economies'. The following section will now present the findings of this research; that is the identification of strategies pertaining to menstrual management in emergency response.

4 FINDINGS OF A CRITICAL REVIEW

Section Two has outlined the methodology and conceptual framework used to collect and analysis literature for this critical review, which aimed at isolating and evaluating strategies pertaining to menstrual management in emergencies in the humanitarian sector. As per the conceptual framework, this review found evidence of both technical and cultural strategies. Evidence of technical strategies were found across the sector shared by a number of actors, in funding proposals and revenue streams, in implemented programmes and in standards and trainings. These evidenced action-based strategies with clearly defined leadership or mandates within the cluster approach. These strategies favoured thematic purview to implement action plans. Evidence of cultural strategies was more meagre. This review found only one cultural strategies, evidenced in media articles and position statements. These strategies will now be reviewed and assessed as per the strategic triangle evaluation laid out in Section Two. This assessment will be of the value, support and operational capacity of each strategy.

4.1 EVIDENCE OF TECHNICAL STRATEGIES

There is some evidence of technical strategies in humanitarian response. As per the conceptual framework used, technical strategies may be plans or patterns of behaviour within organisations or the sector as a whole, and are implemented through a mandated leadership of that plan. As such these strategies are evidenced in operational standards, trainings and handbooks in the sector and through a close analysis of implementation in the field.

4.1.1 INTEGRATION INTO WATER, SANITATION AND HYGIENE IMPLEMENTATION

The first strategy identified by this critical review was to include menstrual management in pre-existing WASH responses. This strategy effectively utilises the WASH cluster, and thematically aligns menstrual management for other actors in the sector. There is plenty of evidence to support this finding. The Sphere Minimum Standards for Humanitarian Response have included gradually more mentions of menstruation, predominantly in the WASH section. The most recent edition of the Handbook (2011) gives advice and standards regarding privacy of latrines, disposal of sanitary waste (used sanitary materials), suggestions regarding the provision of at least 1 cloth per woman, and mention of the need of underwear and a wash basin (Sphere

Project, 2011). Additionally there is a recommendation that women are consulted about their preferred sanitary material and are promoted in all water supply discussions, although there are no details on how to conduct these assessments. There is also evidence of this strategy being realised, with an example of menstrual management being included in Oxfam's emergency WASH response to the Pakistani earthquake. Oxfam successfully implemented screened bathing and washing areas, including menstrual management accommodation. They built appropriate sanitation and water facilities for women and girls, with the input of beneficiaries (Nawaz, et al., 2006). The outcome was very favourable and attests to the strength of this implementation strategy: Menstrual management in emergencies can be well integrated into WASH programmes and guidance.

The strategy of including menstrual considerations in the WASH section is a logical one. The importance of access to water for bathing and washing soiled garments or sanitary pads reinforces the suitability of menstruation management to this sector. Additionally the preventative nature of many WASH interventions makes them a fit vessel for strategic implementation of menstrual management in emergencies. There is nothing intrinsically dangerous or dirty about the menstrual period. However when inadequate management methods are employed, as may be likely in times of humanitarian crisis, there are a number of latent risks to menstruating women. When WASH needs are not met there is a multitude of negative implications for women menstruating in humanitarian situations, as outlined above. As such preventative action, which the WASH cluster is well suited too, may avert these risks before they become fully fledged dangers.

When assessed in the strategic triangle, this strategy is strong. There is high value impact from this strategy, with easy access points already existing in the WASH cluster integration into camp management, shelter and early recovery networks (Cluster, 2009). The strategy can have wide-ranging impact on the target group and can mitigate the risks of mismanagement successfully, as already been shown in past programmes (Nawaz, et al., 2010). The strategy however, has mediocre support and has limited operational capacity. Both of these shortcomings are evidenced by the limited realisation of the strategy so far. Except for this one example of by Oxfam, no other

documented efforts of menstrual management implementation were found in this literature review. Additionally the support for integrating emergency menstrual management issues in this way is undermined as the WASH cluster lead, the United Nations Children's Fund (UNICEF) has no evidence of supporting the wholesale integration of menstrual management services into WASH (Hayden, 2012). Instead UNICEF has, until now, favoured an integration of menstrual management into WASH of schools in emergencies (which is reviewed below) (Aslam, 2011). The operational capacity of the WASH sector to incorporate MMiE concerns is strong, but undercut by the lack of evidenced implementation.

4.1.2 INTEGRATION INTO THE REPRODUCTIVE HEALTH RESPONSE

Another technical strategy identified was to integrate menstrual management into reproductive health response in emergencies. This strategy is evidenced in the inter agency working group on Reproductive Health in Crises training materials, and United Nations Populations Fund (UNFPA) standards. The Inter-agency Manual on Reproductive Health in Humanitarian Settings (IAWG, 2010) alongside the MISP learning module (2007) offers guidance on integrating menstrual management into reproductive health services. The provision of basic hygiene kits for all women and girls, ordered locally, should include a three months supply of sanitary materials, underwear and soap (IAWG, 2007). This implementation strategy aligns menstrual management in emergencies with sexual and reproductive health (SRH), an understanding which is mirrored in UNFPA's menstrual management implementation approach in emergency response. The UNFPA Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings gives explicit guidance as to the provision of sanitary materials and puberty education, including menstrual health education to boys and girls (UNFPA, 2009).

The inclusion of menstrual management in emergencies in reproductive health implementation is potentially a strong strategy. The value of the strategy is persuasive. Entry points for reproductive health programmes are appropriate for menstrual management as they tend to cover a similar target group. For example, the implementation of programmes giving out condoms at schools and youth centres can be modulated to include pamphlets on menstrual management for female attendees (Rohwerder, 2014). In reality, however, this strategy is not as strong as it could be as

support and operational capacity are low. Reproductive health in emergencies, whilst important, is underfunded and often times forgotten (WHO, 2009). There is a lack of strong ownership of reproductive health implementation, although UNFPA is attempting to take on this role in the sector (Robinson, 2010). Additionally, public support for reproductive health is not as strong as WASH programmes. Often states and civil societies resist such programmes owing to the private and taboo subject of sex in local society (WHO, 2009).

4.1.3 INTEGRATION INTO EMERGENCY EDUCATION

There is evidence of a third strategy in humanitarian response – to include menstrual management in emergency education provision. This approach centres the discussion around how best to respond to menstrual management needs in adolescent school girls and teachers, to avoid girls missing school due to menses. There is strong evidence for this strategy. The Inter-agency Network for Education in Emergencies (INEE) Gender Task Team advocates for the use of a minimum standards tool (2006). Additionally the Gender Responsive School Sanitation, Health and Hygiene framework offers implementation guidance regarding the assurance of separate toilets for girls, boys and teachers, the provision of sanitary materials, adequate water supply and solid waste disposal. UNICEF has also emphasised education as an access point for delivering menstrual hygiene management in emergency settings (Aslam, 2011). There is also good practice of engaging school girls in programme design in development settings, for example in Tanzania when a handbook was developed in consultation with schoolgirls, including a design for an ideal toilet and a sharing of experiences of menarche (Grow and Know, 2012). This product has been referenced as a valuable source of information for guiding menstrual management in emergency response, and so can be seen as indicative of the operational capacity of the strategy to align menstrual management in emergencies in this way (Sommer, 2014). Schools have also been an entry point to dispense sanitary materials and teach about menstruation and sexual health in development and emergency settings (The New York Times, 2015). Other possible interventions include the provision of opaque bags for school girls so they do not have to carry sanitary materials in public (Rohwerder, 2014).

This strategy for implementation, however, is relatively weak. The inclusion of menstrual management into an emergency education framework may be a strong entry point, but it necessarily excludes older women and so would result in an inconsistent implementation. In other words, despite the inclusion of menstrual management consideration in emergency education implementation, the strategy would elicit an incomplete response. Additionally, this strategy has low operational capacity. The technical knowledge and the funding resources needed to carry out this strategy are lacking. There is a lack of concrete guidance on how to implement an inter-disciplinary approach, or how to draw on preparedness measures. The education cluster also has a large funding gap at present and so may not have the resources to extend to menstrual management in emergencies provision (Education Cluster, 2013).

4.1.4 IMPLEMENTATION THROUGH PROTECTION APPROACHES

There is also evidence of the strategic inclusion of menstrual management in emergencies in protection cluster activities.¹⁰ This strategy is evidenced in a number of United Nations High Commissioner for Refugees (UNHCR) documents, which dictate both the agency mandate and that of the protection cluster. UNHCR's Agenda for Protection list the unique needs of refugee women and children as one of six important protection concerns, as well as the gap in implementation on specific policies, the funding gap and uneven prioritisation, although there is no explicit mention of menstrual management in emergencies in the report (UNHCR, 2003, p. 85). In 2010, UNHCR issued a Call to Better Protect Women and Girls, emphasis is place on sanitary materials as one of the core areas relating to the lives of women and girls (UNHCR, 2010, p. 6). In the Handbook for the Protection of Women and Girls (2008), provision of sanitary materials is coherently and comprehensively covered. This handbook explicitly highlights the menstrual hygiene management needs of asylum seekers, including the provision of sanitary materials, bathing facilities and disposal of materials in a safe way (UNHCR, 2008)The handbook highlights the multi-dimensional implications of not meeting menstrual management needs in emergencies, which fall under the pursue of the protection cluster, including the potential for girls to miss school, the risk of girls

¹⁰ It is noted that protection is both a cluster and a mainstream approach. Strategies regarding the place of menstruation were found only in a technical capacity (action orientated/deliverables), and therefore are explored under the protection cluster, not the mainstream response.

engaging in transactional sex to afford sanitary materials, and the heightened risk to women in mixed bathing and latrine facilities (UNHCR, 2008). This provides strong evidence of the existence of strategic inclusion of menstrual management in emergencies, in the protection cluster activities.

The inclusion of menstrual management in emergencies in this way is a strong implementation strategy. The value added by this strategy is clearly high. Including menstrual management in emergencies into a protection approach entails it be considered in a number of ways, including WASH, food security and site planning. The support for this strategy is also strong, with a clear leader founded in UNHCR. This stakeholder not only champions the protection cluster but is also influential across other clusters as well, especially in Shelter and non-food item (NFI) distribution. UNHCR is also the humanitarian lead in refugee-related crises, when the cluster system is not activated. This strong ownership of the issue makes it a promising approach. Therefore, the strength of this strategy is linked to the willingness of UNHCR to champion and lead the issue. A more in-depth review of their policies, however, shows a confused understanding of menstrual management in emergencies which may affect the strength of this developed strategy. Finally the operational capacity of this strategy is low. There is no clear budget line within UNHCR to account for the resources needed to incorporate menstrual management in emergencies fully into their protection activities, with menstrual management provision sometimes incorporated as an NFI expenditure and other times under health. Overall, this strategy is weak despite the firm leadership, due to the internal confusions and competing priorities, which sees menstrual management in emergencies falling out the bottom.

4.1.5 KITS AS AN EMERGING APPROACH

There is also evidence in the literature of an emerging strategy, or 'pattern' (Mintzberg, et al., 1998), which can be identified as a 'kit' approach. This strategy is to include of menstrual management materials and information in modular kits of non-food items to be distributed to households or individuals, as opposed to integrating menstrual management in emergencies into a cluster or thematic mandate as the strategies above suggest. This implementation approach is evidenced in a number of agency activities.

International Federation of the Red Cross/Red Crescent (IFRC) have traditionally distributed kits with standardised sanitary materials in the acute emergency response, pending revision after a consultation with the affected population. In a recent lessons learned document, this approach has been altered slightly so that only soap and water storage are immediately distributed pending a full consultation on preferred emergency menstrual management materials (Sommer, 2012). Oxfam also uses a kit approach; distributing materials as soon as the need has been confirmed with subsequent alterations and revisions to the content based on monitoring. This allows Oxfam to pre-position kits for immediate distribution. UNFPA have also championed this implementation approach, frequently uniting a 'dignity' kit with locally procured goods which allows local staff to influence the items in them according to cultural menstrual practices (Abbott, et al., 2011). It is worth noting that organisations oftentimes have an average lag time of three weeks before distribution to allow for consultations with locals, which affects the usefulness of the response. The kits that are a product of this consultation, including those of UNFPA, are very often not the first to be distributed and may even be unnecessary by the time of distribution (SIPA, 2011).

The kit approach is a clear technical approach with a lot of potential. The value of having a predictable influx of kits containing menstrual management information and provisions in a time of emergency is patently clear. This approach offers the possibility of having pre-positioned, culturally relevant stock of menstrual management related items, which can be immediately distributed in acute humanitarian response. Many emergency menstrual management items, such as sanitary pads, underwear, elastic, cloth, soap and water containers, can be stored well in regional warehousing (Rohwerder, 2014). This could be informed by a geographic mapping of socio-cultural practices and local preferences, which can be carried out in the preparedness phases (Cavill, et al., 2012). Such kits could also include emergency menstrual management information pamphlets in local languages, examples of which have been produced in development settings (Sommer, 2011).

The support for such a strategy may also be high amongst donors, who would be able to see a direct link between the number of distributed kits and the number of beneficiaries aided. The support for this strategy at the moment suffers from a lack of

standardised leadership. As this is a technical strategy, it would benefit from having a strong leader or a provider of last resort, who might be able to provide guidance or take ownership of the kits. As it stands, each organisation has different contents, standards and delivery mechanisms for their kits. While some organisations provide sanitary materials and soap, but no underwear, others distribute cloth but do not account for the washing and drying needs that these have with them. The purchasing preference of organisations also differ, some preferring locally made items and others procuring internationally (Sommer, 2012). Without a strong leader for this approach, the implementation is weakened, with no consistency or predictability to these kits.

The operational capacity of this strategy is also dubious. The strategy necessitates a large amount of preparedness work to be implemented successfully. Information regarding religious and cultural activities', including restrictions, taboos and beliefs can be mapped geographically in preparedness phases; and research on preferred sanitary materials and disposal methods can be integrated into this baseline data acquisition. However, currently there is a gap in a common assessment of context and needs regarding menstrual management in emergencies, with a number of organisations carrying out independent assessments. This may cause 'assessment fatigue' in the affected population, may negatively impact the relationship with aid organisations and take a long time (Parham, et al., 2013). This operational capacity may be rectified with a strong lead organisation to advocate for and implement a consolidated rapid assessment, but so far there has been few moves in this direction and no such leader has emerged

4.2 EVIDENCE OF CULTURAL STRATEGIES

There is relatively little evidence of clear cultural strategies in humanitarian response. As per the conceptual framework used, cultural strategies may be statements regarding the position or perspective of an organisations or the sector, and as such are descriptive and abstract in nature¹¹. Such strategies are implemented through a diffused ownership of that position or perspective, as opposed to a clear mandated leader. These strategies are evidenced in policy statements and position papers affecting the sector, and through a close reading of public facing information, such as awareness raising literature, media releases and articles for wide circulation beyond one organisation.¹²

4.2.1 MENSTRUATION IS A MULTI-SECTOR ISSUE

This literature review found evidence of a position strategy regarding menstruation in emergencies, and management of menstrual needs as a multi-sector responsibility. Under this strategy the responsibility for menstrual management is shared by all humanitarian actors; menstruation management is everyone's business and should be considered in all aspects of humanitarian response. This strategy is evidenced through multiple references to menstruation as a multi-sector issue, and/or calling for multi-sector interventions in emergency response. Such evidence is found in the UNHCR Handbook for the Protection of Women and Girls (2008) which emphasises the multi-dimensional nature of menstruation management, specifically the cross-sectorial implications of not meeting menstruation management needs. The Inter-agency Network for Education in Emergencies (INEE) also advocates for a multi-sector approach (INEE, 2010). Additionally academic literature often calls for a holistic approach to menstrual management in both emergency and development contexts (Wickramasinghe, 2012). These evidence a strategic positioning of menstrual management as a cross-sectoral issue, which necessitates a shift in institutional culture. The preference for inter-cluster and cross-thematic response to menstrual management

¹¹ Collective positions are a type of cultural strategy that promote engagement and cooperation between organisations within a sector, evidenced in mergers (Astley & Fombrun, 1983). The strategy discussed in this section is best thought of as this unique type of strategy, as it promotes cooperation regarding an issue, and has no clear single advocate.

¹² It is worth noting at this point that according to the conceptual framework used, the cultural strategies do not exclude technical strategies. Strategies can be more effective when operating in a technical-cultural pairing.

in emergencies, positions the issue as crucial to the cultural backdrop of aid delivery and therefore an integral dimension to the design, implementation, monitoring and evaluation of response.

There are multiple approaches that might be used to implement this strategy and 'mainstream' menstruation; either through attaching menstrual management to existing mainstreaming attempts which operate in emergency response, such as gender mainstreaming or protection mainstreaming, or creating a new mainstreaming approach specifically for menstrual management. The use gender mainstreaming efforts would be the strongest implementation method, aligning menstruation with the unique needs, challenges and vulnerabilities that women and girls face in times of crisis.

This strategy itself is fairly strong. There would be great value in diffusing the responsibility of menstrual management in emergencies into the policies and programmes of all organisations, and doing so may allow forums for inter-organisational programming and working groups to focus on this issue. This integration would align very well with the ways in which women and girls experience menstruation as a compounding effect of their socio-economic oppression. Additionally for such a multi-faceted issue, mainstreaming may be a more effective way to ensure holistic response strategies where mandates might be piecemeal (as is the case with the education integration strategy outlined above). However this strategy lacks support. In fact gender mainstreaming has faced a recent backlash in humanitarian contexts, with the prevailing idea that gender can be left till later (Olivius, 2014). However, the operational capacity for this strategy is high. Gender mainstreaming is culturally embedded in modern humanitarian response, since its conception in the Third Conference for Women. Every major humanitarian actor has made steps towards mainstreaming gender in policy and programmes (IFAD, 2000) WASH gender guidelines. The approach is supported by a number of documents and assessments, including the Gender Handbook (IASC, 2006). There exists a number of quality trainings and capacity support programmes, including the IASC 'Different Needs – Equal Opportunities' which is mandatory for the all UN employees (IASC, 2010). Recently there has been the creation of a sector wide assessment tool, called the Gender Marker, which evaluates humanitarian programmes

and policies on their gender quality (IASC; Irish Aid, 2014). As such this implementation approach has high operational capacity.

There is currently no evidence of mainstreaming menstruation. Despite evidence of a strategy to position menstruation as a multi-sector approach, there is no evidence of this strategy being implemented as of yet, either in the gender mainstreaming approach or otherwise.

4.3 CONCLUSION

This section has presented the findings of a critical review of literature concerning menstrual management in emergencies. This critical review found evidence of six strategies as per the conceptual framework inclusion criteria. Five of these strategies were technical in nature, concerning action-based plans and patterns of behaviour and favouring a mandated leader of provider of last resort to achieve. Four of these strategies suggest that menstrual management be 'housed' or integrated into existing thematic approach and championed by cluster leads – WASH, SRH, emergency education and protection. The fifth was drawn from a pattern of behaviours exhibited by a number of agencies who utilise a 'kit approach'. This review also found evidence of a sixth strategy, portraying of menstruation as a multi-sector issue, favouring a mainstreaming approach.

These strategies were then assessed following the evaluation criteria presented in Section Two – the 'strategic triangle' – measuring the potential value-added, support and capacity to implement of each strategy. There were no particularly well-developed strategies, which did well in all three criteria. This section has therefore established that menstrual management in emergencies has been under-practised in strategy making. The issue offers high value-added to a number of sectors and approaches, but has not been the subject of good strategic decision making on the issue. No organisation, cluster or advocate is taking menstrual management to heart, leading to ad hoc response and poorly developed strategies.

Additionally, a common finding to all technical strategies is the weakness in operational capacity to carry them out, mainly due to insufficiently developed funding

routes. The funding available for integrating menstrual management issues into humanitarian response is a recurring issue in the literature reviewed (UNCHR, 2005). This is due to the general deficit in humanitarian funding, but also due to a lack of homogenous targeted funding for this issue.

Without a clear 'home' or area of responsibility for menstrual management the funding for these efforts come ad hoc and partial from a number of emergency sectors which have been discussed so far – protection, WASH, health and education. There is also a lack of best practice or research to clarify how best to implement funds, as well as a general lack of interest from donors (Sommer, 2012). At the moment funds for menstrual management response come from UN agencies, bilateral donors such as OFDA and the private sector, or through internal fundraising of NGOs (Dawn, 2008) (Proctor & Gamble, 2010).

This section has established that there are a few weak strategies regarding menstrual management in emergencies in the humanitarian sector, but that the issue is under-prioritised in sector-wide strategic development. The next section discuss these findings in light of the core research question – Why is menstrual management in emergencies under-prioritised in humanitarian response?

5 DISCUSSION OF FINDINGS

The previous section presented the findings of the critical literature review. It isolated a number of strategies, both technical and cultural, and evaluated them as per Moore's strategic triangle to assess how well developed they are. These findings have established that there are a few weak strategies regarding menstrual management in emergencies in the humanitarian sector, betraying a lack of ownership for menstrual management in emergency response structures and a general under-prioritisation of the issue

This section will discuss why this is – why is it that menstrual management is under-prioritised in humanitarian response strategies? This discussion draws on a feminist theoretical framing to answer this question, as presented in Section Three. This framework offers an explanation of two interplaying factors that explain this systemic under-prioritisation of menstruation – the 'slick' factor and the 'ick' factor. Both of these factors are rooted in the understanding that the reluctance to deal with menstrual management in a meaningful way is due to the inimitable female-ness of menstruation. It is an experience exclusively undergone by females, and it also epitomises the most private, bodily process of the feminine. The slick factor is used to explain the way in which menstrual management eludes meaningful decision-making which is predominantly done by men, due to the lack of women in powerful roles and the disempowerment of female leaders to meaningfully engage with decision-making. The ick factors draws on a deeper understanding of the gendered substructure of the humanitarian section, as offered by Acker (1990), and describes the way in which menstrual management fundamentally cannot be dealt with in organisational processes which rely on a masculine, sexless logic.

5.1 THE SLICK FACTOR: WOMEN AND STRATEGY DEVELOPMENT

The slick factor holds that menstrual management is not a subject of strategic development because decision making is predominantly done by men. This may be for two reasons. Firstly that women are subject to a number of organisationally embedded discriminations and disadvantages that conspire to keep them out of leadership roles where strategy is decided. Secondly, even if women in these positions of power, they experience a number of micro-aggressions and implicit biases that disempower them

from deciding strategy. That is to say that in the women find it hard to get a seat at the table, and even if they succeed, the men are still ordering for them.

5.1.1 NO WOMEN AT THE TABLE

The lack of women in decision-making positions which allow them to have a say in strategic development, has been widely documented across a number of sectors. The humanitarian sector is no different. Women make up only 33% of senior roles (P5 and above) in the United Nation Office for the Coordination of Humanitarian Affairs (UNOCHA) field offices, and at headquarter level the number of women in senior roles has decreased since 2012 (UNOCHA, 2014). These figures show that the power to make strategy is rarely in the hands of women in the humanitarian sector.

Feminist critiques of organisational theory have attributed a lack of women in top positions to the organisational processes that implicitly reinforce gendered power relations, sometimes called the 'glass ceiling' (Cotter, et al., 2001). The glass ceiling is formed in a number of invisible ways, which conspire to halt the rise of women into top positions. These barriers manifests themselves in a number of way, and become increasingly strong the higher up the hierarchy one goes. To begin with women experience gender differences that are no explained by job relevant characteristics. For example, women face social pressures to leave the working sector to raise a family, or pass on career development opportunities to preserve a presence at home (Paludi, 2013). This is in turn often cited as a reason for overlooking woman for promotion, and in some cases even recruitment. For the same reasons, women may feel disinclined to exploit flexible working options, which they feel may hurt their career advancement (UNOCHA, 2014).

As one rises up the hierarchy these gendered barriers become stronger and more common. Particularly in 'new economies', where frequent mobility is required to found a strong career, women are disadvantaged in a number of ways which affect their ability to rise to the top of these fields (Williams, et al., 2012). Women are expected to delay having a family until much later when women can opt for longer term contracts, whilst it is more socially acceptable for men to continue to operate on mobility for much longer. Additionally postings in some locations carry higher risks and more limitations

for women which may make these postings less desirable for both workers and employers.

In such economies, career advancement is often established through networks, in which women face 'network bias'. Networking is heavily based on mentorship and self-promotion. However, with a lack of women already in positions of power, there are a limited female mentors. Instead, female workers may find themselves with male supervisors and mentors who are less likely or less willing to vouch for women. In networking, those that have similarities will tend to breed connections (McPherson, et al., 2001). Therefore a career map built on networking may disadvantage those that are different, especially if there is already a dearth of women in leadership positions. Additionally, networking relies on self-promotion. Whilst this is thought of as a gender-neutral activity, self-promotion and exploitation of contacts is a fragile practice to undertake as a woman in the humanitarian field. Women find themselves treading a delicate line between being a 'doormat' and being 'bossy', in situations where men are simply thought of as 'assertive' (Moss-Racusin & Rudman, 2010). In team structures, as those favoured in new economies, biased supervisors and difficulties in self-promotion disadvantage female workers on male-dominated teams as their contribution to the team effort is often obscured or overlooked (Williams, et al., 2012).

Therefore through the course of a woman's career, she becomes subject to a number of new barriers between her and promotion, forming a 'glass ceiling' for women in humanitarian aid. In humanitarian aid, these barriers are made more invisible by the nature of promotions and job allocation (Heilman, 2001). Vague job descriptions and arbitrary promotions allow for gendered decision making to go unchecked: "The lack of common job descriptions and career ladders contributes to uncertainty about why some individuals receive recognition and others do not" (Williams, et al., 2012, p. 561). The results are few women having a seat at the dining table.

This lack of women creating strategy may explain the omission of menstrual management in humanitarian response strategies. After all, it is an issue which solely affects females of a certain age, and arguably might never occur to males. For example, WASH and Health clusters are very male dominated fields and have oftentimes overlooked the ways which women and girls will experience a humanitarian crisis

(Mahon & Fernandes, 2010; IRC, 2014). However, giving women a seat at the table may not be enough.

5.1.2 A DISEMPOWERED DINER

Even if women do get a seat at the table, and find themselves able to shape strategy, they may be disempowered to do so in a number of implicit ways. Feminist theory offers several critiques of the ways that gender power relations limit women in creating strategy. Firstly, feminist sociolinguistic studies have found that women are more likely to be self-critical, apologetic and indirect in conversations (Baxter, 2013). Similar to difficulties in self-promotion, women in meetings must manage to be assertive but not 'bossy'. Even if this is well navigated, women oftentimes speak less often and less loudly than men, and are more likely to be spoken over or interrupted by male colleagues (Coates, 2004).

Role incongruity is another account of why women, even when in leadership positions, may not be able to make meaningful change. This accounts for the ways that women are perceived as being poor leaders (Eagly & Karau, 2002). The role of 'woman' is incongruous with the role of 'leader', or 'decision-maker'. This is exhibited in the ways that white men in positions of power are likely to be positively evaluated and to be more rapidly promoted in positions of great authority (Acker, 1990). The 'leader' is still modelled around hegemonic masculinity (Connell, 1987): "a strong, technically competent, authoritative leader who is sexually potent and attractive, has a family, and has his emotions under control" (cited in Acker, 1990, p. 153). This is fundamentally at odds with the role of 'woman', or 'mother'.

Finally, women may also be unwilling to raise gender issue if they are a minority in a meeting. Women in leadership who raise gender issues may find themselves being 'that woman' (UNOCHA, 2014).

Therefore, it seems that women in decision-making positions may still be unable to initiate meaningful strategic development. The underlying gender power relations disempower women from doing exercising leadership and developing strategy relating to menstruation, even when they occupy positions which may make this possible. Even if they have a seat at the dining table, they may not be able to partake in the meal. Therefore the exclusion of women from powerful positions can be physical, in that

women seldom occupy leadership positions, but also cultural, in that women are disempowered to direct strategy even if they are in the position to do so.

5.2 THE ICK FACTOR: THE FEMALE BODY AND GENDERED ORGANISATIONS

The ick factor explains why there has been such a reluctance to create strategy concerning menstrual management in the modern humanitarian response system. The organisational processes and logic that are employed in the development of strategic policy in humanitarian response conceal a gendered substructure which are ill-suited to creating policies pertaining to bodily feminine issues, such as menstruation.

Acker advocates for a more meaningful discussion of the organisational process (1990). She argues that discussions, like the previous subsection, do not address the gendered substructure and essential nature of organisations. Organisational processes are gendered, in that both gender and sexuality have been obscured through a gender-neutral, asexual discourse. This thesis has looked explicitly at the processes of strategic development and implementation, both of which are conceptualised as gender-neutral and disembodied. Despite the emotive and bodily nature of humanitarian work, strategy is often communicated in jargon-laden, technical language.

Despite the ostentatiously disembodied presentation of these organisational processes, they are actually insipidly masculine. The “masculine ethic” of rationality and reason permeates into humanitarian organisational structures (Kanter, 1975, p. 43). The ideal humanitarian worker is still shrouded in traits that are assumed to belong to men, “a tough-minded approach to problems, analytic abilities to abstract and plan, a capacity to set aside persona, emotional consideration in the interests of task accomplishment, a cognitive superiority in problem-solving” (Kanter, 1975, p. 43). Acker suggests that these critiques need to go deeper, to understand that the worker who must adopt masculine traits to function in these processes. The problems require a tough-mind; the planning process requires analytic abilities; for task accomplishment one requires the leader to set aside the personal (feelings, family and private affairs). Strategy development, so conceived, is not only carried out by masculine leader, is it inherently a masculine process. This not only reinforces the above explanations of why women have not been able to develop strategy, it also suggests that these processes can never effectively engage with an issue so bodily and feminine as menstruation.

The feminine is excluded from organizational processes, including the relevant subject matter of organizational policies. Feminist theory has offered a way for organizations to meaningfully interact with 'female' – for example with policies on work/life balance such as maternity leave, and female employee health insurance. However, this engagement has been 'lip-service' to the feminine. It has not, as Acker argues, actually aided the incorporation of feminine into the organizational policies, because it has not admitted the gendered nature of those processes (1990). Such strategies and policies use abstract genderless language, or jargon, to distance the strategy from the feminine. The result is the disguise of implicitly masculine processes remain with the rhetoric of genderless language and logic disguise this.

Acker further notes that the body is also removed from organizational processes. Although the humanitarian sector must include the body in strategic policy, the body is still abstract. The terms used to describe the target of many of these strategies are genderless jargon - 'beneficiary' or more recently 'affected populations'. This is an extension of Acker's explanation of the 'worker' as an abstract disembodied person (1990). The recipient of aid are abstract, bodiless statistics, yet linked to traits that are masculine. The 'survivor' has overtones of 'strength', 'drive' and 'determination', of 'protector', 'provider' and 'head of household'. This trope has been constructed with assumed masculine traits. Although there have been attempts to reframe these traits as feminine and to introduce other associations – such as 'caregiver', 'homemaker' and 'mother' – these efforts are made against an essentially patriarchal framing which remains predominant. This image is reinforced by the interaction humanitarian responders often have with affected persons. Although statistically female, the recipients of aid most often involved with the humanitarian response are overwhelmingly male, leading to impressions of the beneficiary as masculine except where extraneous efforts have been made to seek out the feminine voice. In this way the 'masculine ethic' permeates the other end of the strategic direction – not just the makers of strategy but the receivers of it are envisioned in a falsely genderless way, whilst wearing masculine trappings. This allows bodily issues to be the subject of humanitarian strategy only in such a way as they affect the masculine – latrines, medical

attention, food. Even with attempts to include a vision of how these bodily issues affect women differently from men, the default recipient is still male.

This image of the recipient serves to distance the strategy from the sexual. A bodiless recipient cannot have a sexuality or a sexual experience. Although humanitarian strategy relating to sex does exist, such as condom distribution, AIDs/HIV awareness and SGBV, it often still acknowledges and protects the private nature of sex. The discussion of sex in humanitarian strategy is structured by an implicit understanding that the private is distinct from the public. Although humanitarian crisis may drag some of the private into the public sphere, the crisis will inevitably end and such things as sex will return to the private once the boundary can be reinforced in post-crisis phases. The private sexual experience of the affected persons is not the concern of organizational processes, humanitarian or otherwise.

Therefore, the conception of what is relevant to humanitarian is attached to an abstract genderless body, which is assumed by default to be masculine. The purest form of this is evidenced in the very conception of what is considered 'humanitarian'. The needs based approach, based on genderless bodily needs; or the rights based approach, based on gender yet bodiless rights. The bodied yet genderless survivor with needs is assumed to have broadly the same needs as one another, based on bodily functions that are common to all human bodies (defecation, food, water, shelter). The liberal disembodied holder of rights is still inherently masculine, assumed to be individual as opposed to embedded in family, to be rational instead of emotional, and to be incorporated into political public sphere over the family private sphere (Pateman, 1988). In such a conception of what humanitarian is, it is no wonder that the unique needs and rights of women somehow fall beyond the conception of what is strictly 'humanitarian'. Even in humanitarian response, when the body is most exposed, it is shrouded in jargon and fundamentally male. The processes themselves resist the subject matter of menstruation, which is the anti-thesis of the masculine, disembodied processes.

5.3 CONCLUSION

This section has discussed the core research question in the light of the findings and feminist theory. There are two factors that can be used to explain why menstruation management is under-prioritised in humanitarian strategizing.

The slick factor describes how slippery the concept of menstruation is at decision-making level. Humanitarian strategy is created mainly by men who may overlook or actively ignore menstruation. Through an application of feminist critiques, including an understanding of the glass ceiling and network bias in the new economy of humanitarian aid, we have gained a deeper understanding of the prevailing gender power relations that keep women from developing strategy. Women rarely occupy decision-making posts that could create such strategy, and in cases when they do they may be disempowered to instigate strategy development.

The ick factor describes a much deeper reluctance to deal with the topic of menstruation by acknowledging Acker's extension of feminist organisational critiques. The feminine, bodily, and essentially sexual nature of menstruation excludes it from being the subject of policies produced by such gendered processes. A brazenly disembodied and implicitly masculine structure cannot hope to meaningfully engage with feminine, bodily issues pertaining so strongly to the private sexual cycle. Organisational processes in humanitarian aid will produce strategies shrouded in genderless jargon and aimed at the disembodied recipient of aid. In light of this analysis it becomes clear that the lack of strategy regarding menstrual management is predictable and unsurprising from such processes.

The following section will conclude this research product with a review of the research, findings and discussion in relation to the research questions which have guided this thesis.

CONCLUSIONS

The thesis will now conclude by reviewing the findings and analysis of this research and explicitly answering the research questions. This section will also formulate recommendations on further lines of research based on the research undertaken.

This research has used a critical literature review to identify strategies relating to menstrual management in emergencies. Inclusion and evaluation criteria were provided by a conceptual framework, built using concepts found in organisational theory, specifically pertaining to the definition and typology of strategies, and an evaluation criteria of how well developed a strategy can be. These concepts were developed to be applied to the private, for-profit sector, but have been made relevant to non-for-profit organisations in recent academic literature. This research began with exploring the first research sub-question.

WHAT IS 'MENSTRUAL MANAGEMENT' AND HOW DOES IT RELATE TO HUMANITARIAN RESPONSE?

A broad literature review shows that 'menstrual management' is used to describe the practices employed to manage menstruation in a culturally and religiously appropriate way, given the environmental and economic resources available. During a humanitarian crisis, these management practices may be disrupted in a number of ways, which may result in mismanagement of the menstrual period. This means that during an emergency, there is a danger that mismanagement may cause ill-health and unnecessary risk to females. Concerns for the protection, health and education of women and girls during an emergency necessitates the inclusion of menstrual management considerations into systematic humanitarian response. In recent disasters, such concerns have garnered new interest, suggesting the issue is highly relevant to today's humanitarian climate

WHAT STRATEGIES DO EXIST TO ENSURE MENSTRUAL MANAGEMENT NEEDS ARE MET SYSTEMATICALLY?

This research then conducted an organisational analysis of the humanitarian sector, designed to identify and evaluate strategies that pertaining to menstrual management in emergencies. These research findings identified five technical strategies and one cultural strategies, as per the conceptual typology of strategies. These were evaluated according to the evaluation criteria outlined in the conceptual framework –

the strategic triangle – which measured the value added, support and the capacity of each strategy. This assessment found that none of the strategies were particularly strong, and could conclude that there is currently no clear strategic direction pertaining to menstrual management in the humanitarian response sector. An analysis of these findings indicates that there is a general reluctance to firmly grasp the issue of menstruation by the humanitarian community.

WHY IS MENSTRUAL MANAGEMENT UNDER-PRIORITISED IN HUMANITARIAN RESPONSE?

Following the descriptive research sub-questions, this research discussed this core research question in light of a theoretical framing, coached in feminist theory. This theoretical lens was used to explain why there is such a reluctance to create firm policy regarding of menstrual management in humanitarian response.

This theoretical framing has allowed this research to explain two factors which offer answers to the research question. Firstly the ‘slick factor’. The topic of menstruation is slick, in that there has been no successful attempt to firmly grasp the issue and create meaningful and strong strategy. The lack of clear direction may be due to the dominance of men in decision-making positions, who do not wish to deal with the issue of menstruation or who simply do not recognise menstruation as an issue. The feminist critiques also help to explicate how the lack of women in management and decision making roles is due to the organisational barriers which stop women from achieving leadership positions in humanitarian organisations and from instigating important strategic change.

However, using Acker’s notion of the gendered substructure, this research suggests that this ‘ick factor’ runs much deeper. The reluctance to deal with menstruation is not simply an oversight of the leadership in the humanitarian sector, which may be rectified with more women in management. The organisation itself is implicitly masculine and disembodied, resisting the subject matter of feminine and bodily menstruation. The organisational substructure is responsible for the ‘ick factor’.

The conclusion of this research is to appreciate the novel and complex nature of these findings and analysis. The findings themselves represent an innovative attempt to distil strategy from a comprehensive literature review of the niche subject of menstrual

management in emergencies. The use of feminist theory offers an interesting understanding of the humanitarian organisational logic. However, the application of Acker's interpretation of feminist theory is innovative to this sector.

RECOMMENDATIONS FOR FURTHER RESEARCH

Based on the research undertaken here, this thesis concludes with suggesting lines of further research.

This thesis has presented an innovative application of organisational analysis in humanitarian study. The identification, isolation and evaluation of strategies in the humanitarian sector is very difficult as there is no organisational theory that is directly applicable to the field. This research used concepts found in non-for-profit organisational theory, and further conceptual work and attempts at refinement would benefit future humanitarian study.

The research conducted here also uncovered a lack of organic theoretical frameworks for the humanitarian sector. The sector is relatively new, and uniquely nuanced, and as such there have been relatively few attempts to solicit theoretical frameworks for use in the humanitarian academia. Feminist theory offered a valuable entry point for applying concepts and understandings to the humanitarian sector. Further feminist critique of the organisational practices of humanitarian actors would be useful for both the humanitarian and academic community.

A final recommendation is give regarding the subject matter of this research. Menstrual management specifically in emergency contexts is an under-researched subject. This literature review found gaps in knowledge best practice for response, a shortage of evaluations conducted on past programmes, and specifically a gap in evaluations considering the beneficiary feedback of the usefulness of their materials, kits or facilities. Finally there was little assessment of standard practices in assessing menstrual management needs. These would all be fruitful and interesting lines of research for the humanitarian community and are essential to create systematic and effective emergency response.

WORKS CITED

- Acker, J., 1990. Hierarchies, Jobs, Bodies: A Theory of Gendered Organizations. *Gender and Society*, 4(2), pp. 139-158.
- APHRC, 2010. *Attitudes towards, and acceptability of, menstrual cups as a method of managing menstruation: Experience of women and schoolgirls in Nairobi, Kenya*, Nairobi: The African Population and Health Research Center.
- Aslam, M., 2011. *MHM for Schoolgirls in Pakistan*. Lahore, UNICEF.
- Astley, W. & Fombrun, C., 1983. Collective Strategy: Social Ecology of Organizational Environments. *Academy of Management Review*, 8(4), pp. 576-587.
- Baxter, J., 2013. Double voicing: Women's talk in the boardroom. *Babel Magazine*, 01 Nov, pp. 10-13.
- Bhandaree, R., Pandey, B., Rajak, M. & Pantha, P., 2013. *Chhaupadi: victimizing women of Nepal*. Kanyakumari, SASCV.
- Bharadwaj, S., 2004. *Menstrual Hygiene and Management in Developing Countries: Taking Stock*. [Online]
Available at: www.wsp.org
[Accessed 15 May 2015].
- Bryce, H., 1992. *Financial and strategic management for nonprofit organizations*. 1st ed. Englewood Cliffs, NJ: Prentice Hall.
- Bwengye-Kahororo, E. & Twanza, E., 2005. *Promoting women's hygiene in emergency situations*. Kampala, 31st WEDC International Conference .
- Cavill, S., Mahon, T. & House, S., 2012. *Menstrual hygiene matters; a resource for improving menstrual hygiene around the world*, N/A: WaterAid.
- Cluster, G. W., 2009. *Inter-cluster matrices of roles and accountabilities*, New York : UNICEF.
- CNN, 2015. *My country's problem with menstruation*. [Online]
Available at: <http://edition.cnn.com/2015/02/06/living/india-menstruation-irpt/index.html>
[Accessed 12 May 2015].
- Coates, J., 2004. *Women, Men and Language: A Sociolinguistic Account of Gender Differences in Language*. 3rd ed. London: Routledge.
- Cockburn, C., 1983. *Brothers: Male dominance and technological change*. 1st ed. London: Pluto Press.
- Cockburn, C., 1985. *Machinery of dominance: Women, men and technical knowhow*. 1st ed. London: Pluto Press.
- Connell, R., 1987. *Gender and Power*. 1st ed. Stanford, CA: Stanford University Press.
- Cotter, D., Hermsen, J., Ovadia, S. & Vanneman, R., 2001. The glass ceiling effect. *Social Forces*, 80(2), pp. 655-681.

- Dawn, C., 2008. *Corporate Gift Highlights Sanitation Problems Faced by Female Refugees (UNHCR)*. [Online]
Available at: <http://www.unhcr.org/4815db792.html>
[Accessed 11th Jan 2015].
- Delaney, J., 1988. *The curse: A cultural history of menstruation*. 1st ed. Illinois: University of Illinois Press.
- Diva Cup, 2015. *Diva Cup*, N/A: N/A.
- Eagly, A. & Karau, S., 2002. Role congruity theory of prejudice toward female leaders. *Psychology Review*, 109(3), pp. 573-598.
- Eagly, A. & Karau, S., 2002. Role Congruity Theory of Prejudice Toward Female Leaders. *Psychological Review*, 109(3), pp. 573-598.
- Education Cluster, 2013. *Education Cannot Wait: Financing Education in Emergencies*. [Online]
Available at: educationcluster.net
[Accessed 07 May 2015].
- Ely, R., 1995. The poer in demography: Women's social constructions of gender identity at work. *The Academy of Management Journal*, 38(3), pp. 589-634.
- Ely, R. & Meyerson, D., 2000. Theories of Gender in Organisations: a new approach to organisational analysis and change. *Research in Organizational Behaviour*, 22(N/A), pp. 103-151.
- Ferro-Luzzi, G., 1980. Food Avoidances at puberty and menstruation in Tamiland. In: D. Brothwell, ed. *Food, Ecology and Culture: Readings in the Anthropology of Dietary Practices*. New York : Gordon and Breach , pp. 93-100.
- Game, A. & Pringle, R., 1984. *Gender at work*. 1st ed. London: Pluto Press.
- Gasseer, N. A., Dresden, E., Keeney, G. B. & Warren, N., 2004. Status of women and infants in complex humanitarian emergencies. *Journal of midwifery & women's health*, 49(1), pp. 7-13.
- Global Industry Analysts, Inc, 2013. *Tampons – Global Strategic Business Report 2012-2017*. [Online]
Available at: <http://www.researchandmarkets.com>
[Accessed 13 May 2015].
- Grow and Know, 2012. *Tanzania Puberty Book (Vipindi vya Maisha)*. [Online]
Available at: www.growandknow.org
[Accessed 07 May 2015].
- Hayden, T., 2012. *Menstrual Hygiene Management in Emergencies: Taking Stock of Support From UNICEF and Partners*. Geneva , UNICEF.
- Heilman, M., 2001. Description and prescription: How gender stereotypes prevent women's ascent up the organizational ladder. *Journal of social issues*, 57(4), pp. 657-674.
- IASC; Irish Aid, 2014. *IASC Gender Marker 2014 Evaluation*. [Online]
Available at: <https://www.humanitarianresponse.info>
[Accessed 07 May 2015].

IASC, 2006. *Women, Girls, Boys and Men: Different Needs - Equal Opportunities*. IASC Gender Handbook in Humanitarian Action. [Online]
Available at: <http://www.refworld.org/docid/46978c842.html>
[Accessed 17 May 2015].

IASC, 2008. *Operational Guidance on the Concept of 'provider of last resort'*. [Online]
Available at: <http://www.humanitarianresponse.info>
[Accessed 10 May 2015].

IASC, 2010. *Different Needs – Equal Opportunities: Increasing Effectiveness Of Humanitarian Action For Women, Girls, Boys And Men*. [Online]
Available at: <http://www.interaction.org/iasc-gender-elearning>
[Accessed 18 May 2015].

IAWG, 2007. *Minimum Initial Service Package for Reproductive Health in crisis Situations*. [Online]
Available at: www.unhcr.org
[Accessed 13 May 2015].

IAWG, 2010. *Inter-agency field manual on reproductive health*. [Online]
Available at: www.iawg.net
[Accessed 13 May 2015].

IBT, 2015. *Nepal Earthquake: Push for Immediate Relief Leaves Menstrual Hygiene Behind*. [Online]
Available at: <http://www.ibtimes.com/nepal-earthquake-push-immediate-relief-leaves-menstrual-hygiene-behind-1905601>
[Accessed 18 May 2015].

IFAD, 2000. *An IFAD Approach to gender mainstreaming*, Rome: IFAD.

INEE, 2010. *Minimum Standards for Education: Preparedness, Response, Recovery - A Commitment to Access, Quality and Accountability*. [Online]
Available at: www.ineesite.org
[Accessed 08 May 2015].

IRC, 2014. *Why women's involvement in water and sanitation development is important*. [Online]
Available at: www.ircwash.org
[Accessed 07 May 2015].

Jewitt, S. & Ryley, H., 2014. It's a girl thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya. *Geoforum*, 56(1), pp. 137-147.

Johns Hopkins; IFRC, 2008. *Public health guide for emergencies*, Geneva: IFRC.

Kanter, R., 1975. Women and the structure of organizations: explorations in theory and behaviour. *Sociological Inquiry*, 45(2-3), pp. 34-74.

Kanter, R. M., 1977. *Men and Women of the Corporation*. 1st ed. New York : Basic Books.

King, G., Keohane, R. & Verba, S., 1994. *Designing Social Inquiry: Scientific Inference in Qualitative Research*. 1st ed. Princeton: Princeton University Press.

- Kjellen, M., Pensulo, C., Nordqvist, P. & Fogde, M., 2012. *Global Review of Sanitation System Trends and Interactions with Menstrual Management Practices*, Stockholm : Stockholm Environment Institute.
- Lee, L., Chen, P., Lee, K. & Kaur, J., 2006. Menstruation among adolescent girls in Malaysia: a cross-sectional school survey. *Singapore Medical Journal*, 47(10), pp. 869-874.
- Mahon, T. & Fernandes, M., 2010. *Menstrual Hygiene in South Asia: A Neglected Issue for WASH Programmes*, London : WaterAid.
- Manson, L. et al., 2015. Adolescent schoolgirls' experiences of menstrual cups and pads in rural western Kenya: a qualitative study. *Waterlines*, 34(1), pp. 15-30.
- McMahon, S. et al., 2011. "The girl with her period is the one to hang her head": Reflections on Menstrual Management among schoolgirls in rural Kenya. *BMC*, 11(7), pp. 1-10.
- McPherson, M., Smith-Lovin, L. & Cook, J., 2001. Birds of a Feather: Homophily in Social Networks. *Annual Review of Sociology*, 27(n/a), pp. 415-444.
- Mintzberg, H., 1987. The Strategy Concept: Five Ps For Strategy . In: H. Mintzberg & J. Quinn, eds. *The Strategy Process*. Englewood Cliffs, NJ: Prentice-Hall International Editions, pp. 11-24.
- Mintzberg, H., Ahlstrand, B. & Lampel, J., 1998. *Strategy Safari : A Guided Tour Through the Wilds of Strategic Management*. 1st ed. New York: The Free Press.
- Montgomery, R., 1974. A Cross-Cultural Study of Menstruation, Menstrual Taboos and Related Social Variables. *Ethos*, 2(2), pp. 137-170.
- Moore, M., 1995. *Creating public value: Strategic management in government*. 1st ed. Cambridge, MA: Havard University Press.
- Moore, M., 2000. Managing for Value: Organizational Strategy in For-Profit, Nonprofit, and Governmental Organizations. *Nonprofit and Voluntary Sector Quarterly*, 29(1), pp. 183-204.
- Morrison, A., White, R. & Val Velsor, E., 1987. *Breaking the glass ceiling: can women reach the top of America's largest corporations?*. 1st ed. Reading, MA: Addison-Wesley.
- Moss-Racusin, C. & Rudman, L., 2010. Disruptions in women's self-promotion: the backlash avoidance model. *Psychology of women quarterly*, 34(2), pp. 186-202.
- Musaazi, M., 2011. *From R&D to Entrepreneurship*, Kampala: Macmillan Uganda.
- Nawaz, J., Lal, S., House, S. & Raza, S., 2010. Oxfam experience of providing screened toilet, bathing and menstruation units in its earthquake response in Pakistan. *Gender and Development*, 18(1), pp. 81-86.
- Nawaz, J., Lal, S., Raza, S. & House, S., 2006. *Screened toilet, bathing and menstruation units for the earthquake response in NWFP, Pakistan*. Sri Lanka, 32nd WEDC International Conference .
- OCHA, 2014. *OCHA Strategic Plan 2014-2017*. [Online] Available at: <https://docs.unocha.org> [Accessed 17th Apr 2015].
- OCHA, 2014. *Participatory Gender Audit*, N/A: Unpublished.

Olivius, E., 2014. *Three Approaches to Gender in Humanitarian Aid: Findings from a Study of Humanitarian Aid to Refugees in Thailand and Bangladesh*, Umeå: Umeå University, Dept of Political Science and Umeå Centre for Gender Studies .

Oster, E. & Thornton, R., 2009. *Menstruation and Education in Nepal*, Washington, DC: National Bureau of Economic Research.

Oxford University, 2014. *Concise Medical Dictionary*, Oxford: Oxford University Press.

Palmer, A. & Zwi, A., 1998. Women, Health and Humanitarian Aid in Conflict. *Disasters*, 22(3), pp. 236-249.

Paludi, M., 2013. *Women and Management*. 1st ed. Santa Barbara : ABC-CLIO LLC.

Parham, N., Taz, L., Yoshikawa, L. & Lim, K., 2013. Lessons from assessing the humanitarian situation in Syria and countries hosting refugees. *Humanitarian Practice Network Papers*, Nov(59).

Parker, A., 2014. Menstrual management: a neglected aspect of hygiene interventions. *Disaster Prevention and Management*, 23(4), pp. 437-454.

Pateman, C., 1988. *The sexual contract*. 1st ed. Cambridge, MA: Polity.

Proctor & Gamble, 2010. *Proctor & Gamble Haiti Earthquake: Touching Lives in Times of Crisis*. [Online]
Available at: www.pg.com/sustainability
[Accessed 12th Jan 2015].

Proctor & Gamble, 2013. *Local Social Responsibility Program*. [Online]
Available at: http://www.pg.com/en_KE/sustainability/social-responsibility/local_social_responsibility_programs.shtml
[Accessed 06 May 2015].

Proctor, M. & Farquhar, C., 2006. Diagnosis and management of dysmenorrhoea. *British Medical Journal*, 332(7550), pp. 1134-1138.

Robinson, R., 2010. *UNFPA in Context: An Institutional History*, Washington: Center for Global Development .

Rohwerder, B., 2014. *Non-food items (NFIs) and the needs of women and girls in emergencies*. [Online]
Available at: http://www.academia.edu/7243297/Non-food_items_NFIs_and_the_needs_of_women_and_girls_in_emergencies
[Accessed 13 May 2015].

Sarah, 2004. *My Vag: Free Bleeding*. [Online]
Available at: www.myvag.net/blood/free
[Accessed 18 May 2015].

Sashananda, S., 2013. Gender-Based Violence: A Crucial Challenge for Public Health. *Kathmandu Univ Med*, 42(2), pp. 179-184.

Save the Children, 2012. *Tackling Child Malnutrition*, N/A: Save the Children .

- Scott, L. et al., 2009. *Impact of Providing Sanitary Pads to Poor Girls in Africa*, Oxford : unpublished.
- Sharma, P., Malhotra, C., Taneja, D. & Saha, R., 2008. Problems related to menstruation amongst adolescent girls. *Indian Journal of Pediatrics*, 75(2), pp. 125-129.
- SIPA, 2011. *Evaluation of UNFPA's Provision of Dignity Kits in Humanitarian and Post-Crisis Settings*, New York : Columbia University .
- Sommer, M., 2009. Where the education system and women's bodies collide: The social and health impact of girls' experiences of menstruation and schooling in Tanzania. *Journal of Adolescence*, 33(4), pp. 521-529.
- Sommer, M., 2010. Putting 'menstrual hygiene management' into the school water and sanitation agenda. *Waterlines*, 29(4), pp. 268-278.
- Sommer, M., 2010. *Utilising participatory and quantitative methods for effective menstrual hygiene management related policy and planning*. New York , UNICEF-GPIA Conference .
- Sommer, M., 2012. Menstrual hygiene management in humanitarian emergencies: gaps and recommendations. *Waterlines* , 31(1&2), pp. 83-104.
- Sommer, M., 2012. Menstrual hygiene management in humanitarian emergencies: Gaps and recommendations. *Waterlines*, 31(1; 2), pp. 83-104.
- Sommer, M., 2013. Menarche: A missing indicator in population health from low-income countries. *Public Health Reports*, 128(5), pp. 399-401.
- Sommer, M., 2014. *The Tanzania girl's puberty book project: A model for promoting girl's agency*. Montreal, The 55th Annual Conference of the Comparative and International Education Society.
- Sphere Project, 2011. *Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response*. [Online]
Available at: <http://www.refworld.org/docid/4ed8ae592.html>
[Accessed 12 May 2015].
- Stoller, R., 1974. *Sex and Gender: The Development of Masculinity and Femininity*. 2nd ed. London: H. Karnac Books Ltd.
- Strauss, W. & Howe, N., 2000. *Millennials Rising: The Next Great Generation*. 1st ed. New York : Cartoons.
- The Guardian , 2014. *A bleeding shame: why is menstruation still holding girls back?*. [Online]
Available at: <http://www.theguardian.com/global-development-professionals-network/2014/may/28/menstruation-girls-education-uganda-sanitation>
[Accessed 12 May 2015].
- The Guardian, 2014. *Not just a girls' problem: the economic impact of menstrual shame*. [Online]
Available at: <http://www.theguardian.com/global-development-professionals-network/2014/oct/30/costly-periods-economic-impact-of-menstrual-shame>
[Accessed 12 May 2015].

The Independent, 2015. *Menstruation-themed photo series artist 'censored by Instagram' says images are to demystify taboos around periods.* [Online]

Available at: <http://www.independent.co.uk/arts-entertainment/art/menstruationthemed-photo-series-artist-censored-by-instagram-says-images-are-to-demystify-taboos-around-periods-10144331.html>

[Accessed 13 May 2015].

The New York Times, 2015. *After earthquake in Nepal, sanitary menstruation practices at risk.* [Online]

Available at: <http://nytlive.nytimes.com/womenintheworld/2015/05/01/after-earthquake-in-nepal-sanitary-menstruation-practices-at-risk/>

[Accessed 12 May 2015].

The Telegraph, 2015. *Periods aren't shameful, but our attitudes to them are.* [Online]

Available at: <http://www.telegraph.co.uk/women/womens-life/11509587/Periods-arent-shameful-but-our-attitudes-to-them-are.html>

[Accessed 14 May 2015].

UN Women, 2002. *Gender Mainstreaming: An Overview*, New York : UN Women.

UNCHR, 2005. *Report on the High Commissioner's Five Commitments to Refugee Women.* [Online]

Available at: <http://www.refworld.org/docid/49997af91a.html>

[Accessed 20 March 2015].

UNFPA, 2013. *Strategic Plan 2014-2017.* [Online]

Available at: <http://www.unfpa.org/resources/strategic-plan-2014-2017>

[Accessed 16 Dec 2014].

UNHCR, 2008. *UNHCR Handbook for the Protection of Women and Girls.* 1st ed. Geneva: UNHCR.

UNICEF Bangladesh, 2008. *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no.10*, Dhaka: UNICEF.

UNOCHA, 2014. *Participatory Gender Audit*, Geneva: Internal.

WHO, 2009. *Generating demand and community support for sexual and reproductive health services for young people*, Geneva: Department of Child and Adolescent Health and Development.

WHO, 2009. *Granada Consensus on Sexual and Reproductive Health in Protracted*, Geneva: WHO.

Wickramasinghe, D., 2012. *Managing menstrual hygiene in emergency situations: How far.* Dhaka, Asia Regional Sanitation and Hygiene Practitioners Workshop.

Williams, C., Muller, C. & Kilanski, K., 2012. Gendered Organizations in the New Economy. *Gender and Society*, 26(4), pp. 549-573.

Zegeye, D. T., Megabiaw, B. & Mulu, A., 2009. Age at menarche and the menstrual pattern of secondary school adolescents in northwest Ethiopia. *BMC Women's Health*, 9(29).

APPENDIX

THE CLUSTERS

TECHNICAL AREA	GLOBAL CLUSTER LEAD	KEY CLUSTER PARTNERS
Nutrition	UNICEF	ACF / IMC / Save the Children UK / World Vision International
Health	WHO	IFRC / UNICEF / UNFPA / UNHCR / CDC
Water and Sanitation (WASH)	UNICEF	CARE / CDC / IFRC / Oxfam GB
Shelter	UNHCR (IFRC)	UN-HABITAT / Habitat for Humanity / IRC / UNRWA
Food Security/Agriculture	FAO / WFP	CARE / World Vision International / HelpAge International / SDC
Education	UNICEF / Save the Children	ChildFund International / INEE / UNESCO / IRC
CROSS CUTTING AREAS	GLOBAL CLUSTER LEAD	KEY CLUSTER PARTNERS
Protection	UNHCR / OHCHR / UNICEF	UNFPA / Mine Action / UN-HABITAT / UNICEF
Camp Coordination & Camp Management	UNHCR / IOM	CARE International / Danish Refugee Council / IRC / INTERSOS
Early Recovery	UNDP	OCHA / DRC / WFP / UNICEF
COMMON SERVICE AREAS	GLOBAL CLUSTER LEAD	
Logistics	WFP	
Telecommunications	OCHA / UNICEF / WFP	

The global nutrition cluster is concerned with developing tools and trainings that will aid partners in safeguarding and improving the nutritional status of emergency affected populations (GNC, 2015). Projects in this sector during humanitarian response have included detecting and treating acute malnutrition, complementary feeding programmes, promoting breastfeeding, dispersing nutritional information including good food hygiene information, mapping and monitoring nutritional status in the country or region, provision of food vouchers for non-standard food items (Dunn, 2008) (OCHA Somalia, 2013) (Save the Children, 2015) (Geibel, R, 2012). The cluster works in close cooperation with the food and health clusters in most emergencies, and often have strong ties with the WASH sector operations.

The global health cluster, headed by the World Health Organisation, has over 40 partners (key stakeholders listed). A recent development in this system has been the creation of foreign medical teams (FMTs) who arrive in-country following sudden onset disasters to provide surgical trauma care. These have the benefit of operating off of a minimal standard of care, thereby assuring a predictable minimum response for the first month of an emergency (WHO, 2015). The development of standards, for operational programmes and assessments is a core role of the WHO, as well as the coordination for system-wide health related disasters, such as the recent ebola virus disease (EVD) outbreak in West Africa. Commonly reported areas of primary healthcare projects include general clinical service provision, communicable disease interventions, HIV/AIDs response, monitoring and managing malnutrition, the provision of sexual and reproductive health services, and diagnosis and treatment of non-communicable disease as well as mental health (WHO, 2012). Some health cluster programmes overlap heavily with WASH and nutrition – expressly the communicable disease and malnutrition programmes. However, the health cluster is the largest and best funded cluster.

The global WASH cluster aims to strengthen technical capacity and preparedness efforts to aid humanitarian response in the delivery of water, sanitation and hygiene promotion assistance. Most recently there have been proposals to institute a WASH cluster Rapid Assessment Team, who would collect data for the whole cluster to use and eliminate individual assessments (Global WASH Cluster, 2015). The grouping of these three issues – water, sanitation and hygiene - is intuitive, and essential for the provision of services in the health sector. Preventing communicable diseases through hygiene

practices and water treatment, solid waste management, the construction of latrines and water points, and hygiene promotion are common WASH programmes in emergency settings. This sector also works closely with the shelter and camp management clusters in large scale refugee crisis, where there is usually a high risk of infectious and communicable diseases due to poor sanitation.

The shelter cluster is co-chaired by UNHCR and the ICRC, and has over 30 participatory members. IFRC specifically takes the lead in emergency shelter in disaster situations, including in areas of information sharing, map capacity and gaps, and lead coordinated response. In this role the IFRC can be seen as a 'convener' rather than a 'cluster lead', and, as made clear in an MOU between IFRC and OCHA, does not accept accountability obligations such as the 'provider of last resort' (IASC, 2006). The shelter cluster operates differently in situations of refugee crises, which tend to be protracted. Aside from advocacy work, some of the response projects carried out in 2014 included rehabilitating housing for shelter use, cash assistance or cash-for-rent schemes, weatherproofing and winterisation, site improvement of informal settlements including drainage, and establishing legal temporary shelter (IASSWG Lebanon, 2014). This often involves working with WASH and camp coordination clusters to ensure temporary camp sites are planned and built in a sustainable way. This aspect has become more important as the refugee population is now likely to be warehoused for an average of 7-10 years before resettlement can take place.

In humanitarian response outside of the cluster activation, shelter and non-food items often go hand in hand. This is intuitive as they share logistical needs and strategies.

The food security cluster was a later addition to the cluster system, after being formally endorsed by the IASC in 2010 (FSC, 2015). It was created to address a gap in the original nine clusters – namely the issue of food availability, access and utilisation. The cluster is therefore informed by a deeper understanding of supply chains, agricultural sustainability, and seasonal and extraordinary weather-related disasters. Common humanitarian response programmes include agriculture revitalisation, rapid comprehensive contextual analysis, income support programmes and insurance packages for small farmer support. These programmes are often synthesised well with disaster risk reduction and early recovery responses, as per the Transformative Agenda. The cluster, however, is operationally nuanced and works closely with existing and stronger clusters, such as nutrition and food.

The education cluster was also added later, in 2007. This cluster is somewhat set apart as it has an explicitly rights-based agenda, as opposed to relying needs assessments in some way. This means that the cluster has a blueprint 'ideal' that should be provided in emergencies – namely that equal access to education continues in a safe and protective environment in the midst of a crisis (GEC, 2015). This 'vision' guides activities during a crisis. Education related activities may include the obvious, such as setting up schools, training and paying teachers, and supporting students with resources such as books and school lunches; but there are a number of peripheral activities that may be carried out under this banner, for example the provision of 'safe spaces' for children and, specifically girls.

The remaining clusters are not technical areas of operations. The cross-cutting areas – protection, CCCM and recovery - are in a way 'mainstreamed', which will be discussed below. As such they are expected to be integrated into the operational practices of technical area clusters. However, the protection cluster still lends a thematic quality to interventions which is important for this thesis. In the global protection cluster, UNHCR is the lead organisation. Similar to other global agendas, there is much emphasis on deploying additional capacity in humanitarian crises as well as supporting capacity development through trainings and guidance (GPC, 2015). The global cluster provides specific protection support through the Protection stand-by capacity project (ProCap), which deploys senior protection officers to give direct and strategic support to country teams, to establish field offices that enable a protection presence closer to communities at risk (Forced Migration Review, 2006). The specific quality or texture that this cluster lends to response holds growing significance in the humanitarian agenda today. There is a shrinking of humanitarian space occurring. Threats to affected populations as well as humanitarian actors are growing and impinging on formerly sacred humanitarian ground. Convoys of aid have been deliberately targeted and in some cases co-opted by belligerent groups. The numbers of aid workers kidnaped and killed grows yearly, and a new language of right to protection is emerging in response to increased violence against civilian populations (Stoddard, et al., 2012) (Darcy, 2004). The notion of protection is still being formed in the modern humanitarian system, but it has a specific importance to women. Within the global protection cluster the area of responsibility (AoR) on gender based violence (GBV) is led by UNFPA and UNICEF, who are providers of last resort. This has raised GBV into a sort of sub-cluster, with clearly marked leads to champion the issue. This should be noted as it is an exemplification of the cluster approach – the identification of an issue, and then a designation of clear

leadership for both provision and advocacy to champion that issue. Similar patterns have occurred in the protection cluster with AoR's dedicated to with demining and child protection - issues are identified and the responsibility for that issue in humanitarian response is clearly attributed to a relevant actor to champion the issue and also to provide a last resort if needed.

Other cross-cutting clusters do not have specific thematic activities. The Camp Coordination and Camp management (CCCM) cluster is tasked with ensuring the protection of displacement persons and equal access to services. This is done through surge capacity and support missions, guidance and toolkits; as well as onsite coordination meetings. Additionally the recovery cluster is responsible for integrating the transformative agenda into the emergency response phase to ensure exit plans are smooth and sustainable solutions are found when possible.

The Common Service Areas, logistics and telecommunications, can be seen as a responsibility for networks – boxes and bytes (Gatigon, et al., 2010). These clusters represent permanent challenges to the provision of any service. It is worth noting that modern humanitarian response has developed these networks of information sharing and logistical chains. The prepositioning of crucial equipment and anticipated relief items in regional warehouses, the regular chartering services for humanitarian consignments, as well as the regular use of new telecommunications techniques, have contributed to the more effective and rapid activation of these clusters in humanitarian crises. However, these clusters have no 'thematic' programmes of relevance to this thesis and shall not be discussed in detail.

The background on the clusters, therefore, show a structure that organises humanitarian response thematically. The approach is echoed within these clusters as well, as with the AoRs. The issues are thematically aligned and a strong leader, or two, are given the role of advocating, monitoring and supporting all interventions concerning that issue. This lead is also in the end responsible for the provision of last resort. This approach has had an effect on the organisation of the humanitarian response at present. This has not, however, been the only approach to effect the structural norms of this response.

ⁱⁱ An example of how this strategic triangle can be used to evaluate a strategy in humanitarian response is given below:

ILLUSTRATIVE CASE: PROMOTION OF SEX- AND AGE- DISAGGREGATED DATA IN UNOCHA STRATEGIC PLAN (OCHA, 2014)

This strategy was decided in 2014 and incorporated in to the five year plan for UNOCHA, the led coordination body within the UN for humanitarian affairs. Overall this strategy was poorly developed. The strategy lacked high support at multiple levels, and was not operational due to low capacity.

VALUE: This strategy was nested within a wider strategic plan to help prioritisation of needs in humanitarian response, as well as in the mission statement of OCHA and the wider mission of the humanitarian response system.

HIGH VALUE STRATEGY

SUPPORT: This strategy has the full support of executive management in the UN as well as in the donor community, who want to ensure funds are being spent on needs in a high-impact way. Unknown support from field or junior staff.

MEDIUM SUPPORT STRATEGY

OP. CAPACITY: This strategy is weak in the area of operational capacity as needs assessment and data collection tools have not been altered to allow for easy disaggregation.

LOW CAPACITY STRATEGY

Overall this strategy was poorly developed. The strategy lacked high support at multiple levels, and was not operational due to low capacity.