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Menstrual Hygiene Management for Venezuelan Migrants

Policy Recommendations for Colombia's
Humanitarian Community

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Executive Summary

Colombia struggles to meet the needs of 1.7 million Venezuelan migrants.¹ Inadequate menstruation hygiene management (MHM) in migrant communities is a particularly neglected issue that impacts an estimated 114,289 female Venezuelan migrants in Colombia, many of whom have pre-existing health issues.² These female migrants lack appropriate sanitary products; water, sanitation, and hygiene (WASH) infrastructure; waste disposal facilities; and scientifically accurate MHM education. Due to the lack of MHM, Venezuelan migrant women are more susceptible to infections, long-term health consequences, psychosocial consequences, and gender-based violence.³



1.7 million Venezuelan migrants in Colombia



114,289 female migrants in Colombia lack proper MHM

Obstacles to Delivering Menstrual Health and Hygiene Services to Migrants

Humanitarian stakeholders in Colombia face three main obstacles to delivering necessary menstrual health and hygiene services to Venezuelan migrants and their receptor communities. First, migrants are a heterogeneous group that includes urban, rural, indigenous, in-transit, and permanent resident migrants, all of whom have varying needs and barriers to accessing services.⁴ Second, longer processing times for Temporary Protected Status lead to periods where migrants must wait to obtain Colombian health services.⁵ Third, the COVID-19 pandemic has slowed humanitarian responses, such as needs assessments and aid distribution.⁶

Delivering Menstrual Health and Hygiene Services Builds Migrant Trust

Despite these challenges, the Colombian government and humanitarian organizations have a moral and strategic imperative to deliver MHM services to migrants. Migrants register low trust in government institutions, and only 20% of Venezuelan migrants in Colombia have received assistance from a Colombian institution.⁷ To increase migrants' trust in the government, Colombian institutions should partner with trusted humanitarian organizations to deliver needed MHM services.⁸



Recommendations

The Exodus Project recommends that the Interagency Group for Mixed Migration Flows (GIFMM) adopt five policies:

1. **Center MHM in GIFMM's response to the Venezuelan migrant crisis.** GIFMM should develop and publicize an informed, multisectoral, and coordinated plan to deliver necessary MHM services. A publicized MHM response plan will hold Colombia's humanitarian community responsible for providing MHM services.
2. **Gather information on migrants' menstrual needs.** GIFMM should conduct a comprehensive needs assessment using the MHM Rapid Assessment Tool to identify gaps in MHM across sectors. GIFMM should also pilot a focus group for menstrual underwear, an overlooked but potentially groundbreaking menstrual product for migrants.
3. **Train the trainers.** GIFMM should equip trusted locals with accurate information about migrant rights, menstrual health, and menstrual hygiene to increase dissemination in migrant communities. Trainers should distribute pamphlets with information designed for illiterate and in-transit migrants.
4. **Distribute menstrual products.** The GIFMM WASH, Education, Health, and Protection sectors should distribute hygiene kits with migrant-appropriate menstrual products, soap, and informational pamphlets on menstrual health and hygiene.
5. **Build WASH infrastructure.** GIFMM should build female-friendly WASH infrastructure for migrants with clean water; drying areas for reusable menstrual products; disposal options for single-use products; privacy and security; and enough space for female caretakers to bring in their children. GIFMM should also ensure that WASH infrastructure reaches rural and in-transit migrants, by implementing creative solutions like shower buses and low-cost hand-washing stations.

Conclusion

In prioritizing MHM, Colombia's humanitarian community can become a global model for addressing the overlooked needs of women in displacement crises. The recommendations offered above may be applied to humanitarian crises in other regions. Menstrual health and hygiene is an essential part of women's fundamental right to health, which humanitarian actors must prioritize.



Introduction

Colombia struggles to meet the needs of 1.7 million Venezuelan migrants.¹¹ Inadequate menstruation hygiene management (MHM) in migrant communities is a particularly neglected issue that impacts an estimated 114,289 female Venezuelan migrants in Colombia.¹² These female migrants lack clean sanitary products; safe and hygienic water, sanitation, and waste disposal facilities; and scientifically accurate MHM education. Research suggests that women who lack proper MHM are more susceptible to adverse psychosocial impacts, reproductive tract infections, and gender-based violence.¹³

This paper offers guidance to Colombia's humanitarian community on how to center MHM in its response to the Venezuelan migrant crisis. In prioritizing MHM, Colombia's humanitarian community can become a global model for addressing the overlooked needs of women in displacement crises.



2nd largest exodus in the world¹⁰



1.7 million Venezuelan migrants in Colombia⁹

Defining Menstrual Hygiene Management

The Exodus Project defines MHM as access to:

1. Appropriate menstrual products
2. Health facilities
3. Water, sanitation, and hygiene (WASH) infrastructure and waste disposal systems
4. Menstrual health and hygiene education

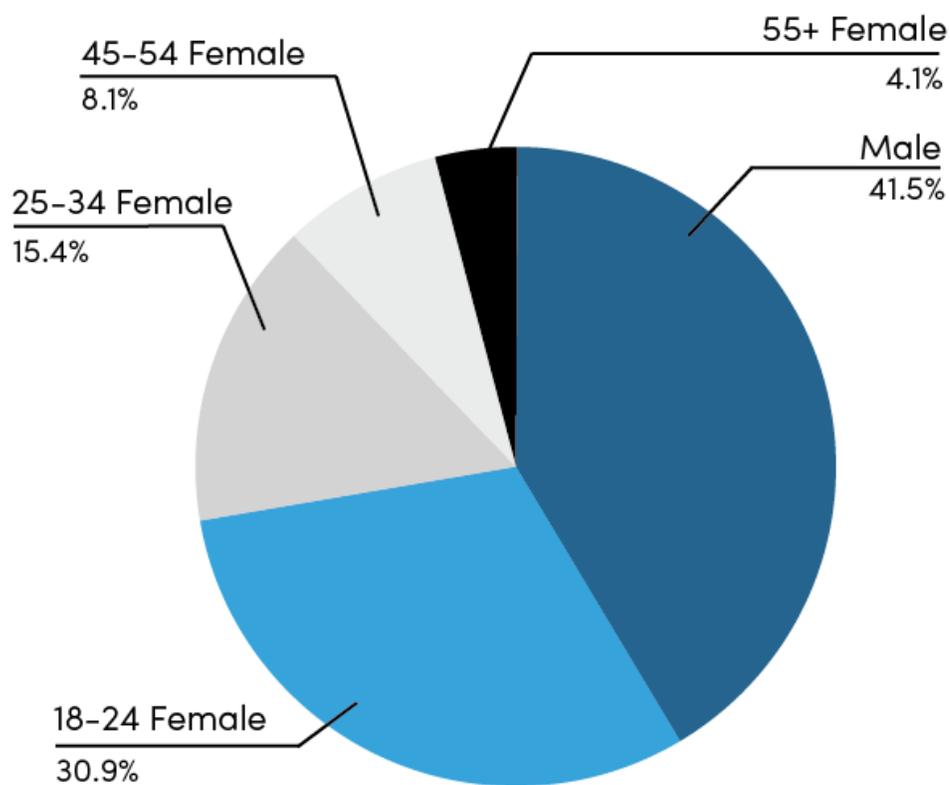
Access to these resources will reduce this risk of menstruation-related infections; prevent long-term health issues related to improper MHM; and combat cultural taboos, to restore women's dignity and prevent gender-based violence.¹⁴



Venezuelan Migrant Crisis in Colombia

Colombia hosts the largest portion of Venezuelan migrants, most of which are women or girls. An estimated 114,289 female migrants lack proper MHM services and have pre-existing illnesses that put them at higher risk of developing long-term health issues.¹⁵

Demographic Characteristics of Venezuelan Migrants Across Latin America



Source ¹⁸



114,289 female migrants in Colombia lack proper MHM ¹⁶



Pre-existing illnesses are common among migrants ¹⁷



Venezuelan Migrants Need Menstrual Health and Hygiene Resources

Colombian organizations responding to the Venezuelan migrant crisis lack a coordinated MHM strategy. Migrants and their receptor communities lack adequate MHM in the form of WASH infrastructure, menstrual products, and menstrual education. As a result, migrant women are at an increased risk for physical and mental health issues.

Humanitarian Organizations Lack Coordinated, Multisectoral MHM Programming

While Colombia's humanitarian response team addresses Venezuelan migrants' sexual, maternal, and perinatal health, the stakeholders overlook migrants' menstrual health and hygiene.¹⁹ There is no coordinated MHM strategy among stakeholders.²⁰

Existing efforts to provide menstrual health and hygiene resources to migrants have only focused on distributing hygiene kits with single-use menstrual products.²¹ However, migrants require a more comprehensive and sustainable MHM program that provides long-term access to products, healthcare, WASH and waste disposal infrastructure, and menstrual health and hygiene education.

A comprehensive MHM program requires the coordination of stakeholders across the WASH, Health, Education, and Protection humanitarian sectors.²²

“¿Qué cosas no pueden hacer?”

What can't you do [while menstruating]?

“Un chingo de cosas.”

A shitload of things

- Male, age between 18 to 25
Source²³

Migrants Lack Adequate WASH Infrastructure, Face Health Issues

Venezuelan migrants lack basic WASH infrastructure like sinks, latrines, showers, private changing spaces, and waste disposal facilities, especially those traveling on foot.²⁴



Lack of access to WASH facilities results in improper hygiene during menstruation. Improper menstrual hygiene leads to immediate and long-term health consequences, including reproductive tract infections, bacterial vaginosis, cervical cancer, and Hepatitis B.²⁵ Frequent changing of menstrual products and regular body washing lowers the risk of these health issues.²⁶

Female migrants who lack access to private latrines and changing areas are vulnerable to harassment and violence.²⁷ To avoid this harassment and violence, migrant girls and women reportedly use plastic bags inside shelters and homes in place of outdoor latrines, especially at night.²⁸

Migrants Lack Appropriate Menstrual Products, Face Health Issues and Social Impact

Poor MHM in Venezuela contributes to the health struggles that Venezuelan migrant women face in Colombia. In Venezuela, menstrual products are expensive and in short supply, causing 27.7% of Venezuelan women to use alternative products like plastic bags, cloth, and unregulated off-brand products.²⁹ In one community study, 53.7% of Venezuelan women that used alternative products experienced associated health complications.³⁰ Venezuelan women may also overuse products for unsafe lengths of time, which increases their risk of short-term infections and long-term health complications.³¹ Venezuelan women may migrate to Colombia with these pre-existing health complications.

In Colombia, migrant women and girls also lack appropriate menstrual hygiene products. Of migrants settled in Colombia, 18% need more hygiene products, as do 24% of in-transit migrant women.³²

In addition to facing health complications, girls that lack adequate menstrual products may miss school. In fact, one in four girls in rural areas of the Colombian Pacific missed school because of menstruation between 2015 and 2016, mostly because of cramps and fear of bloodstains.³³

Migrants Need Menstrual Health and Hygiene Education

Venezuelan and Colombian women alike face taboos about menstruation and lack accurate information about menstrual health and hygiene, demonstrating a need for menstrual health and hygiene education.

Research suggests that when migrant girls receive menstrual health and hygiene education at school, the information is often biased or biologically inaccurate.³⁴ Moreover, migrant girls and women may receive biased and inaccurate information from their peers and elders.³⁵

Based on desk research, interviews with stakeholders, and original analysis of needs as-



assessment data, The Exodus Project has identified a lack of research on migrant women and girls' knowledge of menstruation and best practices while menstruating.

20%

of Colombian women
think their own
menstruation is dirty³⁶

45%

of Colombian women,
even in adulthood,
do not know where
menstrual blood comes from³⁷

Obstacles to Delivering Menstrual Health and Hygiene Services to Migrants

Humanitarian stakeholders in Colombia face three main obstacles to delivering necessary health and hygiene services to Venezuelan migrants and their receptor communities: (1) migrants' differing access to service providers, (2) backlogs in state health services, and relatedly, (3) the Covid-19 pandemic.

Migrants Have Differing Needs and Access to Services

Venezuelan migrants in Colombia are a heterogeneous group with different needs and barriers to accessing social services.³⁸ Thus, humanitarian organizations should consider migrants' various characteristics when delivering MHM services.

Urban migrants account for an estimated 60% of the total migrant population in Colombia, so humanitarian organizations may reach more migrants with MHM services in urban areas.³⁹

Rural migrants may live in more secluded areas that lack access to health centers, electricity, safe water consumption, and adequate sanitation infrastructure.⁴⁰ Women migrants in rural areas face increased vulnerability to gender-based violence.⁴¹ Humanitarian organizations should not neglect rural migrants when delivering MHM services.

Indigenous migrants may account for as much as 30% of Venezuelan migrants, with 68% of these indigenous migrants being women.⁴² Indigenous migrants may be more suscepti-



ble to discrimination, malnutrition, and neglect from government institutions than non-indigenous migrants.⁴³ Lack of documentation and language barriers limits indigenous migrants' access to basic services.⁴⁴ MHM services, such as education and product distribution, should reconcile local cultural practices with women's right to dignity and health.

Migrants may be passing through Colombia (**mobile** or **in-transit migrants**), while others are **permanent residents**.⁴⁵ In-transit migrants may not be able to carry a large stockpile of menstrual products during their journey, so humanitarian organizations should deliver products to them across the length of their migration route.

Migrants Face Delays in Accessing Temporary Protected Status and According Health Services

In February 2021, Colombia's government granted Temporary Protected Status to nearly one million undocumented Venezuelan migrants (56% of the migrant population) allowing them access to essential services, such as healthcare, education, and housing.⁴⁶ Temporary Protected Status may help women address sexual and reproductive health concerns, such as menstrual health.⁴⁷

However, the process to receive Temporary Protected Status can take up to a year.⁴⁸ The process is more difficult for rural migrants, who must commute to urban areas to register for the status.⁴⁹ Undocumented migrants without the status will not be able to access basic services, such as healthcare.⁵⁰ In fact, in 2020, Venezuelans consulted health services 86% less than Colombians did.⁵¹

Covid-19 Pandemic Affects Humanitarian Operations and Provision of Services

In addition to stretching Colombia's healthcare system thin, the Covid-19 pandemic has prevented humanitarian organizations from determining migrants' needs and delivering services to them.

Quarantine mandates have prevented humanitarian aid workers from distributing necessary aid and assistance to migrants. Quarantine restrictions especially restricted the work of the Interagency Group for Mixed Migration Flows, which coordinates Colombia's response to the Venezuelan migrant crisis.⁵²

Additionally, some humanitarian organizations have suspended needs assessments for migrants due to Covid-19 concerns, resulting in a scarcity of knowledge about migrants' humanitarian needs and how best to deliver them.⁵³



Delivering Menstrual Health and Hygiene Services Builds Migrant Trust

The Colombian government can fortify confidence in government institutions, by implementing MHM programming and therefore provide the needed services to migrants and their receptor communities.

There is a gap in assistance to Venezuelan migrants. Only 20% of Venezuelan migrants in Colombia surveyed by the International Organization for Migration in 2019 had received assistance from any Colombian institution.⁵⁴ This lack of services for vulnerable groups registered low trust in national and local government institutions in 2020.⁵⁵

To increase migrants' trust in the government, Colombian institutions should partner with trusted humanitarian organizations (such as the International Organization for Migration, United Nations, and Doctors without Borders) to deliver needed MHM services.⁵⁶ MHM services are an ideal humanitarian response, as they fulfill migrants' needs across humanitarian sectors. Moreover, since female migrants constitute about 60% of the total migrant population, MHM services delivered successfully will reach many migrants in Colombia.⁵⁷

Recommendations

The Exodus Project directs the following recommendations to the Interagency Group for Mixed Migration Flows (GIFMM), which comprises the non-governmental organizations, United Nations agencies, and Red Cross representatives that coordinate Colombia's humanitarian response to the Venezuelan migration crisis.

The Exodus Project recommends that Colombia's humanitarian and development communities:

1. Center MHM in Colombia's response to Venezuelan migrant crisis
2. Gather information on migrants' menstrual needs
3. Train the trainers
4. Distribute migrant-appropriate products
5. Build female-friendly and migrant-appropriate WASH infrastructure

The Exodus Project recommends that GIFMM implements the following policies for both migrants and their Colombian receptor communities, since services provided exclusively to Venezuelan migrants may generate significant backlash. These recommendations require collaboration among the WASH, Education, Health, and Protection sectors to ensure efficient and long-term impact.



1. Center MHM in Colombia's Response to Venezuelan Migrant Crisis

MHM is a multisectoral issue that directly impacts most Venezuelan migrants. By centralizing MHM across the WASH, Health, Education, and Protection sectors', humanitarian response plans will allow GIFMM to maximize its impact on overlapping priorities regarding women's health, wellbeing, and economic development.

1.1 Develop and Publicize an Informed, Multisectoral, & Coordinated MHM Program.

The GIFMM WASH sector should create and publish a plan of implementation to recognize MHM as an overlooked issue within migrant communities, to formalize the MHM agenda, and to facilitate multi-sectoral coordination, especially in the provision of menstrual products and data collection. A publicized GIFMM multisectoral MHM response plan will promote accountability within Colombia's humanitarian response to the migration crisis, and direct international attention to menstrual health as an overlooked issue across global diasporas.

2. Gather Information on Migrants' Menstrual Needs

To deliver appropriate services, GIFMM should collect additional information on migrants' menstrual needs.

2.1. Conduct a Comprehensive Needs Assessment

GIFMM should conduct a robust quantitative and qualitative needs assessment to properly understand Venezuelan migrants' MHM needs. The Exodus Project recommends that GIFMM use the MHM Rapid Assessment Tool (M-RAT), jointly designed by Columbia University and the International Rescue Committee, to gather information and identify gaps in MHM across humanitarian sectors.

The Exodus Project recommends that GIFMM implement the M-RAT methodology in four key stages:

1. **Pre-implementation.** Prior to implementing the M-RAT methodology, GIFMM should consult with The Exodus Project to adapt the default M-RAT questions to the local Colombian context. The Exodus Project should assist GIFMM in translating M-RAT questions and amending the questions to be culturally sensitive to Colombians and Venezuelan migrants alike.



2. **Implement focus group discussions.** Using M-RAT questions and methodology, GIFMM should conduct several focus group discussions to assess the MHM needs of migrant women and girls of various ages and characteristics. The Exodus Project recommends that GIFMM conduct the focus group discussions in Bucaramanga, Colombia—a city that hosts a variety of types of migrants, including rural, urban, indigenous, non-indigenous, permanent resident, and in-transit migrants.
3. **Implement key informant interviews.** Using M-RAT as a guide, GIFMM should conduct key informant interviews with relevant humanitarian and civil society stakeholders, such as staff of humanitarian organizations, WASH technicians, and local religious leaders. These interviews should inform GIFMM’s implementation of MHM solutions across sectors.
4. **Data analysis, publication, and follow-up.** GIFMM should use M-RAT data to create and publish an informed, multi-sectoral MHM response plan to the migrant crisis, with innovative and sustainable solutions to migrants’ MHM needs. GIFMM should repeat an M-RAT analysis three months, six months, and one year after the implementation of any MHM programs to monitor their success and to ensure they remain well-informed.

In collecting and analyzing data on migrants’ MHM needs, GIFMM can become a global leader in centering MHM in humanitarian crisis responses.

2.2. Pilot a Focus Group for Menstrual Underwear

Reusable menstrual underwear is an overlooked but potentially groundbreaking product for migrant women and girls. The Exodus Project recommends that GIFMM conduct a focus group to evaluate whether reusable menstrual underwear is a feasible and favored product for Venezuelan migrants.

Pilot studies have shown that menstruating women and girls prefer reusable products to disposable products, because of their cost-effectiveness and ease of use. Non-underwear reusable products, such as pads, require frequent changes during the days that girls and women menstruate. A 2018 pilot-study in Tanzania showed that menstruating school-girls had nowhere to store their reusable pads after changes, except for with their other belongings, which resulted in unwanted smells. Reusable products should not be an inconvenience or a source of shame for menstruating girls and women.

Another 2018 study of refugee populations in Greece tested the viability of menstrual underwear, which holds the benefits of a reusable product without requiring frequent changes. The study found that menstrual underwear has the greatest benefit to women when coupled with adequate WASH infrastructure (see Recommendation 4.1). While menstrual underwear can be less absorbent for some, it is widely beneficial on days when menstrual bleeding is low.⁵⁸



“What advice were you given about menstruation?”

“En el tiempo de antes no les gustaba hablar de eso.

In the old days they didn't like to talk about [menstruation].”

- Afrocolombian woman, between 25 to 40

A focus group with migrant girls and women will also include menstrual health and hygiene education. GIFMM should instruct participants on proper use of menstrual underwear, as well as on menstrual hygiene maintenance in general.⁵⁹ After this instruction, participants will engage in the trial period, where they test the reusable menstrual underwear for a few cycles.

Periodic check-ins with trial leaders should also be implemented throughout the duration of the trial. These check-ins would allow focus group participants to ask clarifying questions, provide feedback in real time, and ensure that data is collected throughout the entire trial period.

3. Train the Trainers

“Train the Trainers” means equipping trusted locals with accurate information about menstrual health and hygiene, so that those leaders may disseminate the information to migrants. GIFMM should implement Train the Trainers programs in areas with large migrant populations.

This approach allows migrants to receive information from sources they already trust. Moreover, the information may reach both male and female migrants—that are in school or out of school, in transit or permanently residing in Colombia, and even girls before they start menstruating. Train the Trainers programs may also distribute brochures or pictorial graphics for literate, illiterate, stationary, and in-transit migrants.⁶⁰

Additionally, many Venezuelan migrants lack accurate information about government services available to them.⁶¹ Train the Trainers programs can spread awareness about migrant rights, including important health services that migrants are legally entitled to.



3.1. Menstrual Health and Hygiene Training

Research has shown that many Venezuelan and Colombian women lack accurate information about menstruation.⁶² Further research is needed to identify exact statistics. To disseminate accurate information to migrants and menstruating Colombian women, GIFMM should implement a Train the Trainers program specific to menstrual health and hygiene information.

In addition to providing biological and health-related MHM information, GIFMM trainings should include discussion on using different menstrual products, recognizing abnormal menstrual patterns, and addressing taboos and misconceptions on menstruation.⁶³ GIFMM should implement this MHM training program for humanitarian workers and community leaders, especially teachers and elder women.

GIFMM should train teachers on the physiology of menstruation, best menstrual practices, and challenges to implementing MHM in schools. School-aged girls often receive inaccurate MHM information from teachers, fueled by negative cultural attitudes towards menstruation and sexual activity.⁶⁴ This inaccurate information can lead to unsafe menstrual practice and can “instill fear, panic, confusion, and anxiety” in girls.⁶⁵ Training teachers combats these inaccuracies and is essential to menstrual health initiatives.⁶⁶

USAID and humanitarian stakeholders have already published several MHM-specific training manuals for teachers, available in English.⁶⁷ GIFMM should use the content and information in these manuals to train Colombian teachers on MHM. Sample “Train the Trainers” programs also exist, which can inform GIFMM’s implementation of training programs.⁶⁸

“What advice were you given about menstruation?”

“En el campo donde se crió no le dijeron nada.”

In the village where she was raised they did not tell her anything.

- Afrocolombian female, between 40 to 60



GIFMM should also use these manuals' physiological information, best menstrual practices, and implementation guidelines to train older women, who menstruating girls often rely on for menstrual health and hygiene information. A 2020 study in Uganda found that open discussions with parents, older women, and older peers on menstrual hygiene, products, and pain management was the best source of support for adolescent girls during menstruation.⁶⁹ Preliminary data from iMMAP corroborates this finding in Venezuelan migrant communities in Colombia.⁷⁰

During training, GIFMM should stress the importance of addressing MHM problems before girls begin to menstruate.⁷¹ Girls that receive MHM education before menstruation starts will better understand their bodies during periods and address their period needs. Moreover, GIFMM should combine sexual and reproductive health facts in their MHM trainings to address misconceptions around menstruation and pregnancy.⁷²

3.2. Migrant Rights Training

There is a general lack of knowledge about migrant rights and resources among Venezuelan migrants in Colombia. Migrants who enter through formal routes receive little information on how to access services available to them.⁷³ Migrants who enter through informal routes are hesitant to seek out information about services due to fear of deportation.⁷⁴ Across contexts, migrants do not access services out of “fear, shame, [and] lack of trust in the system.”⁷⁵

To increase knowledge of resources among Venezuelan migrants, Colombia must implement a Train-the-Trainers program focused on migrant rights. This program should provide information on migrants' fundamental rights, as well as how migrants can access Temporary Protective Status, health services, and other public services.

GIFMM should base these trainings off an existing migrant rights manual published by the Colombian government.⁷⁶ Additionally, GIFMM should distribute pictorial infographics on migrant rights for illiterate migrants.⁷⁷

4. Distribute Migrant-Appropriate Menstrual Products

Recommendations 2.1 and 2.2 advocate for needs assessments and focus groups to determine the types of menstrual products that should be distributed. This section focuses on the distribution of those products, once selected.

4.1. Include MHM Products in all Hygiene Kits

The WASH sector should include migrant-appropriate menstrual hygiene products in all hygiene and health kits (see Recommendation 2.2 about choosing products via focus group



discussions).⁷⁸ These hygiene kits should include pamphlets with MHM information in Spanish and pictorial form, to accommodate all literacy levels. Furthermore, the WASH sector should encourage the provision of these kits during all WASH, Education, Health, and Protection interventions, as these sectors should all be part of the MHM taskforce.

5. Build Female-Friendly and Migrant-Appropriate WASH Infrastructure

Water, sanitation, and hygiene (WASH) infrastructure is essential for all migrants' and Colombians' immediate and long-term health. In a menstrual hygiene context, stakeholders should take extra steps to ensure WASH infrastructure is female-friendly. In a displacement crisis context, stakeholders should also consider creative WASH solutions.

5.1. Implement Female-Friendly WASH Infrastructure

“Female-friendly” WASH infrastructure accommodates women and girls' specific health needs, protects them from gender-based violence, and reduces the psychological stress of menstrual hygiene.⁷⁹ Important factors to consider when designing and implementing this infrastructure include:

- **Water availability** to wash hands and reusable menstrual products, as well as drying areas for reusable menstrual products.⁸⁰
- **Disposal options** for single-use products that are culturally appropriate and regularly serviced, to not cause latrine waste to fill too quickly or overflow.⁸¹
- **Privacy and security**, including floor-to-ceiling walls and doors, secure latches, and lighting at night to prevent gender-based violence.⁸²
- **Enough space** for women to bring their children inside, since many Venezuelan migrant women assume caretaking responsibilities.⁸³

Where sewage systems are unavailable or low-cost interventions are needed, container-based sanitation is an example of a stationary WASH service that may be designed in a female-friendly manner for Colombian and migrant communities.⁸⁴

5.2. Implement Creative WASH Solutions to Reach Rural and In-Transit Migrants

While stationary female-friendly latrines can be implemented in urban settings and stationary migrant communities, creative WASH solutions are needed to reach rural and in-transit migrants.



The Exodus Project recommends that humanitarian stakeholders consider the following creative WASH solutions, where traditional latrines are unfeasible:

- **Shower buses**, which with adequate sanitation and waste management services can provide about 60 to 75 showers a week.⁸⁵
- **Hand-washing** stations made of low-cost, readily available materials and 3D-Printed materials.⁸⁶

Private-sector firms like LavaMae provide consulting services and toolkits for designing and implementing these creative WASH solutions, including in Latin American settings.⁸⁷

Conclusion

Colombia's humanitarian community should center MHM in its response to the Venezuelan migrant crisis. Without proper MHM, Venezuelan migrant women and girls face serious health complications and social issues. A multisectoral MHM intervention will also improve male migrants' and Colombians' standards of living in the WASH, Health, Education, and Protection humanitarian sectors.

This paper is an important contribution to addressing MHM in a displacement context, in Latin America, and during a pandemic. While this paper focuses specifically on the Venezuelan migrant crisis in Colombia, the recommendations offered above may be applied to humanitarian crises in other regions. The core message of this paper should be applied globally: that menstrual health and hygiene is a fundamental part of women's right to health, which humanitarian actors must not overlook any longer.





Addendum A: Types of Migrants

Venezuelan migrants in Colombia are a heterogenous group with different needs and barriers to accessing social services. Humanitarian organizations should consider migrants' various characteristics when delivering menstrual health and hygiene services. Through desk research and meetings with iMMAP Colombia, UNICEF Colombia, and USAID Colombia, The Exodus Project identified several categories of migrants:

- **Urban migrants** account for an estimated 60% of the total migrant population in Colombia.⁸⁸
- **Rural migrants** may live in more secluded areas that lack access to health centers, electricity, safe water consumption, and adequate sanitation infrastructure.⁸⁹ Women migrants in rural areas are more vulnerable to gender-based violence.⁹⁰
- **Indigenous migrants** may account for as much as 30% of Venezuelan migrants, with 68% of these indigenous migrants being women.⁹¹ Indigenous migrants may be more susceptible to discrimination, malnutrition, and neglect from government institutions than non-indigenous migrants.⁹² Lack of documentation and language barriers limits indigenous migrants' access to basic services.⁹³ The Wayúu and the Warao are Venezuela's two largest indigenous groups, but members of the Barí and Yukpa are also known to have crossed the border into Colombia.⁹⁴
- **Permanent resident migrants** are fully situated in Colombia and reside in Colombian townships.⁹⁵
- **Mobile, or in-transit, migrants** are classified as migrants moving through Colombia to either become permanent residents or finalize their movements to other bordering countries.⁹⁶
- **Circular migrants** live in Venezuela but come to Colombia to work, sell, or move products.⁹⁷
- **Returning migrants** are Colombian citizens who migrated to Venezuela (or vice versa) in search of professional opportunities and are now returning across the border.⁹⁸

The Interagency Group for Mixed Migration Flows (GIFMM) coordinates the Colombian humanitarian community's response to the Venezuelan migrant crisis.⁹⁹ To effectively design and deliver menstrual health and hygiene services for migrants, GIFMM should collect more information on migrants' different characteristics, needs, and barriers to accessing services.



Addendum B: Brochure on Menstrual Underwear for Migrants

¿Qué es ropa interior menstrual?

Es ropa interior para llevar en lugar de usar productos desechables



1

Lava con jabón



y agua fría

2

Friega suavemente



a mano

3

Colgar para secar



y listo!



Flujo liviano



Mejor para el medioambiente



No invasiva

RECURSOS: (phone number of local health services here)

XXX-XXX-XXXX

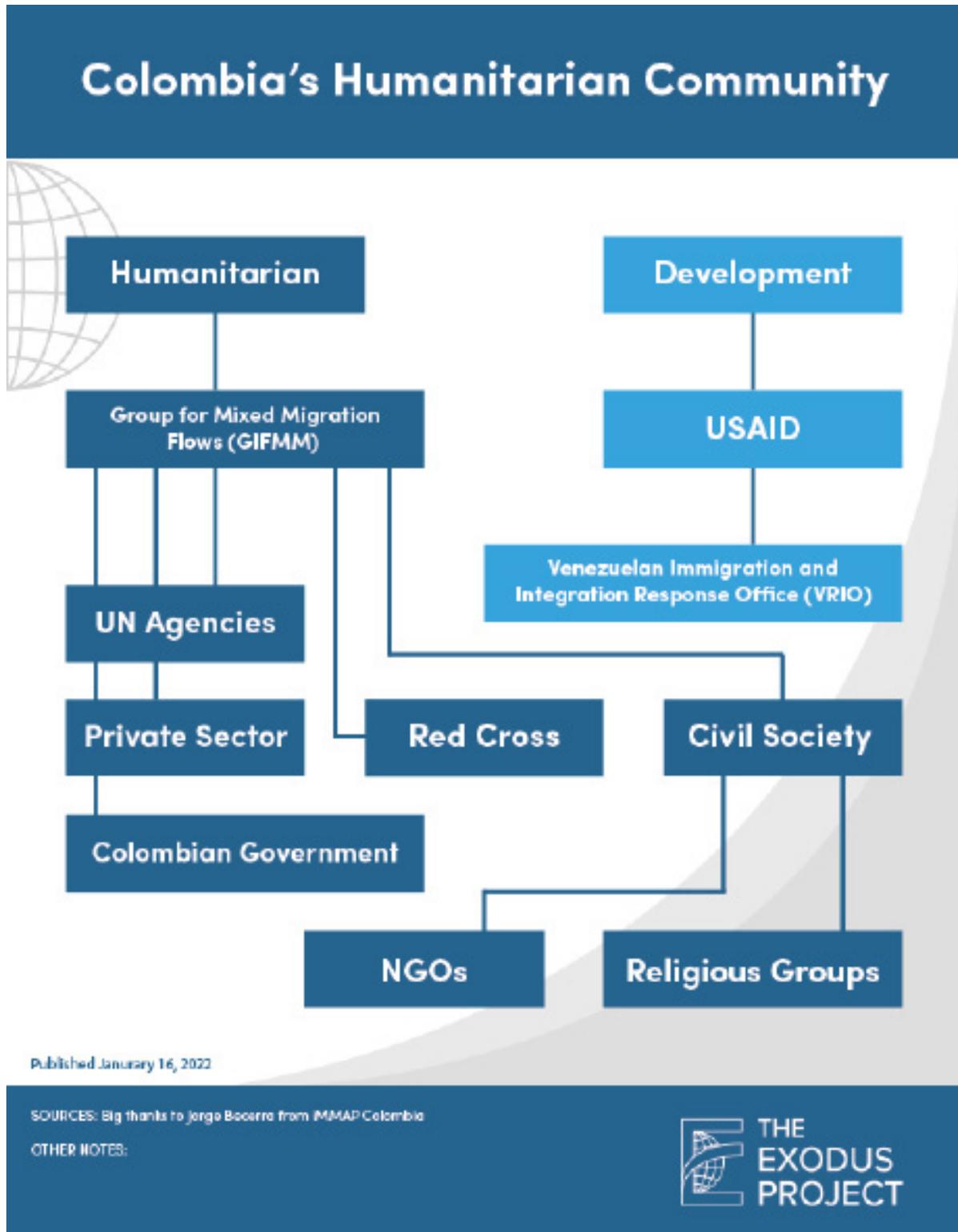
XXX-XXX-XXXX

XXX-XXX-XXXX





Addendum C: Colombia's Humanitarian Community





Addendum D: Resumen Ejecutivo

Colombia lucha por satisfacer las necesidades de 1,7 millones de migrantes venezolanos. El manejo de la higiene menstrual (MHM) en las comunidades de mujeres migrantes es un problema especialmente descuidado que afecta a unas 114.289 migrantes venezolanas en Colombia, muchas de las cuales tienen problemas de salud preexistentes. Mujeres migrantes tienen falta de los productos sanitarios adecuados y suficientes; de infraestructuras de agua, saneamiento e higiene (WASH); de las instalaciones para la eliminación de residuos; y de una educación sobre la gestión de la higiene de la menstruación científicamente precisa. Estas mujeres son más susceptibles de sufrir infecciones, experimentar consecuencias de salud a largo plazo, consecuencias psicosociales y violencia de género.



1.7 million de migrantes venezolanas en Colombia



114,289 mujeres migrantes carecen de MHM adecuado

Obstáculos para la prestación de servicios de salud e higiene menstrual a los migrantes

Nuestro análisis incluyó a los artículos de investigación humanitaria publicados y los datos proporcionados por iMMAP y UNICEF Colombia. Según este análisis encontramos que los actores humanitarios en Colombia se enfrentan a tres obstáculos principales para prestar los servicios necesarios de salud e higiene menstrual a los migrantes venezolanos y sus comunidades receptoras. En primer lugar, los migrantes son un grupo heterogéneo que incluye a migrantes urbanos, rurales, indígenas, en tránsito y residentes permanentes, todos los cuales tienen diferentes necesidades y obstáculos para acceder a los servicios.¹⁰⁰ En segundo lugar, los migrantes indocumentados se enfrentan a retrasos en el acceso al Estatus de Protección Temporal, que les permitiría acceder a los servicios de salud colombianos.¹⁰¹ En tercer lugar, la pandemia del COVID-19 ha ralentizado las operaciones humanitarias, como la evaluación de necesidades y la distribución de ayuda.¹⁰²

La prestación de servicios de salud e higiene menstrual genera confianza en los migrantes

El gobierno colombiano y las organizaciones humanitarias tienen un imperativo moral y estratégico de prestar servicios de salud menstrual a los migrantes. Los migrantes muestran una baja confianza en las instituciones gubernamentales, y sólo el 20% de los migrantes venezolanos en Colombia han recibido asistencia de una institución colombiana. Para aumentar la confianza de los migrantes en el gobierno, las organizaciones humanitarias deben prestar los servicios de MHM necesarios.¹⁰³



Recomendaciones

Exodus Project recomienda que los grupos de sociedad civil que colaboran con el Grupo Interagencial de Flujos Migratorios Mixtos (GIFMM) adopte cinco políticas:

1. **Centrar el manejo de la higiene menstrual en la respuesta del GIFMM a la crisis de los migrantes venezolanos.** El GIFMM debe desarrollar y publicar un plan informado, multisectorial y coordinado para prestar los servicios necesarios de MHM. Un plan de respuesta de MHM publicitado hará que la comunidad humanitaria de Colombia se responsabilice de proporcionar servicios de MHM.
2. **Recopilar información sobre las necesidades menstruales de las migrantes.** Debido a la falta de los datos sobre MHM, el GIFMM debería llevar a cabo una evaluación exhaustiva de las necesidades utilizando la Herramienta de Evaluación Rápida de la Gestión de la Higiene Menstrual para identificar las deficiencias en la gestión de la higiene menstrual en todos los sectores. El GIFMM también debería poner a prueba un grupo de discusión sobre la ropa interior menstrual, un producto menstrual ignorado pero potencialmente innovador para las migrantes.
3. **Formar a los formadores.** El GIFMM debe equipar a los residentes locales de confianza con información precisa sobre los derechos de los migrantes, la salud menstrual y la higiene menstrual. Los formadores también deben distribuir folletos con información, diseñados específicamente para los migrantes analfabetos y en tránsito.
4. **Distribuir productos menstruales.** Los sectores de WASH, Educación, Salud y Protección del GIFMM deben distribuir kits de higiene con productos menstruales apropiados para migrantes, jabón y folletos informativos sobre salud e higiene menstrual.
5. **Construir infraestructuras de WASH.** El GIFMM debe construir una infraestructura de WASH adaptada a las mujeres, con agua limpia; zonas de secado para los productos menstruales reutilizables; zonas para la eliminación de productos de un solo uso; privacidad y seguridad; y espacio suficiente para que las cuidadoras puedan llevar a sus hijos. El GIFMM debe garantizar que las infraestructuras de WASH lleguen a los migrantes rurales y en tránsito, a través de soluciones creativas como autobuses con ducha y estaciones de lavado de manos de bajo costo.

Conclusion

Al dar prioridad a la gestión de la salud e higiene menstrual, la comunidad humanitaria de Colombia puede convertirse en un modelo mundial para abordar las necesidades olvidadas de las mujeres en las crisis de desplazamiento. Las recomendaciones mencionadas pueden aplicarse a las crisis humanitarias de otras regiones. La salud e higiene menstrual son una parte esencial del derecho fundamental de las mujeres a la salud, que los actores humanitarios deben priorizar.

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Who We Are

The Exodus Project partners with in-country stakeholders to develop evidence-based solutions to challenges faced by vulnerable groups during displacement crises.

Through the Global Research Institute's Summer Fellows Program, Jahnavi Prabhala had the opportunity to work with iMMAP to conduct humanitarian needs assessments with Venezuelan migrant women and adolescent girls in Bogotá, Colombia. Prabhala learned that female migrants lacked proper menstruation hygiene management (MHM). Realizing that Colombia's humanitarian community lacked an adequate MHM focus within their crisis response, Prabhala mobilized global and Latin American NGOs, sexual health scholars, and United Nations stakeholders to create The Exodus Project.

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