Menstrual Hygiene Management:
From health and social impacts to action

Presentations

1. BELEN TORONDEL

London School of Hygiene and Tropical Medicine

Health impacts: *WASH, MHM and health impacts*

2. CHRISTABEL YOLLANDAH KAMBALA

Malawi Epidemiology & Intervention Research Unit

Hardware: *Absorbent interventions in communities and schools and their acceptability in Malawi.*

3. BROOKE YAMAKOSHI

United Nations Children's Fund - UNICEF

From evidence to action: *A framework for MHM in school programme design and early implementation results.*

Panel Discussion

1. DONNAN TAY

Republic of Ghana

Director of Water, Ministry of Sanitation & Water Resources

2. TOM SLAYMAKER

WHO/UNICEF Joint Monitoring Programme

Sr. Statistics & Monitoring Specialist

3. HASHIM KHAN

GIZ

Senior Technical Advisor, Pakistan

SIWI WORLD WATER WEEK

30 August 2018

Designing and implementing evidence based menstrual health and hygiene programmes

Brooke Yamakoshi

WASH Specialist

UNICEF New York

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2018 - 2021
GENDER ACTION PLAN

The **Gender Action Plan** (GAP) is a roadmap for promoting gender equality throughout UNICEF's work, in alignment with the organization's **Strategic Plan** (2018-2021) and in support of its contributions to achieving the **Sustainable Development Goals.**
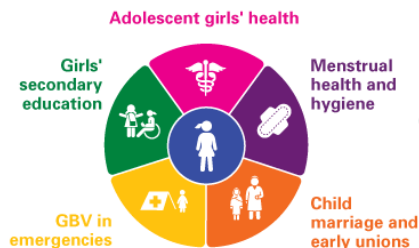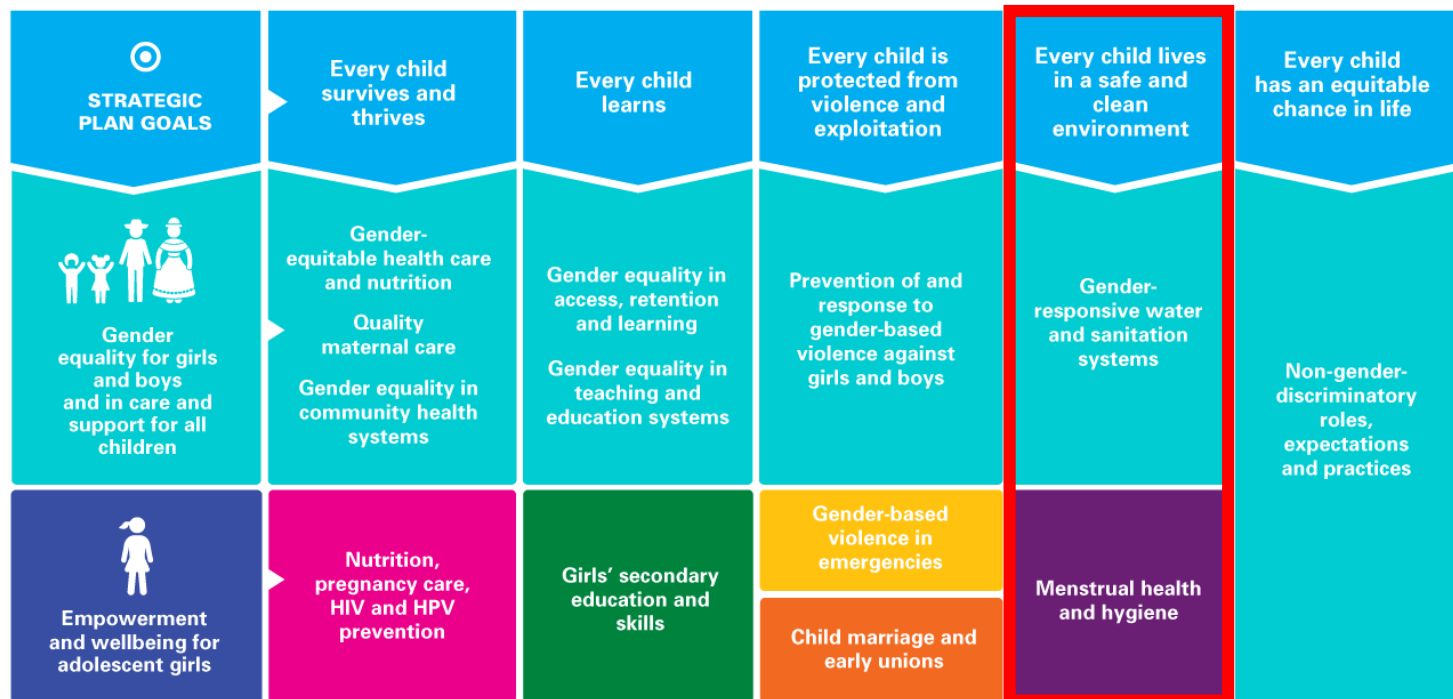
GENDER RESULTS IN PROGRAMMES

Gender equality outcomes across all goals of the Strategic Plan, spanning development and humanitarian contexts

STRATEGIC PLAN GOALS	Every child survives and thrives	Every child learns	Every child is protected from violence and exploitation	Every child lives in a safe and clean environment	Every child has an equitable chance in life
Gender equality for girls and boys and in care and support for all children	Gender-equitable health care and nutrition Quality maternal care Gender equality in community health systems	Gender equality in access, retention and learning Gender equality in teaching and education systems	Prevention of and response to gender-based violence against girls and boys	Gender-responsive water and sanitation systems	Non-gender-discriminatory roles, expectations and practices
Empowerment and wellbeing for adolescent girls	Nutrition, pregnancy care, HIV and HPV prevention	Girls' secondary education and skills	Gender-based violence in emergencies Child marriage and early unions	Menstrual health and hygiene	

Five targeted priorities for adolescent girls' empowerment and wellbeing

Tackled together and **at scale**, **innovative programming** in the **five interlinked priorities** for adolescent girls can transform their lives and support them to reach their full potential.

Adolescent girls' health
- Menstrual health and hygiene
- Child marriage and early unions
- GBV in emergencies
- Girls' secondary education

MAKING UNICEF A MORE GENDER-RESPONSIVE ORGANIZATION

GAP programming principles
at-scale ● innovative ● evidence-based/data-generating ● expert-led ● well-resourced

Using high quality gender **data and evidence** to analyze barriers and bottlenecks to equality and design **gender-responsive programmes**.

Strategic partnerships for stronger results and greater reach.

Investing **resources** to achieve results at scale.

UNICEF's *GenderPro* **builds capacity** of Gender Focal Points, Gender Specialists and Sectoral Specialists.

Increase **diversity and gender parity** among staff, with more women in senior roles.

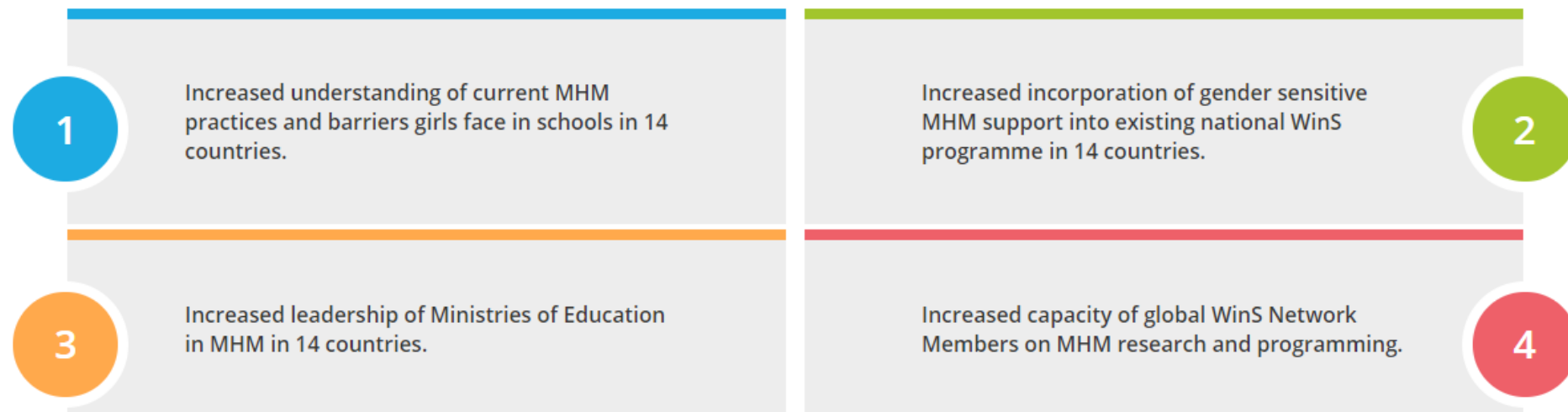**Accountability** through strong leadership, monitoring and oversight.

48 indicators from the Strategic Plan track programme results, 7 indicators track institutional results.

Developing UNICEF's programming framework

WinS4Girls: Advocacy and Capacity Building for MHM through WASH in Schools Programs (2014-2017)
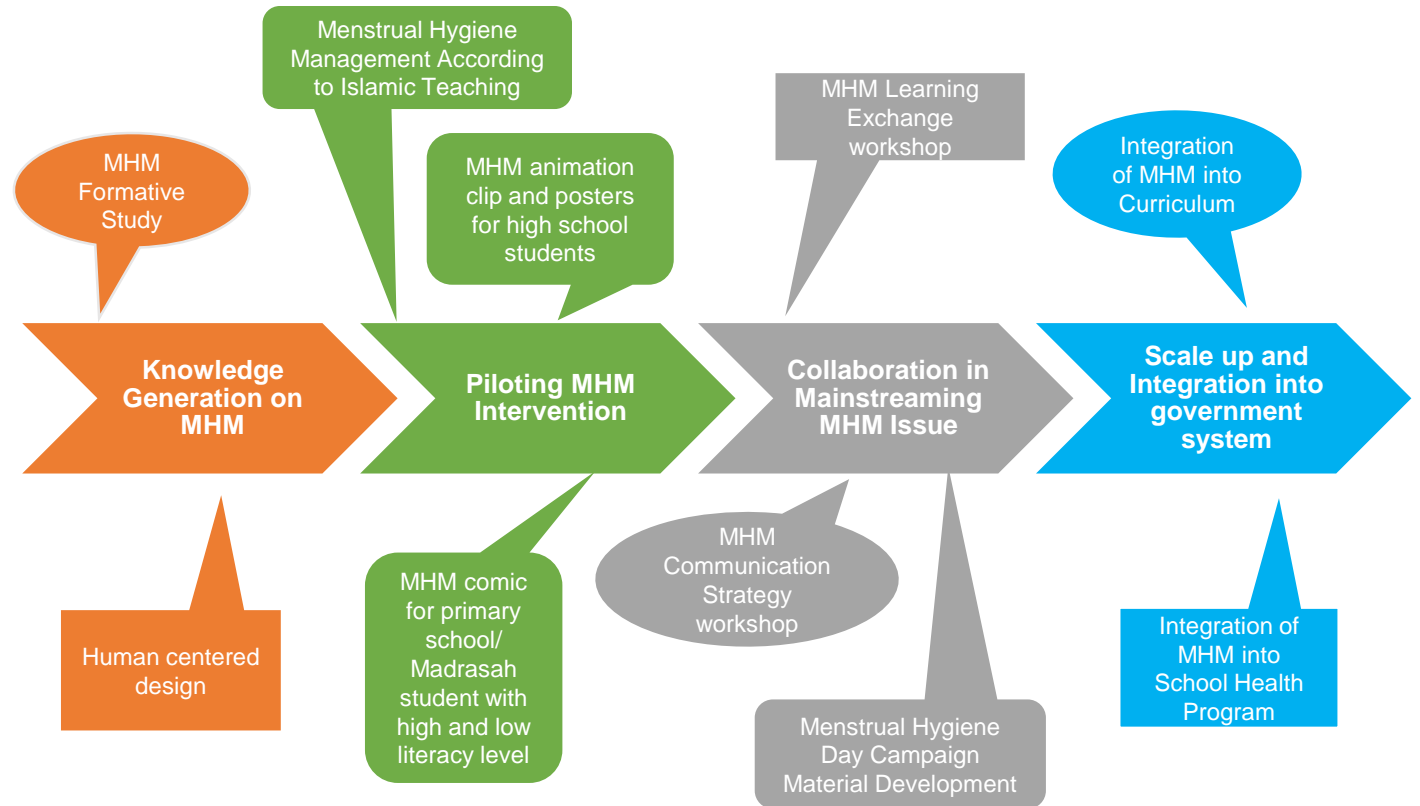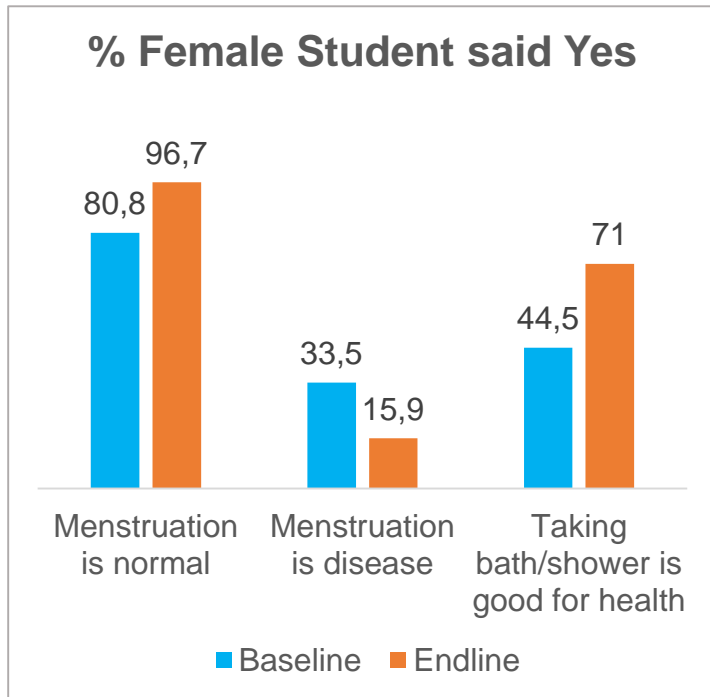
Project Outcomes

1 Increased understanding of current MHM practices and barriers girls face in schools in 14 countries.	Increased incorporation of gender sensitive MHM support into existing national WinS programme in 14 countries. **2**
3 Increased leadership of Ministries of Education in MHM in 14 countries.	Increased capacity of global WinS Network Members on MHM research and programming. **4**

Global Affairs Canada · EMORY UNIVERSITY · Columbia University MAILMAN SCHOOL OF PUBLIC HEALTH · UNGEI United Nations Girls' Education Initiative · unicef for every child

Indonesia

% Female Student said Yes

Category	Baseline	Endline
Menstruation is normal	80,8	96,7
Menstruation is disease	33,5	15,9
Taking bath/shower is good for health	44,5	71

■ Baseline ■ Endline

Knowledge Generation on MHM
- MHM Formative Study
- Human centered design

Piloting MHM Intervention
- Menstrual Hygiene Management According to Islamic Teaching
- MHM animation clip and posters for high school students
- MHM comic for primary school/ Madrasah student with high and low literacy level

Collaboration in Mainstreaming MHM Issue
- MHM Learning Exchange workshop
- MHM Communication Strategy workshop
- Menstrual Hygiene Day Campaign Material Development

Scale up and Integration into government system
- Integration of MHM into Curriculum
- Integration of MHM into School Health Program

APA ITU MENSTRUASI?

APA ITU MENSTRUASI? Panduan untuk anak laki-laki.

Haid dan Kesehatan Menurut Ajaran Islam — MAJELIS ULAMA INDONESIA

PERAN STRATEGIS SEKOLAH DAN MADRASAH IMPLEMENTASI MANAJEMEN KEBERSIHAN MENSTRUASI (MKM)

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Bolivia

Identification of Challenges

From 2 studies.

• Knowledge, attitudes, beliefs, ideas for action.

Audiences Messages

Individual: girls.

Interpersonal: family/school, peers, teachers.

Community: leaders, media.
Policy: authorities.

Strategy/ Methods

Comm. for social change, integral package, education by entertainment.

Production:

Sensitization and training production team.

Selection of messages.

Education by entertainment.

Feedback

MHM 1st study 2012.

MHM 2nd study in real time

Validation exercise (puberty books)

Continuous validation. Improvement. Scaling-up.

Zambia

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Government of Zambia launch of toolkit on MH Day 2017.
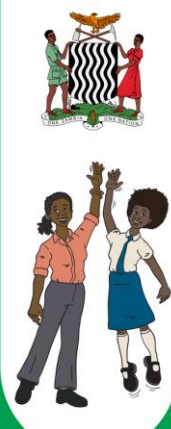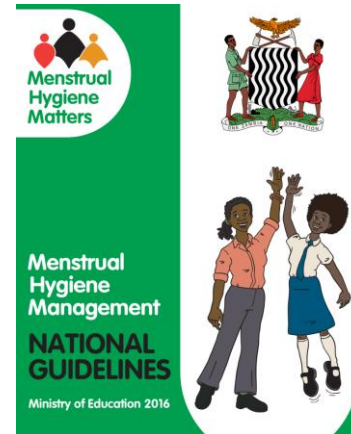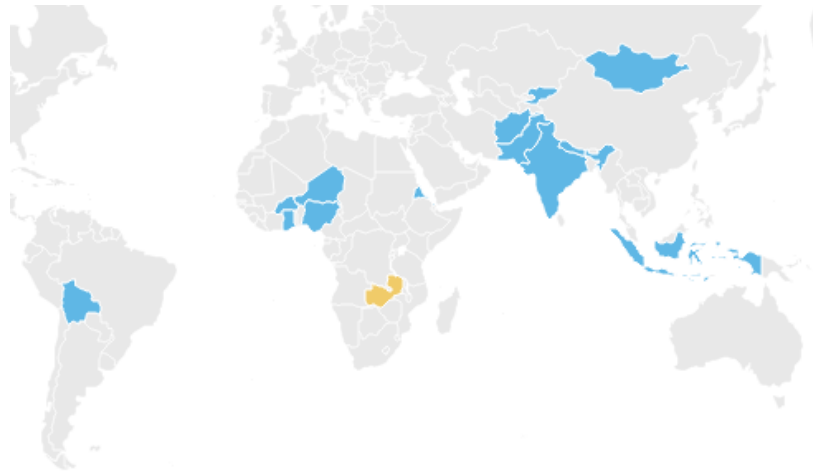
Oct 2014

2017

Capacity building	Formative qualitative research on MHM barriers	MHM guidelines + toolkit | Advocacy & MoE leadership	Dissemination & training
- Training on MHM research & TA by **Emory University.** - Of: MoE, local research NGO CIDRZ, **University of Zambia.**	- Steering by TWG [+20 partners] - Ethical approval. - Research in 6 schools, 2 districts.	- Guidelines/ toolkit development. - Pilot in 30 schools. - Endorsement and formal launch by MoE.	- At National level. - ToT MHM pool of coaches. - Training 117 Facilitators in 20 districts.

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Programming framework

OBJECTIVE

Girls and women have the confidence, knowledge, and skills to manage their menstruation safely using appropriate materials and facilities, at home and away from the household.

PILLARS

SOCIAL SUPPORT	KNOWLEDGE & SKILLS	FACILITIES & SERVICES	MATERIALS

RESULTS

END TO STIGMA AND DISCRIMINATION	GIRLS MANAGE MENSTRUATION SAFELY	GIRLS USE GENDER-RESPONSIVE WASH FACILITIES	MARKETS STRENGTHENED TO MEET GIRLS' NEEDS

ILLUSTRATIVE ACTIVITIES

END TO STIGMA AND DISCRIMINATION	GIRLS MANAGE MENSTRUATION SAFELY	GIRLS USE GENDER-RESPONSIVE WASH FACILITIES	MARKETS STRENGTHENED TO MEET GIRLS' NEEDS
• Public advocacy with media, private sector, religious groups • Targeted advocacy to decision-makers • Community and school mobilization in support of girls and women, including involvement of men and boys • Monitor attitudes, beliefs, and norms • Generate evidence through research, monitoring, and evaluation	• Develop teaching and learning materials • Deliver information to girls and boys through schools and health programmes • Deliver information to parent and community leaders • Train teachers and health workers • Generate evidence through research, monitoring, and evaluation	• Supply water and toilets in communities, schools, health care facilities, workplaces • Provide supplies and facilities for MHM in emergencies • Include MHM in sector policies and standards • Allocate funds for O&M • Generate evidence through research, monitoring, and evaluation	• Understand market gaps • Shape new product development to respond to needs • Inform market expansion • Supply materials in schools and health care facilities • Generate evidence through research, monitoring, and evaluation

Common challenges and lessons

- **Building capacity for an emerging field of work:** WinS4Girls built capacity for working in MHM within governments, academia, and UNICEF itself – a long and uneven process.

- **Monitoring the impact of improved MHM on girls' lives:** There is a need to develop stronger ways of measuring of the impact of MHM on empowerment, dignity, confidence, and participation to capture the full value of MHM to girls' education.

- **Working across sectors with multiple partners:** Intersectoral issues like MHM require more resources invested in coordination, but provide multiple pathways for reaching girls.

- **Reaching the most disadvantaged girls:** Out of school girls were not a focus on this project, but targeting them emerged as a need in many countries. Inclusion of girls with disabilities can be strengthened.

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Resources

- WinS4Girls compendium ([link](#)) which includes all interventions designed and formative research carried out under the project.

- WinS4Girls e-course ([link](#))

- Proceedings of the virtual conferences on MHM in schools ([link](#))

- MHM in Ten meeting reports ([link](#))

- UNICEF programming and procurement guidance on menstrual health and hygiene (forthcoming 2018)

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Thank You

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