

# WASH IN SCHOOLS EMPOWERS GIRLS' EDUCATION

Proceedings of the 5th Annual Virtual Conference on Menstrual Hygiene Management in Schools

Capturing Girls' Voices: Channelling Girls' Recommendations into Global and National Level Action

25 October 2016



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on Menstrual Hygiene Management in Schools**

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## Acknowledgements

The 5th Annual Virtual Conference on Menstrual Hygiene Management in Schools and this publication are the result of research, presentation development and ongoing efforts from contributors around the world, including:

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The overarching message from the conference was to continue to build the evidence base, to focus on moving from research to action, and to demonstrate scalable models through education systems.



## CONFERENCE OVERVIEW

### Capturing girls' voices: Channelling girls' recommendations into global and national level action

Globally, there are around 600 million adolescent girls. Adolescence is a pivotal transitional period that requires special attention to ensure progress for all girls, especially the most vulnerable, and poses a unique opportunity to break intergenerational cycles of poverty and to transform gender roles.

The onset of puberty and menstruation can pose an additional barrier to a girl's personal freedom, and can signal entry into a different role in their family and wider society. Girls often face social stigma attached to menstruation, or face negative and discriminatory gender relations and norms that come into effect with the onset of puberty. A growing evidence base from low- and middle-income countries indicates that many girls reach menarche with inadequate guidance on how to manage their menses and personal hygiene with confidence.

Meeting the hygiene needs of all adolescent girls in all settings – both inside and away from the household – is a fundamental

issue of human rights, dignity, and public health. Every girl should be able to learn, play, and safeguard her own health without experiencing stress, shame, or unnecessary barriers to information or supplies during menstruation.

In past years, substantial research has detailed the difficulties girls around the world face as they manage their menstruation in school environments that lack adequate menstrual-related guidance and support, and private, clean, safe water and sanitation facilities. The ability of girls to meet their menstrual hygiene management (MHM) needs at school serves as an indicator of the gender-responsive or gender-discriminatory aspects of many school environments. The global water, sanitation, and hygiene (WASH) community is tackling this issue with the aim of empowering and enabling girls to manage their menstruation with safety, dignity, and privacy in school.

The 5th Annual Virtual Conference on Menstrual Hygiene Management in Schools, co-hosted by Columbia University's Mailman School of Public Health and UNICEF on 25 October 2016 provided highlights of this global effort. The one-day virtual conference brought together an estimated 1,000 participants from over 90 countries around the world. A surge in abstract submissions led to the decision to include virtual presentations

and a virtual poster session this year, enabling an expansion of the breadth of content that could be viewed by online global participants.

Inclusion was a recurrent theme of the 5th Annual Virtual Conference, with this year's participants (who joined the event online or attended in-person in New York City) including representatives from national women's unions, national government partners, academic institutions, non-governmental organizations (NGOs), donors, United Nations agencies, private sector organizations, and social entrepreneurs. There was also an increased diversity of participants from across the relevant sectors, including WASH, education, gender, sexual and reproductive health, and adolescent development.

The conference included nine presentations, a donor panel and 15 posters, all streamed online. The presentations and posters showcased successes and new priorities for MHM in schools, including insights from the MHM response following the earthquake in Nepal, ongoing efforts to build MHM guidelines into the Nepali education system, and new packages of MHM interventions being implemented and evaluated in Bolivia, El Salvador and Burkina Faso. Efforts to move from research to well-designed MHM interventions or MHM guidelines were also highlighted in India and Indonesia, along with evidence for advocacy efforts in Kyrgyzstan, and a feminist analysis of MHM-related policy efforts in Kenya.

For the first time, the conference included a donor panel moderated by the United Nations Girls Education Initiative. The donors responded to questions from participants both online and from the floor, which saw important points raised about challenges

and opportunities for moving forward policy, research and programmes on MHM in schools. The donors highlighted, for example, the importance of country ownership of the agenda, and increased efforts to collaborate across sectors.

The virtual conference enables the global sharing of new ideas and 'lessons learned', and connects people with others working on MHM in schools in a wide range of countries. This gives online participants an opportunity to network, discuss key issues of relevance for advancing the agenda of MHM in schools, and identify potential future collaborations beyond their usual organizational or geographical boundaries.

At the end of the conference, online and in-person participants brainstormed ways to further improve the appeal and accessibility of the conference in future years and make progress in the MHM in schools agenda<sup>1</sup>. Ideas included, for example, framing MHM through a more cross-sectoral lens, shifting the focus from evidence gathering to action, and using a gender framework to mobilize action on MHM. To encourage regional and national action, participants suggested regional face-to-face meetings for exchange amongst decision makers, and opportunities for recognition of best practice models. There was a call for twinning and learning exchanges between countries, and better knowledge management around MHM. Participants also pointed out the role that the private sector can play to address market gaps and change social norms.

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1 UNICEF and Columbia University, "MHM in Ten: Advancing the MHM Agenda in Schools, Third Annual Meeting Report", UNICEF, NY 2016.

## CONFERENCE PARTICIPATION

A virtual conference breaks down geographical, financial, and institutional constraints, leading to a more inclusive exchange that brings together people around the world. This year, attendance at the virtual conference was the highest yet, with the majority of attendees joining for the first time. The various time zones of presenters and participants remains a challenge and efforts will continue in future years to accommodate participants across the globe. As a first step, the conference was recorded and will be available online at <http://washinschoolsmapping.com/> to watch.

**Number of  
estimated  
participants in the  
virtual conference:**

**Number of  
in-person  
participants:**

**First-time virtual  
conference  
attendees:**

**Countries  
represented:**

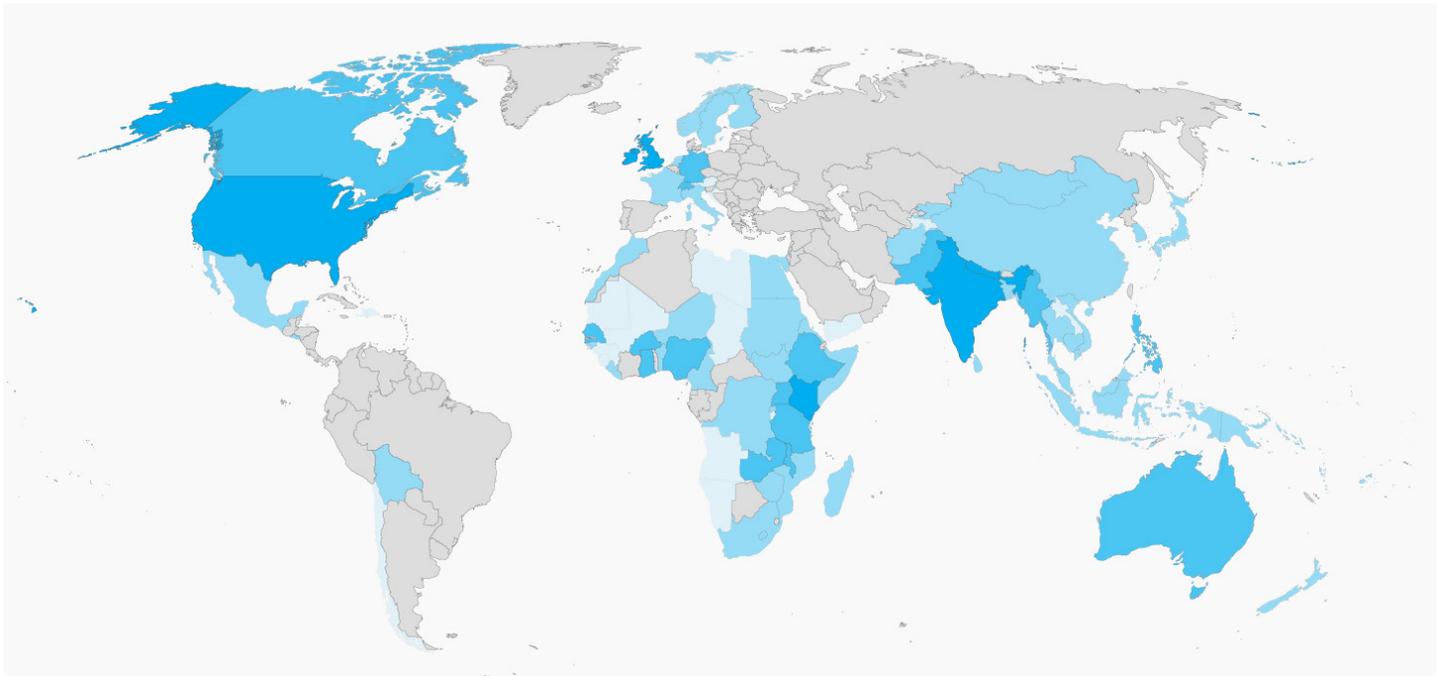
**1,000\***

**60**

**82%**

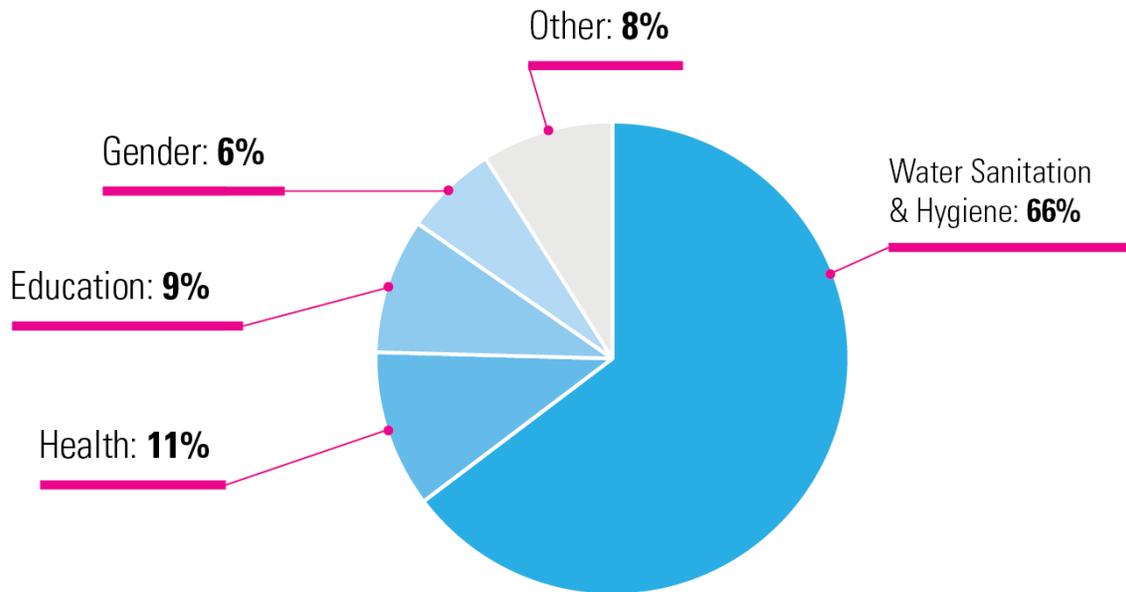
**90**

\*Based on the number of unique views of the conference platform and the estimated number of connections with over one person joining. This method of calculating may have meant more diversity in organisations and expertise than these estimates reflect.

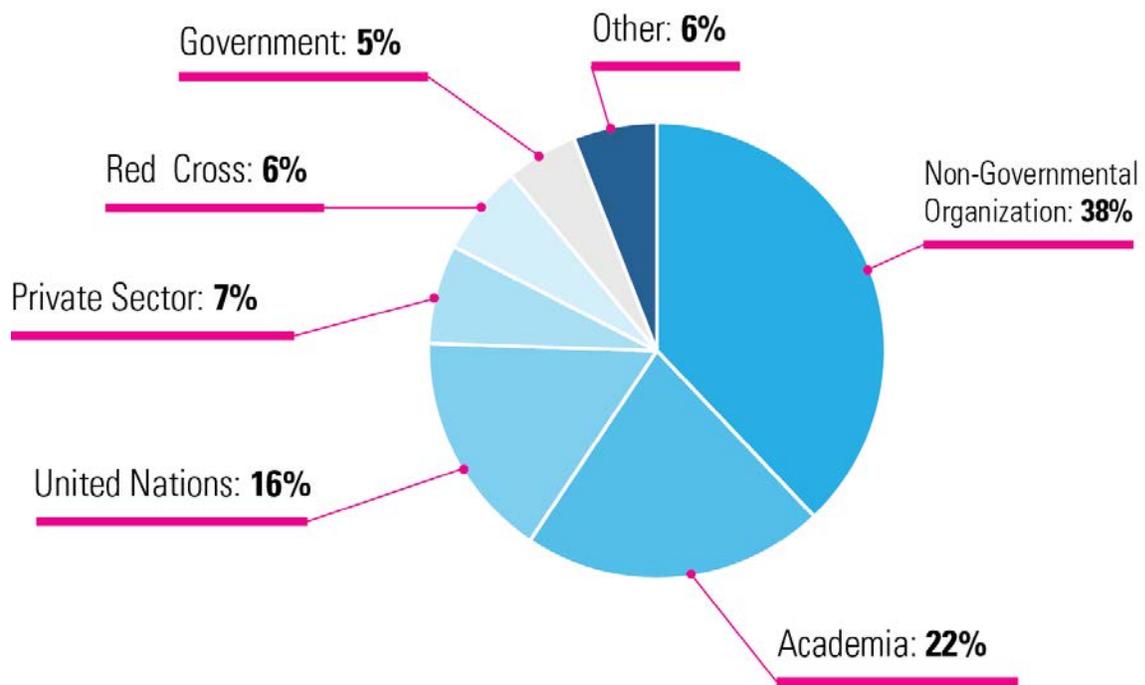


Intensity of color represents the number of participants, with darker colors indicating more participants.

## SECTOR OF PARTICIPANTS



## TYPE OF ORGANISATIONS



# In the fifth year of this conference, digital engagement was the highest ever.

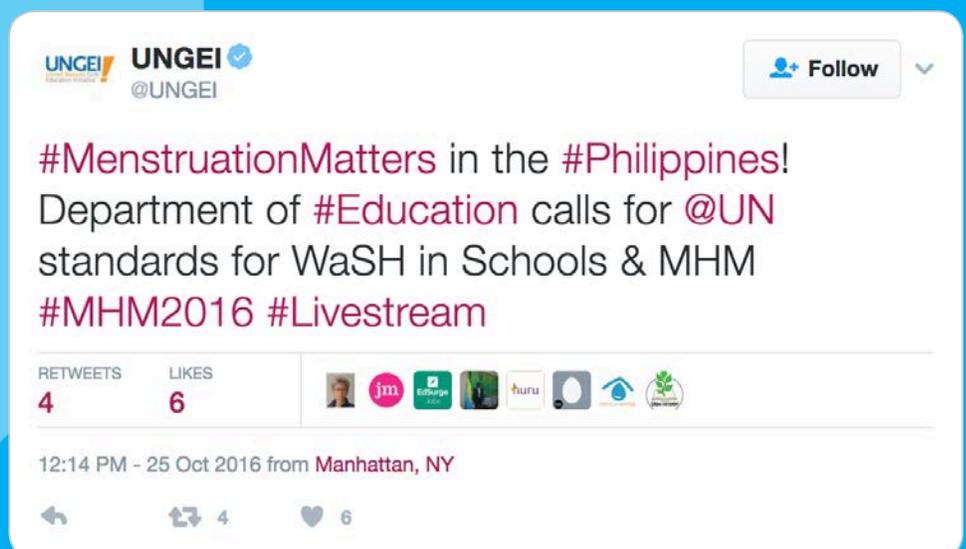
Participants around the world used Twitter, Facebook, Instagram, and the real-time conference chat box to share, discuss, and ask questions. The chat box enabled the participants to connect immediately to share resources and experiences.

The chat box was most active around the topics of MHM in emergencies, government leadership, national standards, designs for latrines, types of absorbent materials, reaching girls with disabilities, addressing market gaps, and the role of faith leaders and men in changing norms. Participants shared details from project implementation, educational materials, and research outcomes, all in real-time. There was also an engaging discussion about the term 'menstrual hygiene' and other similar terms, and their meaning.

Virtual participants contributed to the discussion at the end of the day with a rich exchange about potential themes for next year's conference, mobilising national or regional action on MHM, and moving forward the MHM in schools agenda.

Estimated number of tweets about the conference:

377



# TOP CONTRIBUTORS, POSTS AND HIGHLIGHTS



@WSSCCouncil

@HuruKits



**Bethany Caruso**  
@Caruso\_Bethany

Follow

Donors discuss how #menstruationmatters to their orgs and priorities for future work and learning.



RETWEETS 2 LIKE 1

12:23 PM - 25 Oct 2016

2 1



@MHHub\_Global

**Meridith Mikulich** @meri\_mik Follow

Burkina Faso MOE: "no education on menstruation at the primary level"... but they are taking steps to change this!  
#menstruationmatters

LIKES 2

11:32 AM - 25 Oct 2016



@fredaspeaks

**Days for Girls\_NYC** @DFG\_NYC Follow

"We need more convos about MHM & humanitarian relief. We can learn a lot more from the beneficiaries" David C @theIRC  
#MenstruationMatters

RETWEETS 3 LIKES 2

10:07 AM - 25 Oct 2016



@EVAWearOfficial

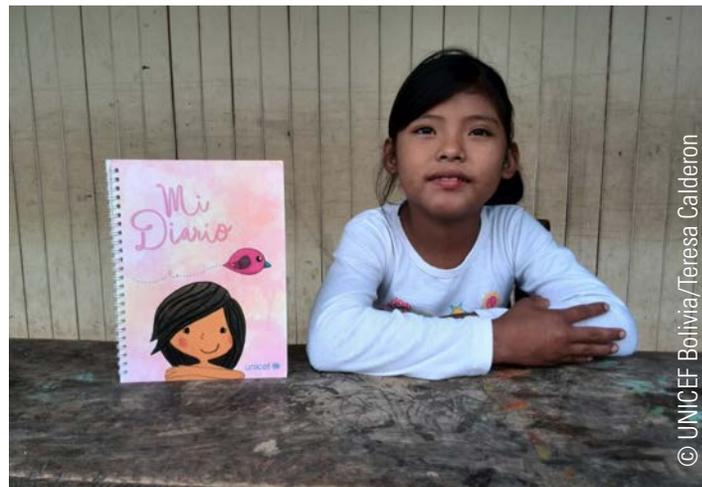
# CONFERENCE PRESENTATIONS

The presentations in the fifth year of the conference came from around the world and can be watched online. The accompanying reports are presented in this section.

Presentation Title	Country	Organizations
<b>MHM basic package building and implementation in the Amazon</b>	Bolivia	UNICEF Bolivia Save the Children Emory University Rollins School of Public Health
<b>Using the Government as an action-research leader to create MHM 'Champions' for girls</b>	Burkina Faso	UNICEF Burkina Faso Ministry of Education
<b>Changes in MHM education programme based on girls' expressed needs</b>	El Salvador	Save the Children
<b>MHM for school girls</b>	India	Liverpool School of Tropical Medicine UNICEF India Tata Institute of Social Sciences
<b>MHM programming in schools</b>	Indonesia	UNICEF Indonesia
<b>Girls' voices reaching the Government</b>	Kyrgyzstan	UNICEF Kyrgyzstan Save the Children
<b>'Policize' not 'politicize': Advocacy to include provision of sanitary pads in schools into the policy framework as a sustainable strategy towards gender equality in education</b>	Kenya	McGill University
<b>Translating girls' voices into action in emergencies: Lessons from the Nepal earthquake</b>	Nepal	Oxfam
<b>Responding to girls' voices through programme and policy change</b>	Nepal	WaterAid

# BOLIVIA: MHH BASIC PACKAGE BUILDING AND IMPLEMENTATION IN THE AMAZON

UNICEF Bolivia, Save the Children,  
Emory University Rollins School of  
Public Health



## BACKGROUND

Bolivia is part of the global project WASH in Schools for Girls (WinS4Girls), funded by Global Affairs Canada, which addresses MHH in schools. Under this project, two research studies were conducted on the challenges menstruation presents for girls and adolescents at school<sup>1</sup>. The first study occurred in the Andean region and the second in the Amazon region of the country. Both studies showed that a lack of appropriately timed and truthful information, as well as social attitudes and poor WASH services created a challenging situation for menstruating girls. The studies showed a lack of educational materials regarding menstruation, puberty, or MHH in both regions. Furthermore, in the primary school curriculum, menstruation, puberty, and fertility are not explicitly mentioned or addressed – even though in theory they could be covered by the curriculum topic ‘physical development, organs and apparatus of the human being’, which is undertaken by students in 4th grade, when students are 9 to 10 years old.

Both studies also identified that not just girls, but also boys, teachers, mothers, and families must be informed and sensitized in order to create friendlier environments for menstruating girls. In addition, they found that decision makers, authorities, and the media have an important role to play in bringing about social change. All these social actors can be effective at addressing and influencing existing myths, taboos, misconceptions, and potentially harmful beliefs.

In this context, communication methods were used to develop an MHH integral package and a scheme for implementing it. There was feedback from both studies, and though it was designed for Beni (Amazon), the materials were developed for use in other regions of the country as well. The audience for the package is girls, boys, teachers and school staff, and families. There are specific materials that target mothers, authorities, and local leaders, as well as local media.

<sup>1</sup> Namely these are: Long, J. et al., “WASH in Schools empowers girls’ education in rural Cochabamba, Bolivia: An assessment of menstrual hygiene management in schools”, UNICEF, New York, 2013. And Johnson, L. et al., “Menstrual Hygiene Management impacts girls’ school experience in the Bolivian Amazon”, UNICEF, La Paz, 2016.

## CONTEXT

Beni is one of nine regions of Bolivia and is located in the northeast of the country. Its lowlands are mainly Amazonian rainforest and are hot and humid for most of the year. The region is frequently affected by floods and has many natural resources. In the region, 41 per cent of people live in extreme poverty – higher than the national average. Beni is largely rural; agriculture and cattle are the central economic activities. Challenges include poor services, infrastructure and roads. Animal husbandry engages a large portion of the working class. Thirty-two per cent of the population identified themselves as native or indigenous<sup>1</sup>.

In rural Beni, girls and adolescents encounter many obstacles to managing their menstruation. According to a recent study conducted by UNICEF and Emory University<sup>2</sup>, this leads to reduced school participation, distraction and anxiety about the possibility that someone could notice that they have their period, fear of stains, bullying and ridicule. The toilets found at schools were unclean, and lacked privacy, water for hand washing, soap, toilet paper, waste bins, and absorbent materials. Girls' knowledge levels about menstruation were limited and included misconceptions about hygiene, nutrition, and social behaviour. This included restraint of social interactions, such as staying away from boys, and being demure and modest, mostly out of fear of pregnancy. The study found misconceptions about fertility, which created fear and stress. Although many girls had learned about menstruation from their mothers or some other female family member, they had limited knowledge, which was mixed together with traditional beliefs. Mothers were reported to consider menarche as the beginning of the

1 Unit for Analysis of Social and Economic Policies (UDAPE), "2010 Millennium Development Goals in Bolivia: Sixth Progress Report", 2010

2 Johnson, L. et al.(2016)

reproductive years and so were more concerned with the risk of early pregnancy, early marriage, sexually transmitted infections, and school dropout rather than specific MHM issues.

## SOCIAL SETTING

Currently, education policies, which are designed at the national level, do not incorporate MHM. Nonetheless it is possible at the sub-national level, such as the Beni department, to make regionalized or contextualized classroom annual plans. Therefore, seeking this window of opportunity, sustainability efforts are in place to influence curriculum plans to include MHM.

In the Beni schools, where the study and the MHM package implementation took place, there were no puberty-related classes; therefore our intervention to use the MHM package had to be extracurricular.

According to the Government, access to primary education in Bolivia is high (91 per cent enrolment) and secondary enrolment is 80 per cent (98 girls for every 100 boys). The literacy rate for ages 15-24 is 99 per cent. Despite this, attendance in rural schools is still a challenge in remote communities. Additionally, the quality and cultural pertinence of education is still a debated issue, and there exist significant disparities in quality between rural and urban schools and between public and private education. The current education law, Law 070: Avelino Siñani Elizardo Pérez, postulates four principles: (1) intercultural curriculum; (2) teacher's training; (3) educative standards; and (4) elimination of differences between urban and rural education.

## STAKEHOLDERS

WinS4Girls is about building local capacity with knowledge that is based on evidence while mobilizing key actors and stakeholders. In order to have effective implementation, UNICEF Bolivia developed strategic relations with a wide range of stakeholders from different audiences, sectors and levels including girls, boys, parents, teachers, school directors, district authorities, and our academic partner the Autonomous University of Beni. At the Autonomous University of Beni, professors and students in nursing and pedagogy fields served not only as research assistants, but also facilitators for the MHM package implementation. Officials from ministries (Water and Environment, Health, and Justice) were involved and hosted advocacy events. Another key party involved was the Federation of Municipal Associations and their Women Councillors' Association. This is because in Bolivia the building and maintenance of WASH infrastructure in schools and health services is legally under municipal jurisdiction. Our other implementing partner was Save the Children.

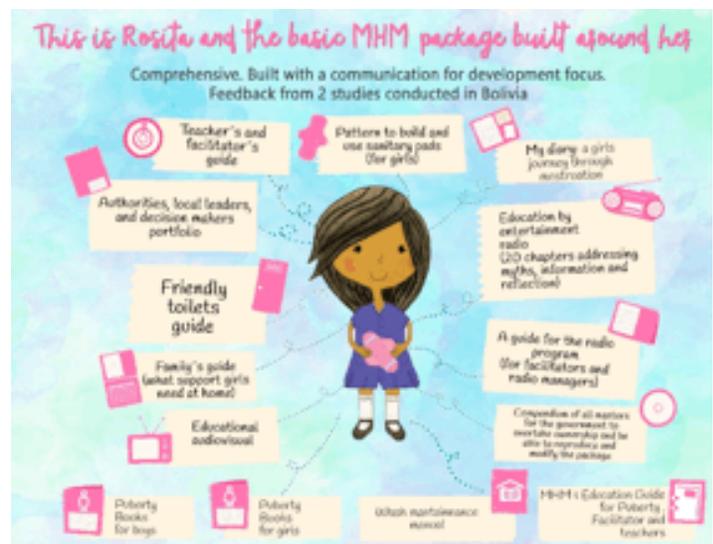
By using multiple actors and stakeholders, the project intended to ensure representation and sensitization of all those actors who can contribute to the MHM agenda. These actors laid a solid foundation for future activities, investments, and influence of the school curricula. It is the intention that these broad partnerships can build local ownership. UNICEF will continue to mobilize stakeholders at community and school levels, as well as national levels.

## METHODS AND APPROACH

Building the Bolivian MHM package was a communication for development process. The research findings were channelled into the

materials, and key audiences used a socio-ecological framework. This meant addressing not only girls and their male peers, but also other actors with a role to play in the development of an MHM-friendly environment for girls. Many of these actors were recognised in the studies – including mothers, whose support and complicity is critical to improving girls' understanding, and budget decision makers, whose commitment is necessary to improve WASH conditions in schools.

An 'education by entertainment' method was used to develop the materials, resulting in a comprehensive toolkit that has something for everyone: girls, boys, mothers, families, teachers, community leaders, sectoral authorities, and local media. It was developed in such a way to take into consideration the key members of the community who needed to be approached and to receive information, ideas for action, and key messages on MHM.



The package includes an 'edu-tainment' radio program, a girl's journal, a family and a teachers' guide, a classroom audio-visual package for girls and boys, and an authorities' advocacy portfolio. To complete the package, boys' and girls' Puberty Books were produced by Save the Children under

the partnership. The package also has one non-communication item: a reusable washable sanitary pads kit with a sewing pattern and washing instructions. Finally, to facilitate the Government's ownership for future investments, a digital compendium of all the materials is ready to be reproduced and updated.

Using a socio-ecological approach means addressing a variety of actors, as desired change cannot be achieved only at the individual level; it must also be at the interpersonal level. Therefore, it was important to include different actors to visualise their potential role and possible contribution to addressing MHM. The materials were developed to facilitate girls' empowerment, sensitise and engage families, promote a friendlier environment in communities, households and

schools, and build advocates among existing leaders and decision makers.

To implement this communication programme, working with local allies was essential. A participatory training of facilitators from the pedagogy and nursing students and faculty from the Autonomous University of Beni took place in Beni. A scheme for the intervention was developed and piloted. Project facilitators systematically visited the school communities using the package, with a target of visiting 100 schools. The fieldwork was divided into two levels of intervention. Most schools received an introduction and distribution of materials only, while others received the 'full intervention' as described below.

Table 1. Activities included in the full intervention package

### FULL INTERVENTION

Number of sessions	Participants	Description
3	Girls	Workshops on puberty education, MHM and material validation.
3	Boys	Workshops on puberty education, MHM and material validation.
4	Teachers	Two workshops on puberty and 1 follow-up meeting. One training session on the basic package and the teachers' guide use.
3	Family	Two meetings on basic information, WASH conditions at schools and home. One session on the family guide use and content.
3	Girls and boys together	Radio program listening and debate, audio-visual, and reflection session.
2	Authorities	One introduction and coordination meeting. One session on key information, advocacy and the decision maker portfolio.
1	Media	A reflection session on MHM and the media role, use and advocacy for the radio program.

Facilitators training: Two-week introduction on MHM, for research phase + one-week training on MHM basic package and use on field

## MAJOR GOALS

The overall objective of the WinS4Girls project is to strengthen evidenced-based advocacy and action on MHM for a more supportive and health promoting school environment. To achieve this goal, this project aims to reduce social and physical barriers to safe and stigma-free MHM in schools and to strengthen advocacy for effective MHM nationwide.

In this way, the basic package was developed to increase gender-sensitive support through context-specific MHM communication materials. The initial aim was to reach 100 schools and not only to reach the girls, but also their male peers, teachers, parents, and other key actors in their communities so that larger social change could be promoted. The aim was also to influence policy and budgets by sensitising the authorities.

The long-term goals for the MHM basic package are to contribute to positive social change around menstruation, and for a friendlier community and social environment around MHM in Bolivia.

## PROGRAM SUCCESSES AND ACHIEVEMENTS TO DATE

In 2016, over 10,000 girls and boys in 100 schools received accurate information on menstruation aimed at building skills and confidence along with MHM support. At least 10,000 families and 500 teachers strengthened their knowledge and capacity to approach menstruation and MHM, both at home and at school. Over 200 authorities and decision makers were directly engaged with about the evidence and real challenges girls face around MHM. The schools that were part of the full intervention improved<sup>1</sup> their WASH conditions.

1 With little investment, some key issues were addressed, such as internal locks to guarantee privacy, light bulbs, repairing toilets, or even purchasing toilet paper, waste bins with a lid, and soap.

2 El Alto, in La Paz Department, and the Department of Chuquisaca.

High levels of commitment and close collaboration occurred within the education sector at the departmental level. All activities in both levels of intervention have been closely coordinated with the Directorate of Education (DDE). The logo of the DDE in Beni has been authorised for use on MHM education materials. This will increase the validity of the package and open possibilities of developing communication materials about reproductive health in other regions.

DDE Beni is including MHM in its local community activities and regional education meetings. Other regions of the country<sup>2</sup> have already expressed their interest in replicating some items or the whole package with their own budgets. The President of the Women Councillors Association of Beni is also advocating to peers, so the package and its use in schools could potentially be replicated across the rest of the country.

Technicians and sectoral authorities are now thinking about MHM and better understanding the challenges menstruation presents for girls. A subject previously barely mentioned before is now gaining sympathy and allies. Important forums have opened their usually closed and highly political agenda to this sensitive gender issue. Municipal authorities all over the country have heard about MHM in their most important national congress. Through close collaboration with the Autonomous University of Beni, Nursery and Pedagogy Faculties have embraced MHM as an academic subject. This helps to build gender-sensitive capacity at the local level.

## MONITORING & EVALUATION APPROACH

Monitoring the use of the MHM package included piloting the training of facilitators, field visits, and a validation exercise. The results are generally positive; the whole package was validated. The most rigorous validation was conducted on the Puberty Books, as this was one of the most complex and lengthy items.

Table 2. Summary of validation study on puberty and gender workbooks

Methodology	Significant change	No significant change	Acceptability and reactions
Pre- and post-test surveys.	Girls and boys showed significant change in:	There was no significant change in some attitudes towards menstruation, such as “a menstruating woman can be near plants”.	Very positive reception of liking the workbook and low perception of conflict with family on account of the books.
Multi-stage cluster sampling in 15 schools.	Knowledge of puberty changes (e.g. identify 2 or more puberty changes in both genders, or know what menstruation is).		Favourite part for boys: Nutrition Least favourite part: Menstruation images, solidarity with girls, not laughing at puberty.
Parallel classrooms (intervention/control group).	Attitudes towards menstruation (e.g. menstruating girls can continue normal activities).		Favourite part for girls: Menstruation and other puberty changes. Least favourite part: sexual abuse.
Intervention group: 360 students total, of which 180 boys 5th and 6th grades 180 girls 4th and 5th grades			
First the students took a pre-test, and then they received the intervention. The post-test was administered after winter vacation.	Gender attitudes (men and women can do the same job).		

## PLANS FOR SCALE-UP

In Bolivia, many visible and practical niches for MHM have yet to be discovered within sectors such as health and education, and at the national level. At the departmental level this is even more evident. Some government officials have begun to review their framework to find a place for MHM. UNICEF has already received requests for technical assistance and training from other departments for the full intervention and the use of the package. Scaling up will be a process of technical assistance and capacity building beyond the introduction and sensitisation efforts – specific training on implementation will need to occur.

The DDE Beni presents another path to scale-up through their regionalised curricula and annual plans. Accordingly, sustained actions with this key stakeholder are being conducted to achieve this goal. If this occurs, DDE Beni will reach a milestone in scaling up the package and its implementation. Other academic entities, such as the Research Institute of the Social Work Faculty, have reached out for training and discussions on MHM, including research and intervention.

**Challenges and facilitators for scale-up**  
In the future, challenges could develop if authorities and other stakeholders who make decisions over budgets do not reproduce the complete package. This is because it is specifically designed as an integrated tool that addresses many actors and aims to promote holistic social change. To mitigate this, technical assistance and coordination would be needed. It is possible that some alliances could be forged among two or more institutions, so they can conduct joint efforts, and share the investment required. Another challenge could be the adoption and implementation of the full scheme, as the package does not happen by itself; induction and training

must accompany the package for it to be effective.

However, the biggest challenge is presented by the Ministry of Education itself. Education sectors at subnational levels are very open and receptive, but efforts must continue at the national level to find an effective policy niche and/or a high-profile champion within this key sector.

## OPPORTUNITIES AND CHALLENGES

The process of designing a package with multiple items and audiences took longer than anticipated. It was necessary to train the designers and production team that were recruited, and not only in MHM, but also in specific communication for development methods (such as 'education by entertainment', behaviour and social change) in order to ensure that products like the radio program would be possible.

The extracurricular character of the intervention presented another challenge and created a need to optimise hours. However, every school accepted the time needed for the intervention. When working in rural contexts, it is also necessary to accommodate and respond to the local time management of the community. For example, rhythms of life in the community, distances, and perception of formal engagements are different and depend on unforeseen local or weather events.

Bolivia has a strong government and its ministries are aligned in a centralised manner. This leaves very few cracks to filter through new topics and turn them into priorities. All ministries are challenges in this sense, but it is especially true for education.

## RECOMMENDATIONS FOR OTHERS HOPING TO LEARN FROM THIS EFFORT

Based on our experiences, our recommendations are to build alliances and friends for menstruation and MHM with a suitable argument for every audience. We also discovered that the best way to capture and maintain attention was to make things beautiful, playful and entertaining. We found that this was the best way to influence attitudes and promote change. We found that to make materials effective, they needed to be affective as well, in order to turn something that is perceived as socially repugnant or offensive into something special, natural, and symbolised in a positive way. Boys, girls, and adults already make fun of the most improbable things and situations, so we recommend using humour with gratefulness and kindness. Additionally, feedback and validation are important. When you have a comprehensive, solid and fine-looking package, we recommend accompanying it with a coherent scheme of intervention. In other words, it isn't enough to simply design and hand out a package; it is critical that they are accompanied by effective education and intervention.

### Contact:

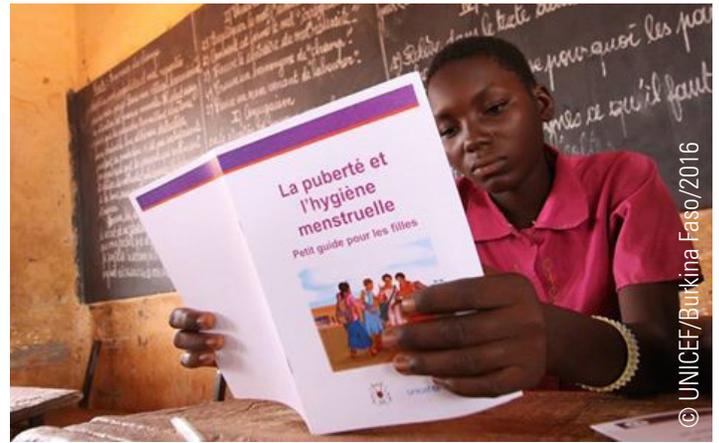
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# BURKINA FASO: USING THE GOVERNMENT AS AN ACTION-RESEARCH LEADER TO CREATE MHM 'CHAMPIONS' FOR GIRLS

UNICEF Burkina Faso, Ministry of  
Education



## BACKGROUND

In Burkina Faso, the priority of the Government is to improve the quality of education and school environments with a focus on girls and the WASH in Schools (WinS) programme. The completion rate for girls in primary school is 37.6 per cent versus 35.6 per cent for boys<sup>1</sup>. In post primary school, the completion rate decreases to 22.3 per cent for girls versus 26.4 per cent for boys<sup>2</sup>. Of 100 girls entering 6th grade, only 22 will reach 9th grade. It has been shown that lack of knowledge and proper facilities for MHM contribute to the poor performance of girls in secondary schools. A 2013 study on MHM in Burkina Faso showed that 83 per cent of the interviewed girls declared that they participate less in school during their periods and 21 per cent of the girls said that they were sometimes absent due to the challenge of managing their periods at school, resulting in several days of class lost on a monthly basis<sup>3</sup> (2013, MHM study).

The Government, NGOs, and UNICEF are currently developing and implementing WinS activities such as the construction of water points, the

construction of school latrines, and the promotion of hygiene to improve the school environment. In addition, a directorate in charge of girls' education was created and a strategic document to increase girls' education was designed and implemented. Despite these actions, access to WASH in schools remains low. Schools in rural Burkina Faso face enormous difficulties in meeting WASH standards: 51.8 per cent of rural schools have no access to safe water, and 30.1 per cent of rural schools lack access to functional latrines<sup>4</sup>.

Through their commitment to improving the quality of education for girls, the Ministry of Education (in partnerships with NGOs and UNICEF) led formative research to deepen their understanding of the challenges that girls face in managing their menstruation in schools. The partners then developed a suite of tools and activities to help girls, schools, and communities address those challenges and improve the girls' academic performance.

1 Ministry of National Education and Literacy, "Statistical Yearbook 2014-15", Government of Burkina Faso, 2015.

2 Ministry of Higher and Secondary Education, "Statistical Yearbook 2013-14", Government of Burkina Faso, 2014.

3 UNICEF, "Menstrual Hygiene in Schools, in 2 countries of Francophone West Africa: Burkina Faso and Niger Case Studies", UNICEF, 2013.

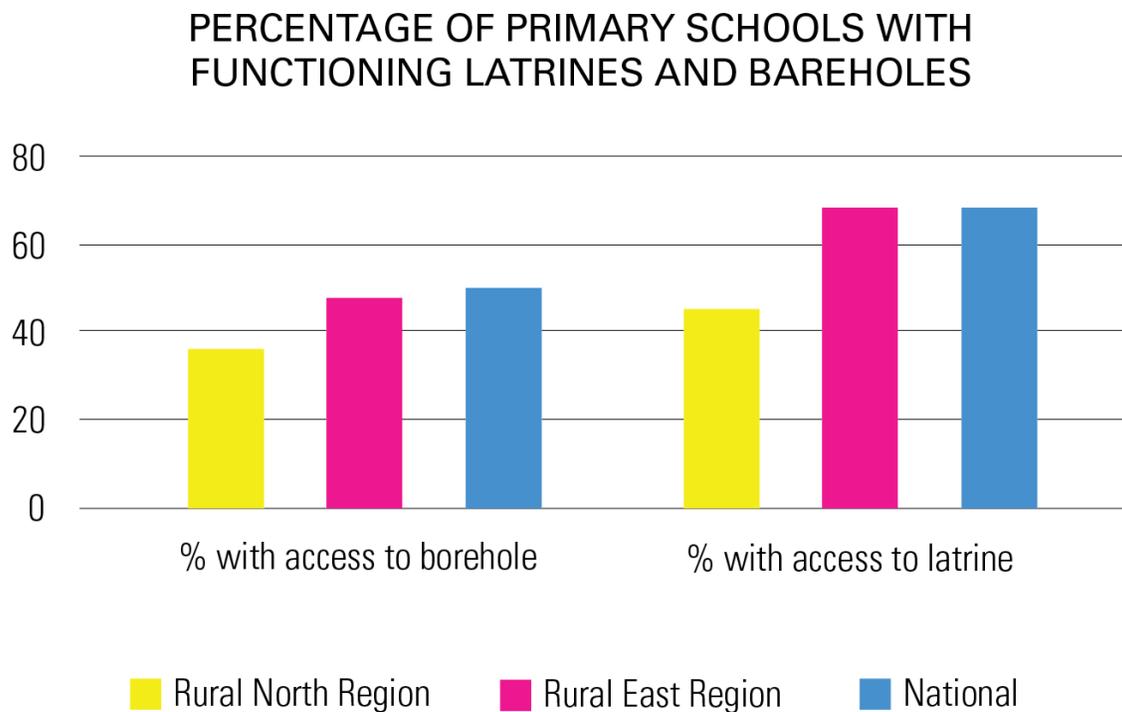
4 Ministry of Higher and Secondary Education, "Statistical Yearbook 2014-15".

## CONTEXT

Formative research activities were conducted in two different socio-cultural context regions (East and North). Four schools (two primary and two secondary) were selected in each region. The participants interviewed were schoolgirls aged 12 to 18 who had had their first period, along with teachers, boys and mothers.

Figure 1 shows that the level of access to water and sanitation, and the school completion rate for girls in the intervention regions are generally below the national average. Although the completion rate is high for primary school, it drops for lower secondary school, coinciding with when menstruation begins for many girls.

Figure 1: Status of operational latrines and boreholes at primary schools in the North and East regions, and nationally<sup>1</sup>



Findings from the research and the girls' own articulated recommendations were translated to actions. Using a participatory approach, we developed a series of interventions, including an MHM basic package, to address the WASH-related challenges menstruating girls and female teachers are facing in schools.

<sup>1</sup> Source: UNICEF, using data from "Statistical Yearbook 2014-15".

## STAKEHOLDERS

The key stakeholders identified for the research included the Government, NGOs, teachers, boys, mothers – and of course the girls themselves.

A working group was established and led by the Burkinabe Ministry of Education through its directorates in charge of girls' education, promotion and gender. This working group included the Ministry of Water and Sanitation through the Directorate General for Sanitation and the Regional and Provincial Directorate for Education. The working group also included a variety of NGOs including WaterAid, the Netherlands Development Organization (SNV), the Barka Foundation, the Institute of Resources and Information about Water and Sanitation, Catholic Relief Service, and UNICEF's WASH, Communication for Development (C4D), and Education programs.

At the local level, girls were key stakeholders in the project. Their voiced experiences, feelings, difficulties, and needs were central to the research and shaped the MHM basic package. Mothers were also key stakeholders in the project, as they traditionally provide primary support for their daughters' menstrual hygiene management and they enhanced the research through sharing their own experiences. Teachers are in classes with pupils on a daily basis and have both the experience to provide insight on the situation of girls in school and are also primarily responsible for shaping a school's environment. Boys were stakeholders as well; although their connection to MHM is of course less direct, many will have witnessed situations experienced by girls during menstruation at school or at home – and they sometimes also play a role in making girls feel uncomfortable through teasing.

In addition, budget holders and decision makers at the municipal and regional level were included as key stakeholders. Holding the ultimate responsibility for the various institutions, seeking their views on MHM and ensuring their participation in finding solutions is clearly critical to ensuring sustainability.

## METHODS AND APPROACH

Qualitative research was conducted and analysis was based on the socio-ecological framework. Formative research on MHM was conducted in order to learn about girls' behaviours and experiences in relation to MHM. It also allowed us to understand the importance of the social, physical and organisational context, using specific research methods such as individual interviews, focus group discussions, direct observation and case histories. The objective was to best analyse participants' habits, beliefs, attitudes and viewpoints in relation to girls' MHM in schools.

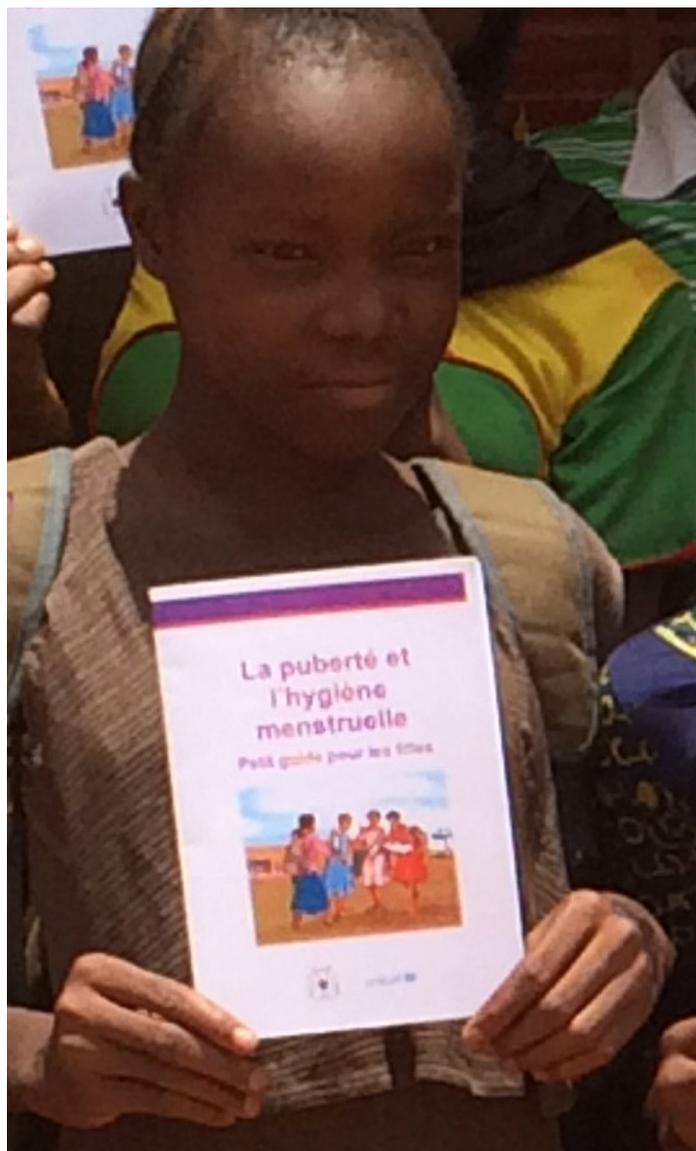
All activities, such as the recruitment of a research assistant, the training of a research data collector, meetings to discuss validation of the research report, and the dissemination of research results in each region were implemented by the Ministry of Education. UNICEF recruited a national consultant to work alongside the central directorate, to contribute technical support and expertise.

The government education officers in charge of the promotion of girl's education in each of the two regions, as well as the members of the working group were all involved as data collectors. This allowed a better understanding of and involvement in the advocacy plan for MHM in schools. Following the analysis of the research results and learning, an MHM basic package was developed through a participatory approach in

collaboration with the working group members. It aims to translate the girls' spoken needs into actions. The content of the package is:

- A booklet that provides practical information on MHM to increase girls' knowledge;
- An MHM guide that includes six activities for teachers, parents, and girls. The guide aims to create a safe narrative space in schools for discussion about girls' needs and to improve schools' capacity to initiate actions for girls;
- Posters aimed at male teachers and schoolboys that raise awareness of MHM challenges that girls face and increase male support for girls;
- A teachers' training module on MHM that was drafted by the working group and will be tested in 60 schools;
- An integrated communication plan that was drafted in collaboration with the working group and intended to improve community awareness and reach out-of-school girls.

UNICEF held a two-day training to provide information on which approach should be used for the testing and evaluation of the basic package in schools, and how to put the package into practice in one school. Fifteen people attended this training, including staff of the Ministry of Education, the Directorate of Sanitation, and partner NGOs; WaterAid, SNV, and the Association pour la Recherche en Agroecologie (ARFA). Trained staff then tested the basic package in 10 schools. In order to evaluate the basic package, the staff used in-depth interviews with groups of teachers, schools organisation members, schoolgirls, and a review of girls' knowledge before and after the booklet reading. They measured the impact of the posters and MHM activity guide with a group of teachers and with a group of parents. To test the effect on schoolgirls, the staff reviewed girls' knowledge before reading the booklet, and compared it to the results after reading the booklet.



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## MAIN GOALS

The overall goal of this project was to investigate and establish the extent of the challenges facing girls in relation to MHM in schools, to analyse the causes and determinants of these challenges, and to develop appropriate recommendations to meet girls' needs. The project has helped to raise awareness on the issue of MHM for girls in schools among the 130 people who were interviewed, and the more than 400 people who participated in the workshops.

Another objective of the project was to reinforce the capacity of national institutions, with an eye to sustainability. With this in mind, UNICEF has supported the Directorates in charge of girls' education promotion and gender at the Ministry of Education to lead all steps of the research, and the working group was established and led by the Burkinabe Ministry of Education through the same Directorates. There was also capacity building in qualitative research methods and the application of these tools in the field, with a total of 19 people in the country becoming qualified in these areas. At the end of the fieldwork, the eight data collectors in the East Region told UNICEF that they had become champions for WinS4Girls and were ready to advocate improve the situation for women and girls with the knowledge that they had acquired.

Ultimately, the aim of the project was to translate girl's needs into action, and this happened with the MHM basic package being developed and tested in 10 schools by trained staff. UNICEF has since developed a cooperation agreement with two WinS partner NGOs, WaterAid and ARFA, to reach another 100 schools with the dissemination of the basic package. The project will create 'MHM best reference schools' to show how to introduce MHM into existing WinS programmes.

Lastly, the project has helped fulfil wider strategic policy goals. The MHM Burkina Faso project is part of a broader advocacy strategy, and continues UNICEF's work to bring MHM to the attention of the Government as a key priority.

## **PROGRAMME SUCCESSES AND ACHIEVEMENTS TO DATE**

There have been a number of successes related to the research, programme and policy efforts, including:

### **RESEARCH RESULTS**

The research showed clearly that menstruation affects girls' participation and performance at school in Burkina Faso. This has helped enormously to engage stakeholders both in the project, and the wider subject of MHM.

The research indicated that menstruation remains a taboo topic in Burkina Faso, with many cultural beliefs and prohibitions linked to menstruation. This reinforces gender inequalities and also has a direct negative impact on the dignity and the self-esteem of girls. Additionally, from the mothers' perspective many believe menarche means that a girl becomes a woman and is therefore ready for marriage.

The research also indicated that girls currently receive little or no information before menarche. They feel stress and fear, and they lack confidence when menses appears for the first time. Mothers often do not know how to talk to their daughters about menstruation, and information on menstruation is not systematically provided in schools until the eighth or ninth year of schooling, well after girls begin menstruating.

The study also found that 83 per cent of the interviewed girls participate less in school during their period, and that 21 per cent said they were sometimes absent from school during their periods, resulting in several days of class lost on a monthly basis<sup>1</sup>. It also indicated that boys

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1 UNICEF, "Menstrual Hygiene in Schools".

in school tease and stigmatise girls when they have their period. Therefore, girls tend to change their habits and restrict their contact with others, particularly boys, because they are scared that boys will know that they have their menses.

The research also showed that school WASH facilities are currently inadequate for girls to safely manage their menses, and that among teachers, there was little or no discussion or awareness about the effect that menstruation may have on girls' school performance – and that no actions were taken to address the barriers that girls may face.

## LEARNING FROM IMPLEMENTATION OF THE BASIC PACKAGE

The results of the pre-tests and post-tests of the booklet from the basic package in primary and secondary schools showed that girls were generally highly satisfied with the booklet. In addition, all of the schools' stakeholder groups indicated that the activities proposed by the guide would be culturally acceptable and could be carried out in their schools by the next school year. Teachers, parents, and girls all felt that the use of these tools could create real improvements for girls in schools. The majority of school pupils, parents and teachers interviewed believed that the posters would change the attitudes and practices of both male and female students.

In this project, the high involvement of national actors has facilitated the success of the research and project implementation. Despite the country's political situation, the data collection was finalised before the end of 2015. The strong involvement of all stakeholders demonstrated that MHM is a now a policy priority in Burkina Faso, and highlights a growing demand for MHM in schools to be addressed. New implementation activities for

MHM have already been started by education staff in charge of girls' education promotion – including, for example, an initiative to support girls to make sanitary pads from old clothes at schools.

## CREATION OF NATIONAL 'MHM CHAMPIONS'

The strong degree of involvement by government officials at multiple levels has enabled the creation of a network of MHM champions. Through their first-hand knowledge of the challenges that girls face related to MHM, and the impact that those challenges have on girls' academic performance, these government officials have become vocal advocates for ensuring that MHM is considered in programming at all levels.

## MONITORING & EVALUATION APPROACH

WaterAid and ARFA will help to implement the programme and help collect data (with the link of the main indicators in the table below) in schools throughout the monitoring activities. Several visits will be undertaken to support schools.

The communication tools (the guide, the booklet, and posters) will be distributed to 100 schools. Pre-tests and post-tests of girls' knowledge on MHM will also be carried out.

Baseline data on girls' dropout rates, absenteeism, and WASH facilities will be collected through the observation of WASH facilities, review of schools' data logs, and discussion with schools' key informants.

To ascertain any positive changes, at the end of the project (the end of the school year) the data will be collected on schools that initiated at least one of the six recommended MHM activities in the

guide (with the involvement of parents, responsible municipalities, and national direction in the target schools). Data will also be collected through surveys on the schools that are able to mention three activities in the guide for MHM, as well as focus group discussions with all the schools' stakeholders. The completion rate of girls in primary schools and in post-primary schools will also be collected by the national evaluation, monitoring and information system.

The schools that meet all of the success indicators (see table below) will be classified as 'MHM best reference schools.'



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Table 4: Indicators used for monitoring MHM in schools, Burkina Faso

Results	Performance indicators	Targets in each intervention
<b>Improved school attendance</b>	- Girls' completion rate is increased	2% increase in girls' completion rate
	- Proportion of schools with functional latrines (including doors and locks)	80%
<b>Improved school WASH facilities in each target school</b>	- Proportion of schools with water and soap available for use in latrines	80%
	- Proportion of schools with well-maintained toilets	60%
	- Proportion of schools with sex-separated toilets	80%
<b>Improved school engagement in MHM activities</b>	- Proportion of schools that initiated at least one of the six recommended MHM activities	80%
	- Proportion of schools which have the allocated budget for WASH facilities' maintenance, MHM and hygiene promotion	80%
	- Proportion of municipalities which have included a budget line for WASH facilities' maintenance and hygiene and MHM promotion in their annual plan	50%
<b>Improved girls' MHM knowledge</b>	- Proportion of girls whose knowledge on MHM has improved (assessed through pre-tests and post-tests)	80%
	- Proportion of girls who are able to answer 8 out of 10 MHM questions correctly	70%
<b>Increased government action on WinS with focus on MHM in schools</b>	- Number of national strategic documents including MHM produced and implemented	2
	- Proportion of teachers trained on the MHM module in each school	50%
	- Number of regional directorates (education, sanitation, etc.) which take an action for WASH facilities' maintenance in schools and hygiene and MHM promotion	6

## PLANS FOR SCALE-UP

In terms of the project, scale-up plans consist of the development, testing, and dissemination of the MHM basic package, including the booklet, guide, teachers' training, and posters.

Additionally, the national document that is used in Burkina Faso for the child-friendly schools approach, as led by the Ministry of Education, will be revised to include an MHM module for teachers' training. Advocacy will also continue for the inclusion of MHM as a school club topic, and in teacher training modules. Several indicators will be introduced nationally and used to evaluate girls' absenteeism and links to MHM actions.

MHM 'best reference schools' will be created. These reference schools will be visited by the authorities and by girls from other schools and will serve as an example to our partners and stakeholders as an effective example of the integration of MHM into WinS programmes. Advocacy based on the learning from the MHM 'best reference schools' will also continue – aimed specifically at the Ministry of Education – for the introduction of MHM in the WASH/health curricula (a new emerging themes curricula).

Advocacy will also be maintained both with the municipalities and at the national level to help develop – and increase funding for – WinS activities that include MHM. Scale-up in this area will consist of working with government to develop a unique national WinS programme, which will be led by the Ministry of Education but include the participation of several additional ministries (for example, the ministries of water and sanitation, and health) around MHM bottleneck issues. This programme will include monitoring several indicators of MHM at the national level, including girls' absenteeism and of the MHM activities that are initiated in schools. We will also work with the Ministry of Education

on the introduction of MHM programming in the developing WASH/health curricula. Finally, we will work on the development and implementation of an integrated communication plan on MHM in schools (in collaboration with the Communication for Development section of UNICEF) for improving community awareness across the country of how MHM issues can affect girls at school.

## **OPPORTUNITIES AND CHALLENGES**

One of the biggest challenges we faced concerned human resources. Since MHM is a new area of work that has been previously neglected, there are very few people in Burkina Faso with relevant experience on this subject. Internationally, most MHM experts do not speak French, which is a prerequisite for working in the country. With support from Emory University, the UNICEF project team, and the assembled working group, we were able to work together to build capacity and implement this project despite the challenge.

This project created a strong interest in MHM and raised awareness of the importance of addressing MHM issues at all levels. The country would benefit from new opportunities to fund MHM interventions, with a distinct focus on tackling the challenges girls face in schools and communities regarding MHM to improve school attendance and girls' empowerment.

The project is run by teachers and officers at the directorate of the Ministry of Education, which gave them a sense of increased ownership. They organised and presented the workshops, explained the project when visiting schools, and moderated discussions that occurred. Officers of the national directorates that were involved became MHM champions, and they were able to talk confidently about MHM. Given their strong involvement in the research, the Government

talk confidently about MHM. Given their strong involvement in the research, the Government is very likely to fully support the research findings – and the implementation of the subsequent recommendations.

## **RECOMMENDATIONS FOR OTHERS HOPING TO LEARN FROM THIS EFFORT**

There are three main recommendations from the experience in Burkina Faso. First, while it may be familiar to many seasoned practitioners, MHM is a new and often taboo subject area for many local stakeholders. Therefore, an innovative, culturally sensitive approach is critical, including formative research that includes the involvement of national institutions, and with the establishment of working groups.

Second, orientation to the beneficiary is even more essential to this sort of project. Young girls are the main target group of this project, and they should be its central focus at all stages. Always check and be prepared to amend any aspect of the project if the girls do not understand, or do not feel comfortable.

Third, the topic relies on multi-sectoral engagement. This can have broader benefits than simply the success of the MHM project. Addressing the issue of MHM can be a useful vehicle to tackle other relevant policy areas, from reproductive health to child marriage, from hygiene to nutrition: collaboration on MHM can increase the likelihood of success in many other projects, programmes and policy areas.

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# EL SALVADOR: CHANGES IN MHM EDUCATION PROGRAMME BASED ON GIRLS' EXPRESSED NEEDS

Save the Children



## BACKGROUND

Despite the good intentions of the Ministry of Education of El Salvador, formal puberty education is not well integrated into the public education system. According to a situational analysis of MHM conducted by Save the Children in 2014, only 38 per cent of the students interviewed reported receiving information about puberty at school<sup>1</sup>. While absenteeism is not a perfect measure of the quality of MHM in schools, 13 per cent of girls interviewed reported missing school during their periods – a clear sign that they do not feel comfortable or confident in managing their menstruation at school. An earlier situational analysis conducted by Save the Children in 2012 showed that a number of myths exist around menstruation – for example around the consumption of food and the avoidance of physical activity – that might affect the way girls learn while menstruating.

In response, a pilot MHM education programme was created which targeted both female and male students between 4th and 6th grades, as well as their teachers and their parents. The pilot launched in 10 schools in rural El Salvador in October 2016. The initial programme plan

included training Save the Children ‘Brigadiers’: students who are elected by their peers to play a leadership role in Save the Children’s programming in the area of MHM, so that they could serve as resources for their peers. Additionally, teachers and mothers took part in MHM educational sessions to help foster a supportive academic environment for girls during their periods. The pilot programme also included providing sanitary pads to schools as well as educational materials.

This research focused on three goals: 1) creating a baseline to compare data at the end of the pilot phase of the programme; 2) understanding community needs and incorporating them into the programme; and 3) creating new evaluation tools and indicators that can help better evaluate the ability to meet girls’ needs through MHM education programmes.

If the programme proves a success, the Ministry of Education has suggested it would be interested in expanding it on a national level.

<sup>1</sup> This data comes from an internally circulated Situational Analysis on MHM that was conducted by Save the Children in 2014.

## CONTEXT

The research took place in a rural area in the Sonsonate district of El Salvador. The region is mountainous and in the foothills of the Santa Ana volcano. The research had two phases: the first included quantitative research that took place at 10 schools with a population of 508 students between 4th and 6th grades. The second phase included qualitative research that took place at only six of the 10 schools with a total population of 333 students between 4th and 6th grades. The ages of the students ranged from 9 to 14 years old, with an average age of 11 years old. In El Salvador, children attend school during either morning or afternoon sessions for a total of about four hours per day. Students are taught a wide variety of subjects. In theory, this includes being taught about puberty, starting in the 4th grade. However, in practice, many students do not receive puberty education as part of the curriculum until later, or receive only partial information.

## STAKEHOLDERS

The direct stakeholders in the research were the girls and boys between 4th and 6th grade. Additional key stakeholders include teachers, mothers and fathers who all play an important role in MHM education. Teachers and parents are also key stakeholders for programme implementation – alongside the Save the Children Brigadiers and Save the Children field staff. National stakeholders include the Ministry of Health and the Ministry of Education, who have responsibilities in this policy area and are interested in expanding the programme based on the results of the pilot phase.

## METHODS AND APPROACH

The research was a mixed-methods study. It included a quantitative survey aimed at capturing students' knowledge, attitudes and practice around menstruation. It was conducted on an individual basis using a computer tablet to capture the students' answers. In order to speak with as many girls who had reached menstruation as possible, all 5th and 6th grade girls were surveyed, and a smaller sample of 4th grade girls was interviewed. Older boys were oversampled in comparison to younger boys, with an average of 10 boys interviewed per school. Older students were targeted under the assumption that more 5th and 6th grade girls would have reached menarche and that 5th and 6th grade boys would have more experience interacting with girls who had reached menarche. This was followed by qualitative interviews including focus group discussions and dyad (two person) in-depth interviews, also called 'interviews with my best friend.' These qualitative interviews were aimed at understanding how girls' participation, stress and self-efficacy were affected by menstruation. On average, the focus group discussions had six participants and two were conducted in each school: one group for boys and one for girls.



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incorporate girls' expressed needs into the pilot MHM education programme. The aim was to make programmatic changes before the beginning of the pilot in order to better address the issues that girls face at school during their periods. The long-term goals of the research are to create new indicators for monitoring and evaluation that reflect girls' needs and actual experiences during menstruation. These indicators will help us better target their needs and measure the programmes successes and failures.

## **PROGRAMME SUCCESSES AND ACHIEVEMENTS TO DATE**

To date, the research has been used to amend and evolve the pilot programme in various ways. For example, the pilot had planned to teach girls and boys about puberty and menstruation together. However, girls consistently expressed the wish that they wanted to learn about menstruation only with other girls. The proposed solution is to teach girls and boys about puberty together, but then to separate them so that the girls can learn about menstruation together in a safe space, and not feel embarrassed to ask questions. Additionally, the programme will include special kits, including specific activities and books for adolescent children to use during school breaks. This was because many girls identified recess as a very difficult time for them during their periods, as they feel they are unable to run and play with their peers.

## **PLANS FOR SCALE-UP**

The pilot programme is being carried out in 10 schools. During 2017, the aim is to expand the programme to all of Save the Children's partner schools in El Salvador. If we can show the programme is successful, the Ministry of Education has suggested it will be incorporated

into the national curriculum and implemented at all schools across the country. There is also the possibility that the programme will expand from covering Grades 4 to 6, to reaching students up to the 9th grade.

## **CHALLENGES AND FACILITATORS FOR SCALE-UP**

As the programme begins to scale up, it will be important to continue learning from the girls at each school and incorporating their specific needs into the programme. We found that various restrictions placed on girls during menstruation varied slightly from family to family, which suggests it is vitally important to continue talking to the girls at each new school, to understand if there are different themes, issues or myths that need to be addressed through the programme.

## **OPPORTUNITIES AND CHALLENGES**

The main challenges we faced during the research were with the implementation of our methods. First, we found that many of the teachers and/or students were absent from school on the days that we attempted to conduct interviews. Our timeline coincided with celebrations of 'Teacher's Day' in El Salvador, which meant that many of the schools were closed and we had to postpone interviews. This challenge could have been avoided by having a more thorough understanding of the school calendar, which was slightly different from one school to another depending on factors such as how many teachers and how many grades were at each school. Second, as this topic is somewhat taboo in the communities we were working in, we also struggled to have the girls feel comfortable enough to share the challenges they face around menstruation in schools. We had a number of playful activities planned but quickly realised that the girls did not find them as fun as we had

hoped. We were able to change our warm-up activity and some of the planned interview activities to encourage more movement, which the girls seemed to respond to as they had low levels of energy during the interviews.

This research led us to question how exactly menstruation is linked with participation, stress and self-efficacy. For example, we are now considering the implications that food restrictions during menstruation have on attention span and ability to focus in class. The research also helped us realise that for girls, not being able to participate during recess was of perhaps a greater concern than not being able to participate in class. We believe that the two might be quite interconnected; perhaps girls participate less in class because they no longer have a time during the day to expend excess energy and socialise. We are still processing all of the data collected in order to understand our three thematic areas more fully and hope to continue learning how they are intertwined.

## RECOMMENDATIONS FOR OTHERS HOPING TO LEARN FROM THIS EFFORT

Our main recommendation for other organisations aiming to conduct research with boys and girls on the topic of participation, stress and self-efficacy as it relates to MHM is to conduct an engaging, mixed-methods approach. Creative research tools are vitally important in allowing girls to open up and feel comfortable with the facilitator. Ensuring that there is trust between the girls and the facilitator is also immensely important in conducting this type of research. We also realised that girls felt much more open and comfortable talking during their two-person 'interviews with my best friend' as opposed to broader focus group discussions, where they were in groups of five or six. In retrospect, it might have been better to conduct more two-person interviews and fewer focus group discussions, as we gathered much richer information from these interviews.

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# INDIA: MHM FOR SCHOOL GIRLS

Liverpool School of Tropical Medicine,  
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Sciences



## BACKGROUND

Globally there are approximately 0.6 billion adolescent girls aged between 10 and 19 years old, and 20 per cent of them live in India. Studies<sup>1</sup> in India show that poor WASH facilities in schools, inadequate puberty education, and lack of hygienic menstrual items cause girls to experience menstruation as shameful and uncomfortable, with few places to turn for help, and that it can cause girls' absence from school during menstruation.

There are several departments and flagship schemes of the Government of India that seek to address the issue of adolescent health and hygiene, including MHM – recognising the importance of MHM to the health, wellbeing and education of girls<sup>2</sup>. The national Swachh Bharat Mission Guidelines<sup>3</sup> clearly define the need to address MHM in a comprehensive manner. These initiatives are supported by the Ministry of Drinking Water and Sanitation, which is developing evidence-based guidelines for girls'

1 Sahin, M., "Guest editorial: tackling the stigma and gender marginalization related to menstruation via WASH in schools programmes", Waterlines, 2015. And Sommer M, et al., "A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools", PLoS Med, 2016.

2 Muralidharan, A., et al. "Unpacking the policy landscape for menstrual hygiene management: implications for school WASH programmes in India.", Waterlines, 2015.

3 Government of India, "Guidelines for Swachh Bharat Mission", December 2014. Available at [http://www.swachh-bharaturban.in:8080/sbm/content/writereaddata/SBM\\_Guideline.pdf](http://www.swachh-bharaturban.in:8080/sbm/content/writereaddata/SBM_Guideline.pdf)

4 van Eijk, A.M., et al., "Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis.", British Medical Journal, 2016.

MHM in schools. It was recognised that a better understanding of girls' needs, and their perception of how WASH initiatives have improved their MHM would contribute toward the refinement of guidelines, at both state and national level.

A research study, conducted by a multinational research team with technical and financial support from UNICEF India, gathered information from a systematic review of all past studies among girls<sup>4</sup>. The study also conducted new field research among girls, parents, boys, teachers, schools, and other stakeholders at national, state and local levels, with a view to informing policy makers on schoolgirls' MHM and WASH experiences, and the barriers and challenges they still encounter. In parallel, national MHM guidelines were developed in collaboration with stakeholders.

## CONTEXT

This research paper focuses on girls' perspectives on MHM needs in India. Three states – Chhattisgarh, Tamil Nadu, and Maharashtra – were selected for field research representing rural tribal, rural, and peri-urban settings across India. Representative schools were selected using stratified random sampling, and girls in standards 8-10 were chosen to ensure most had reached puberty. This paper represents the views of over 3500 girls (2500 of whom had reached menarche), in 53 schools selected across the three states, and responses of girls generated during 16 focus group discussions. Further details of this research were presented in the proceedings of the 4th Virtual Conference on Menstrual Hygiene Management in 2015.

The education system in India is provided by the Government as well as the private sector. Research to inform policy and guidelines was conducted in government middle schools in the three different states. Studies all took place within the school campus. We focused on government schools as large sections of the children, especially girls from lower socio-economic status, go to government schools in India. In the Indian education system, the first 10 years of education are divided into four years of primary education, four years of middle, and two years of high school. The middle school and high school are classified as secondary education, with children aged from 12 to 18 years old attending. In rural areas, boarding schools – also known as Ashramshalas – have been created to enable children from tribal areas to attend school.

## STAKEHOLDERS

The key direct stakeholders are schoolgirls throughout India, their families and communities,

and the schools. Higher level stakeholders at national level are each of the Government of India ministries, contributing services which support MHM and WinS to schoolgirls, through improving WinS infrastructure, providing girls' education on puberty and MHM awareness, increasing availability of affordable hygienic absorbents, and improving facilities for the safe disposal of used absorbents. At national level, UNICEF leads in supporting the Government in the development of MHM strategies, building institutional capacities to deal with MHM, supporting MHM outreach activities in schools, and linking with stakeholders at all levels. The UNICEF WinS programme provides technical and financial support, and coordinates with numerous international, national, and local organisations who are also stakeholders for MHM and WinS, and with UNICEF colleagues at state level. At the state level, UNICEF supports researchers to liaise with stakeholders and schools, and provide technical support. National and international agencies independently support the Government on MHM initiatives, as well as contributing to the national guidelines. Separately, UNICEF also supported the study through document retrieval and by organising meetings.



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## METHODS AND APPROACH

### GIRLS' RESEARCH

In this study, each school was visited prior to conducting the research, discussions were held on the study and parental consent forms were distributed with the help of school staff. Meetings with target girls were conducted to discuss the study and respond to any questions before the girls assented. Girls' surveys then took place at the class-level during lesson time, with researchers present to answer questions and resolve any difficulties completing the paper questionnaire. A class survey took between one and two hours, depending on girls' literacy level. Data were entered manually, and analyses conducted using specialised statistics software. MHM and WASH data were analysed stratified by regular and model schools, and by state, with an evaluation of practices around the four pillars of MHM (menstrual awareness and education around MHM, WinS, availability and use of absorbents, and disposal of absorbents). Focus group discussions were organised in pre-selected schools after both parental and girls' assent, and were conducted by female research staff who spoke the local language. A female note-taker captured the main points, group dynamics and non-verbal gestures. Each focus group discussion lasted between one and two hours, and was audiotaped. The discussions were transcribed verbatim and translated. The translated transcripts were coded into themes and narratives and were recorded using software. Analysis of the focus group discussions comprised of 'content analysis', followed by a second level of analysis using the 'constant comparative' method.

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1 The guidelines can be found at: <http://unicef.in/Story/1177/The-National-Guidelines-on-Menstrual-Hygiene-Management->

## POLICY GUIDELINES

Draft national guidelines on MHM for schoolgirls were prepared, led by UNICEF and based on the research results. They were circulated across five different ministries, sector stakeholders and partners, and were validated through a consultative national workshop. Stakeholders' feedback, and evidence accruing from the study contributed toward updating and finalising the guidelines. The guidelines, which were launched in December 2015, provide a template for district action plans, and are accompanied by action guides that include factual information for stakeholders, define responsibilities, recommend approaches for convergence, and provide guidance on software and hardware for engineers and teachers, as well as government officials, NGOs and partners. Research data were presented at a national consultation in order to assist in the development and scale up of MHM programmes across India<sup>1</sup>.

## MAJOR GOALS

In the short term, the goals were research-focused. The aim was to identify barriers and challenges affecting girls' access to good MHM in school, to showcase best practice and to utilise findings to inform national guideline development. It also aimed to highlight the extent to which puberty and menstrual education was being taught to schoolgirls, and, where it was, whether it had mitigated the negative effects of cultural taboos on their school experience. It would also show levels of access to adequate gender-specific toilets in schools, whether there was provision of private places for girls' to change, and whether there were other WinS essentials such as soap and water to support their MHM in school. Lastly, it would also inform if the sanitary napkin distribution

and disposal systems were effective – including whether girls considered the napkins to be good quality, and how schools were dealing with disposal of all absorbents generally (and sanitary napkins specifically).

The long-term goals are to scale up good practice across India, taking into account the different needs of girls at state and local levels. Provision of the Government's national guidelines will provide a strategic overview to address MHM. This will be wide-ranging and will include raising awareness of MHM issues, addressing behaviour change, creating demand for better hygiene products, building the capacity of frontline community health workers, and continuing the sensitisation of key stakeholders to identify and utilise the convergence needed for effective outreach and the safe disposal of used menstrual materials.

## **PROGRAMME SUCCESSES AND ACHIEVEMENTS TO DATE**

There have been a number of research, programme, and policy achievements that the team have contributed towards. The team completed the field research, analysed and interpreted the data, and disseminated the results to the stakeholders. The team contributed toward the development of the national MHM guidelines, which were presented at national meetings, receiving buy-in from all stakeholders and which were then launched nationally by the Government in December 2015. Findings on girls' views, generated directly from the research, were presented and taken into account when reviewing MHM guidelines and adjusting policy/guidelines for scale-up at a national consultation. The latter brought together officials from all the government ministries, and other stakeholders.

The national consultation brought together officials from all the relevant Government of India ministries, and other stakeholders, to reflect, collectively strategize and envision the way forward to carry out MHM programming in the respective states and districts. The consultation listened to the evidence, including that of adolescent girls' views generated from the research, in order to agree on the basic package for MHM programming in schools and consider key actions for mainstreaming of MHM interventions in the WinS programme, led by the Ministry of Human Resource Development. The consultation explored areas of convergence across existing national schemes aimed at interventions with adolescents, and other related state-led initiatives. Importantly it explored insights into the range of approaches and good practice adopted for promoting MHM by various stakeholders across the country. A major successful outcome has been the adaptation of the national guidelines, in the states of Maharashtra, Chhattisgarh and Uttar Pradesh (not a part of this study), as state guidelines.



## CHALLENGES AND FACILITATORS FOR SCALE-UP

Key important factors influencing the quality of programmes when aiming to bring them to scale included greater inter-sectoral coordination (for example between the education, health, and public work departments), close monitoring of the implementation of the MHM guidelines in schools, and ensuring availability of water in the toilets (especially in schools in drought-prone areas) – as well as ensuring that girls’ views are taken into account. The national consultation asked key questions to maximise the chance of effective scale-up:

- How to work across sectors to increase investments in MHM-friendly schools, including gender-friendly WASH facilities?
- How to work across sectors to strengthen and deliver quality implementation of MHM interventions at the school, local, and district level?
- What are the key aspects of a MHM-friendly school and who are the other stakeholders involved?
- What kind of communication is needed to address this issue at various levels, and how can interpersonal communication be used effectively to reach out to girls?

## OPPORTUNITIES AND CHALLENGES

The research component was slowed down due to the important process of taking ethical considerations and protocols into account – for example obtaining parental and student consent for participation. The research agenda also had to fit into the busy schedule of local and international academic institutions. There was a need for guideline development to take place in parallel with the Government, to consolidate its commitment to moving policies and practices

forward. It was recognised that the research component (especially because it was clearly listening to girls’ views) was an important contribution, but was not the only consideration, when developing the national guidelines.

The research has provided a number of opportunities to contribute toward the MHM agenda. Our research contributed to the body of evidence currently being generated in India by researchers and NGOs, to raise awareness on the importance of MHM in schools. Our stakeholder interviews and communication have helped bring MHM to the forefront among national as well as state level actors and stakeholders. We have built partnerships between institutions and provided an opportunity for capacity building of local researchers to undertake high-quality MHM research in India, with commensurate learning opportunities for the international researchers to develop skills and learn from their Indian counterparts. This has the potential to lead to further MHM research. Focus group discussions among boys on their perception of MHM were included within the field research, and these added to a very limited knowledge base, which can be a platform for further studies.



## RECOMMENDATIONS FOR OTHERS HOPING TO LEARN FROM THIS EFFORT

Based on the experience of our research, we recommend that a systematic review be conducted of all information published in India on MHM in the formal journals and grey literature. Such an analysis would contribute significantly to understanding current knowledge, knowledge gaps, and how research findings could influence policy and guidelines, and future research.

We also found it invaluable to visit all functionaries and stakeholders to understand their perspective on MHM, and particularly to do this at national, state, and local level – including persons involved with manufacturing, procuring, and delivering MHM products.

We also suggest that some flexibility in the planning of research timetables should be built in from the outset, to allow sufficient time for ethical approvals, and planning the surveys in schools to avoid holidays, while also taking into account the time needed for the competing responsibilities of local researchers and stakeholders.

Finally, strong communication between the various partners, who contribute different components toward the study, is also needed from the beginning of the research. In this respect it is important to have a stakeholder partner who has strong ties with government officials, to ensure good liaison, and be the conduit to ensure research is relevant and can be fed into the national programme.

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# INDONESIA: MHM PROGRAMMING IN SCHOOLS

UNICEF Indonesia



## BACKGROUND

In Indonesia, girls and women between 10 and 24 years of age represent over 13 per cent of the population. Twenty-four million girls have, or will soon, reach menarche, with the median age at first menstruation occurring at 13 years old<sup>1</sup>. Information regarding girls' menstruation has only been partially captured through the 2012 Indonesia Demographic Health Survey (IDHS). The adolescent component of the 2012 IDHS revealed that one quarter of women had not discussed menstruation before their first menses – indicating a clear gap in MHM knowledge and practice.

UNICEF supported a Knowledge, Attitudes, and Practices (KAP) survey in 2014 in Eastern Indonesia, which showed that women with latrines are more likely to change sanitary napkins more frequently when they had a 'pour flush' latrine in their home, due to the privacy it provides and the availability of water to clean up. Similarly, lack of access to a reliable water source was cited as one of the main reasons for poor hygiene, including not washing hands and/or not using soap when hand-washing. Women without latrines indicated that they change and clean in the river, although women without latrines in one of the survey's focus group discussions stated that, "they didn't like doing it in the river because

there might be people around, so they feel ashamed." Although the findings of the survey are limited, what it did do was reinforce the scale of the challenge of poor access to water, and its corresponding impact on poor hygiene practices, including MHM.

Given this background, the need to reach girls pre-menarche and the strong role of WASH in MHM, a formative study was designed to look at current knowledge levels around MHM of girls, and the WASH practices and facilities they have to contend with in school contexts. These knowledge and facility issues can form important drivers – or barriers – to good MHM practices.

## CONTEXT

The focus of the MHM programme in Indonesia was to influence national level policy and guidance based upon sub-national implementation and programming evidence. Given that the MHM programming approaches (both inside and outside schools) have been very poorly understood and delivered in Indonesia to date, formative research was designed to gain a deeper understanding of how to design programmatic interventions and what they should include, at least initially for schools. A school-based mixed-methods study that included

<sup>1</sup> Batubara, et al., "Age at Menarche in Indonesian Girls"; a National Survey, 2010.

a questionnaire, focus group discussions, in-depth interviews, key informant interviews, and school observations was conducted in sixteen urban and rural secondary schools across four provinces including Papua, East Java, South Sulawesi and Nusa Tenggara Timur. The formative research identified key gaps that needed to be addressed with practical interventions. In order to design such interventions in a consultative manner with adolescent boys and girls, UNICEF commissioned a participative exercise in six locations (Jakarta, Aceh, Surabaya, Kupang, Makassar, and Jayapura) that would capture the geographic diversity of Indonesia. Across each province a total of 96 participants (48 boys and 48 girls) were recruited to develop adolescent-driven solutions to overcoming the MHM challenges that girls face during school. This exercise, known as the 'human-centered design' approach, was conducted in 2016. Programmatic interventions were implemented in two areas: a rural Eastern Indonesian island setting (Biak in Papua province) and a Western Indonesian urban setting (Bandung in West Java province). The target group for the intervention were 5th and 6th grade boys and girls (aged between 11 to 13 years old). This intervention tested communication materials and various delivery approaches, and its impact is measured via baseline and endline surveys.

## POLICY SETTING

This MHM intervention has been positioned as part of the national WinS work. The primary education sector in Indonesia is the third largest in the world, with over 28 million students (over 11 per cent of the total Indonesian population) and over 2 million pre-primary and primary school teachers<sup>1</sup>. Education is compulsory for the first

nine years (primary education from Grades 1 to 6 and junior secondary education from Grades 7 to 9). Upper secondary education lasts for three years (Grades 10 to 12). Islamic education is offered at all levels.

The Government of Indonesia's National Development Plan (RPJMN) for 2015-19 includes the provision of universal access to water and sanitation in communities and schools by 2019. The indicators and targets related to WinS are included in the Government of Indonesia's National Development Plan 2015-19. Despite this attention, it has been estimated that only 53 per cent and 83 per cent of schools have access to improved sanitation and water respectively<sup>2</sup>. In addition, estimates suggest that only 12 per cent of children aged 5 to 14 years old wash their hands with soap after defecating, 14 per cent wash their hands with soap before eating and 35 per cent wash their hands with soap after eating<sup>3</sup>.



1 UNESCO, "Statistical tables for global education monitoring report; data school year ending 2013". Available at: <http://en.unesco.org/gem-report/node/6>. Accessed July 2016.

2 UNICEF, "Advancing WASH in Schools Monitoring", UNICEF, NY 2015.

3 RISKESDAS, "National Health Survey", Ministry of Health, Government of Indonesia, Jakarta, 2013.

## STAKEHOLDERS

There were multiple key stakeholders during the research, intervention design and implementation of the MHM programme. These included academics, other WASH agencies, government ministries, parents, teachers, communities, boys – and of course, adolescent girls.

The key stakeholders in the formative research were girls. During the human-centered design activity related to developing the interventions, the key stakeholders were both adolescent boys and girls. In the implementation of the MHM intervention, the key stakeholders were adolescents, parents and teachers. In addition, support has been provided by local and international organisations, especially the German development agency Gesellschaft für Internationale Zusammenarbeit (GIZ) in the intervention area of Bandung City.

The primary government stakeholder is the National School Health Program (UKS). The UKS was established in 1984 and is jointly coordinated by the Ministry of Education and Culture, the Ministry of Health, the Ministry of Religious Affairs, and the Ministry of Home Affairs. The programme consists of health education, health services and fostering a healthy school environment. Given the obvious importance of educational interventions to improve MHM among girls in schools, it is crucial to coordinate with UKS to improve menstrual education provisions, both through the existing school curriculum and extra-curricular activities. This year, UKS incorporated revisions specifically dealing with MHM into their school guidance manual. This includes highlighting the need for enhancing existing WASH facilities to meet the needs of menstruating girls.

The other important government stakeholder is Bappenas (the National Planning Agency) who have been strong supporters of WinS and MHM and who play a key role in coordinating various government bodies in Indonesia, especially on cross-cutting issues like MHM.

To target elected leaders, UNICEF developed an MHM advocacy module based on the formative research findings, and targeted it towards local mayors and religious leaders to take action on the issue. UNICEF has also partnered with Majelis Ulama Indonesia (MUI) or the Indonesian Council of Islamic Scholars, to develop clearer guidance for girls based on Islamic religious teachings.

UNICEF has developed innovative ways to increase awareness in schools around MHM issues in partnership with a large telecommunication company in Indonesia. The partnership entailed UNICEF developing innovative audio-visual MHM messages to boys and girls, and sharing these messages with the company, allowing them to use them on their outreach platforms in the schools.

## METHODS AND APPROACH USED

MHM efforts in Indonesia have been solidly based on formative research. This research then informed the development of different interventions, including an advocacy module, an intervention design that incorporated young people, and the development of a comic book about MHM. These are explored in more detail below.

UNICEF commissioned a mixed-methods study across four provinces of Indonesia, with 1402 participants in a total of 16 junior high and high schools. The aim was to explore current MHM practices, determinants and impacts

among school-going adolescent girls. The key findings included that there was little factual knowledge, but many taboos and myths surrounding menstruation, the menstrual cycle and MHM among schoolgirls. It also highlighted a lack of preparation among girls for menarche, misconceptions about the appropriate disposal of soiled absorbent materials, and little understanding about how to manage menstruation safely at school. While mothers, friends and teachers were found to be the major sources of information about menstruation for girls, they were found to be ill equipped to provide accurate and comprehensive factual information to girls. Girls reported pain and fear of staining, with 14 per cent of the girls reporting that they had missed one or more days of school during their last menstruation. Poor school sanitation facilities were also found to be a barrier to MHM, with only five per cent of the latrines that are accessible to girls determined to be functional, clean and well lit. This lack of adequate latrines was found to directly discourage girls from changing sanitary pads at schools.

To engage adolescents and respond to the research findings, the human-centered design approach was used in 2016 to work with youth to develop innovative communication materials. As a result, an MHM comic book was developed and pre-tested to increase the level of basic MHM knowledge among girls who are either about to or have just had menarche. In partnership with UKS and GIZ, UNICEF has plans to use the MHM comic book to target 6th grade students in primary schools in Bandung, West Java province. Similar interventions are being rolled out in Biak in Papua and Sumba Barat Daya in Nusa Tenggara Timur (NTT), with local government and partners.

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1 McMahan et al.: 'The girl with her period is the one to hang her head' Reflections on menstrual management among schoolgirls in rural Kenya. BMC International Health and Human Rights 2011 11:7. McMahan et al. BMC International Health and Human Rights 2011, 11:7

In parallel to the comic book development, a baseline survey was conducted in the intervention areas to assess levels of pre-intervention knowledge. The findings reaffirmed those gathered from the formative research; that girls have insufficient knowledge on MHM, while also revealing that only a few teachers had received any training on MHM. This suggests that educating teachers is a key issue to be addressed in helping girls to receive information on MHM in school.

The findings from the MHM research also indicated that teachers often skip the topic of menstruation because of their low level of comfort with the topic, lack of knowledge, or limited teaching time<sup>1</sup>. To assess the value of teacher-led discussions versus teacher-facilitated introductions of the comic, a dual implementation modality was designed. Taking this into consideration, UNICEF is incorporating an orientation session in each school to conduct a brief introduction on the importance and necessity of the MHM comic book.

Teachers are supplied with a brief introduction to MHM, an FAQ sheet, and optional entry points for the comic book to be used in the curriculum. UNICEF's formative research indicated that menstruation has been taught during science, religious affairs, and physical education. However, the 2013 curriculum stipulates that all schools adopt an integrated approach for all subjects. With this new movement, the allocation of the MHM comic book will not be able to be taught as part of one individual subject, but instead teachers will be encouraged to determine at what stages they will be able to integrate the MHM comic book into their lesson plans. This gives the teachers flexibility, but also poses the risk that teachers

uncomfortable with the topic of MHM may avoid teaching it altogether.

In response to the formative research findings, UNICEF developed an MHM advocacy module that targeted local mayors and religious leaders, encouraging them to take action on the issue. UNICEF has provided a large telecommunication company in Indonesia with MHM messaging to disseminate information and messaging on MHM using their existing media facilities in selected schools in Jakarta. This includes, for example, a YouTube video that encourages boys to stop teasing menstruating girls.

Lastly, the religious context is crucial in Indonesia and must be incorporated into methods and approach – especially on such a culturally sensitive topic such as MHM. Within Islam, the concept of integrated health for menstruating woman is called ‘thaharah’, which is the combined behaviour that a woman must undergo to remain clean, healthy, and holy. The Indonesian Council of Islamic Scholars is now developing a book with support from UNICEF that will provide guidance to Muslim women on how to properly manage their menstruation according to the teachings of Islam. The book is specifically responding to findings from UNICEF-commissioned formative research on myths surrounding menstruation and providing clarification on the basis of medical guidance and the teachings of holy Quran, Hadith, and discourses among Islamic scholars.

## MAJOR GOALS

The primary goal of the formative study was to increase understanding of current MHM practices and barriers girls face in schools in Indonesia. More specifically, the aim was that through the strengthening and support of local research partners, the qualitative assessment conducted

in four districts in four provinces would lead to the subsequent publication and dissemination of a report detailing current country-specific MHM practices, and the barriers girls face in schools.

The main goal of the MHM interventions and advocacy modules was the development of materials and a delivery mechanism for school-based MHM promotion, including rollout with appropriate and effective communication tools.

Other goals include increased incorporation of gender-sensitive MHM support into the existing national WinS programme (part of UKS) through the development and promotion of a country-specific MHM guidance package, based on solid formative research.

Finally, encouraging increased leadership from the Ministry of Education and Ministry of Health on MHM in Indonesia is a broader goal of UNICEF’s MHM work in Indonesia. This will be achieved through continued advocacy, including the establishment of an MHM Working Group, under Bappenas coordination but in collaboration with other partners highlighted above. It will also include the encouragement of an increased broader national discourse on MHM, in education sector forums as well as appropriate forums in other sectors (including WASH and health).



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## **PROGRAMME SUCCESSES AND ACHIEVEMENTS TO DATE**

Key achievements to date have been around the high-quality formative research, the participatory findings from the human-centred design study, and the subsequent development of written and audio-visual communication materials. Partnering with the Indonesian Council of Islamic Scholars has also been a key strategic success, helping to reach key groups of adolescent girls. From a national policy perspective, this has helped garner the commitment of sub-national government to improving MHM, and has seen the adoption of MHM principles into the revised UKS guidelines.

From a communications perspective, the UNICEF MHM comic book for adolescents is also a key success, and has been accepted by the local government. UNICEF and the Government are currently distributing 1,650 MHM comic books to 33 primary schools in the city of Bandung.

## **MONITORING & EVALUATION APPROACH**

The baseline data collection was conducted in June 2016. For the comic book evaluation, the endline data collection will be conducted after three months of intervention delivery. In 50 per cent of the intervention schools, 20 girls and 10 boys will be interviewed per school in order to capture changes in MHM indicators related to behaviour and knowledge.

The baseline survey findings showed a significant difference in MHM knowledge levels between the two locations (Bandung and Biak). For most indicators, students in urban Bandung were found to have higher levels of MHM knowledge compared to those in rural Biak. The endline survey is planned for early 2017. In addition, a

consultant has been conducting regular school visits to closely observe and capture student's uptake of the MHM comic book, and the behaviour of teachers in sharing the book with the young people.

Monitoring is currently underway to ensure that delivery of the comic book intervention is as effective as possible. The evaluation is based on before-and-after sampling design (i.e. a baseline and endline survey), targeting both girls and boys who receive the MHM comic book. The survey will primarily examine young people's levels of basic MHM knowledge, misconceptions they may have about MHM, whether girls feel comfortable, and prepared for their first menstruation, and if girls who have had their first menstruation engage in good MHM practice (for example frequent pad changes and handwashing before and after changing a pad).

## **PLANS FOR SCALE-UP**

A key objective of the work is to increase the attention being afforded to MHM across the country. Until now, MHM was not fully on the radar of the Indonesian Government. However, with the MHM advocacy and pilot intervention, there is increased interest. The Ministry of Education has asked to visit the intervention areas in Bandung to learn from the efforts being undertaken to address MHM in schools.

The Ministry of Health is also interested in conducting a small pilot study with the UKS in Jakarta, to find ways to increase the effectiveness of the programme to reach adolescents. The Ministry of Health recently requested support from UNICEF for the integration of MHM into this effort, which will inform the UKS updated guidance for national level dissemination in 2017 and which, it is hoped, will include MHM. Lastly,

the inclusion of an MHM technical session at the WinS International Learning Exchange, with all Province Education Departments in attendance, in November 2016 was an additional great opportunity to raise awareness about the study, and the intervention findings and successes. This will also help with the effort to push the sub-national level governments to integrate MHM into their WinS work.

## **CHALLENGES AND FACILITATORS FOR SCALE-UP**

Indonesia is a highly decentralised country, which makes scale-up a challenge for any programme. The UKS is not actually a centrally directed programme, which means that each district has its own priorities and policy nuances. It is therefore important to work with each district of education to ensure they understand the importance of MHM. One vehicle for this will be through the promotion of the newly developed UKS guidelines, which will contain specific content on addressing MHM. What will help this agenda even more is further cross-ministry dialogue and agreement on MHM scale-up.

Sustained funding to support next steps is also required. UNICEF Indonesia has pitched the idea of providing MHM support to private sector players, but with no solid commitments to date. We are hopeful that funding will be secured for 2017 so that we can continue to provide technical support to the Ministry of Education and Culture to fully consolidate MHM issues into UKS.

## **OPPORTUNITIES AND CHALLENGES**

There have been key challenges during the research and programming efforts. Firstly, there are numerous girls who are out-of-school in Indonesia. While some countries have effective

platforms for reaching this vulnerable population (for example through health centres or outreach programmes), these interventions are relatively weak in Indonesia. Secondly, Indonesia's size and diversity also present challenges when creating messages and platforms, especially around a sensitive topic such as MHM. It is difficult to come up with co-ordinated messages that are effective across the entire country, with its multiple regions, ethnicities and religions. UNICEF is addressing these challenges by strengthening the links between our WinS programmes and MHM interventions. This incorporates learning around the importance of participation gained from our experience supporting local governments and communities across Indonesia on community-based total sanitation – the cornerstone of UNICEF Indonesia's WASH work for several years.

There have been two important new opportunities that have emerged from the research and implementation programme. The first is the potential for strong partnerships with other organisations working on MHM – for example through a proposed roundtable discussion with government and other partners interested in MHM, including NGOs, academics, and the private sector, as well as other development partners. Government interest to link MHM into the revised UKS guidelines means that there is now a foundation for much stronger integration of MHM into the broader WinS efforts, which will be built upon following the WinS International Learning Exchange in Jakarta.

## RECOMMENDATIONS FOR OTHERS HOPING TO LEARN FROM THIS EFFORT

In the first place, it is clear to us that if you are going to discuss MHM with the Government of any country, you need a robust and solid evidence base. When dealing with a sensitive topic around which there are many taboos, the discussion cannot only be based on opinions: everything must be based on rigorous research. Our strong partnership with the inter-disciplinary team that undertook the formative research was crucial in generating clear, evidence-based recommendations based on a solid methodology and robust findings. The strength of the evidence was recognised by UNICEF globally as an example of outstanding research in the 'UNICEF Best of Research' evaluation. Our partners, such as UKS and GIZ, have been crucial to the success of operationalising this work, with each providing a unique perspective and adding value to the research.

Secondly, we believe that it is important to explore further engagement with the private sector. While the Government, schools, and NGOs have a clear role to play in MHM, when it comes to the provision of sanitary pads, most girls purchase their MHM materials through the private sector. Our informal approaches to sanitary pad producers and other private sector companies have suggested they are keen to consider becoming more constructively engaged in the issue.

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# KYRGYZSTAN: GIRLS' VOICES REACHING THE GOVERNMENT

UNICEF Kyrgyzstan and Save the Children



## BACKGROUND

WASH infrastructure at schools in Kyrgyzstan was a priority during Soviet rule. However, in the last two decades, due to political instability and competing government priorities, the operation and maintenance of school facilities has been underfunded, especially in rural areas. WASH infrastructure at schools has similarly deteriorated in recent years. All schools in Kyrgyzstan do have at least some sort of toilet facility. A survey of schools in three northern provinces found that 85 per cent of surveyed schools had pit latrines and 11.5 per cent of rural schools had a functioning sewage system – but that 28.8 per cent of rural schools had an existing system that was non-functional<sup>1</sup>. Overall, the survey found that maintenance of the sanitation facilities was poor, and that much of the existing infrastructure had fallen into disrepair. It also found that latrines that were constructed during the Soviet era were usually constructed without individual stalls, providing very limited privacy for the user. To add to this, many schools have limited or unreliable access to water. Twenty-nine per cent of schools in the 2011 survey reported that they “never had water”, and another 23 per cent reported having water “only sometimes”. Only 60 per cent of

rural schools have access to an improved water source; accordingly, rural schools are more likely than urban schools to access water from non-piped sources such as irrigation canals, rivers, or unprotected wells (Domashov et al. 2011; United Nations Children’s Fund 2013). Lack of water presents obvious challenges in hand washing, sanitation and the ability to maintain cleanliness of toilet facilities. Indeed, 62 per cent of students described school toilets as “generally not clean” or “always dirty.” Poor sanitary conditions in school toilet facilities has been cited in Kyrgyzstan and elsewhere as a deterrent to use by both male and female students (United Nations Children’s Fund 2013; Haver et al. 2013; Domashov et al. 2011); the direct impact on MHM for girls at school, given the sanitation conditions described, can be clearly imagined.

## CONTEXT

In order to gain insight into MHM issues in Kyrgyzstan, UNICEF Kyrgyzstan and Save the Children implemented a qualitative research project. Data was collected between July and December 2015 in the two most populated districts in Kyrgyzstan: Chuy district of Chuy province in the north, and in Alai district of Osh

<sup>1</sup> Domashov, I. et al. Baseline Assessment of Access to Water, Sanitation and Hygiene in Schools and Hospitals in the Northern Oblasts of Kyrgyzstan (Issyk Kul, Naryn and Talas). Ministry of Health of the Kyrgyz Republic and UNICEF, Bishkek, 2011.

province in the south. In total, six rural schools were included in the research activities in Chuy and Osh. Four schools used Kyrgyz as the language of instruction and two schools used Russian as the language of instruction.

The two provinces are the most populated areas in Kyrgyzstan. According to 2015 official government data 870,000 people live in Chuy<sup>1</sup>, and 1,228,400 in Osh<sup>2</sup> – together making up 35 percent of the country's population.



Figure 2: Map of Kyrgyzstan, with red pins indicating research sites

## SOCIAL SETTING

The language of instruction distinguishes schools in Kyrgyzstan. Schools using Kyrgyz as the language of instruction make up the majority (65 per cent) with the rest of schools using mainly Russian or Uzbek as the language of instruction. The primary religions observed in Kyrgyzstan are Islam (75 per cent), Russian Orthodox Christianity (20 per cent), with other religions making up the remaining 5 per cent<sup>3</sup>.

According to the 'State Education Standards' of Kyrgyzstan, the school education structure is implemented based on a continuous three-step system, with the first nine years of schooling compulsory: Step 1 is elementary school (Grades 1 to 4), Step 2 is primary school (Grades 5 to 9), and Step 3 is high school (Grades 10 to 11).

1 <http://www.stat.kg/media/statisticsoperational/cfb97050-ad28-455d-acc1-2c384344d7d0.pdf>

2 Ibid.

3 Central Intelligence Agency, The World Fact Book, 2016.

Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/kg.html>. [Accessed 23 March 2016]

## STAKEHOLDERS

The direct stakeholders of the research were adolescent girls, boys, teachers, and parents/ caregivers, as well as the Ministry of Education, the Kyrgyz Academy of Education, and District Education departments at the local level. The qualitative research carried out by Save the Children also involved local academia in order to gather their input into the research tools and protocol.

The main stakeholders during advocacy events at the local and national levels were key policy and decision makers. These included the Ministry of Education and Science, Ministry of Health, Ministry of Finance, and Members of Parliament, as well as representatives of the local municipalities, academia, international development organisations, and local and international NGOs.

## METHODS AND APPROACH USED

Five research assistants (four female, one male) supported the data collection. Research assistants were fluent in English, Kyrgyz and Russian. Research assistants were supervised by a qualitative research fellow hired by Save the Children. All staff working on the research went through a one-week training that included sessions on MHM, gender, WinS, qualitative research data collection and analysis, ethics for collecting research, child protection and safeguarding. The qualitative research data collection and analysis session was both theoretical and practical, giving the research assistants an opportunity to practice qualitative interviewing techniques, recording and data management, transcribing and translation. During the training period, a pilot school was visited. All tool guides were translated from English into both

Kyrgyz and Russian.

The formative research employed qualitative research methods, including focus group discussions, in-depth interviews, key informant interviews and observation. The research team conducted 39 research activities with 200 participants. Focus group discussions were conducted with girls aged 12 to 16 (six groups), boys aged 12 to 16 (four groups), and the mothers and fathers of adolescent girls (two groups of mothers and two groups of fathers). Six in-depth interviews were conducted with adolescent girls and six key informant interviews with school staff. In addition, WASH facility observation was conducted at all six research schools. After the initial data collection and preliminary analysis, seven validation activities were conducted at schools.

All interviews and discussions were digitally recorded, transcribed verbatim and translated to English. The research assistants shared responsibilities and rotated duties during the data processing. All data was processed and reviewed before going to the next school for further data collection. Data collection tools were adjusted and revised based on the findings from each school. This iterative process improved the richness and quality of the data for each school visit. Data was then analysed using specialist software.



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## MAJOR GOALS

The short-term goal of the MHM-focused research was to conduct formative research into the challenges and barriers that girls face during menstruation, in order to:

- Identify MHM challenges in schools;
- Gain a comprehensive understanding of the menstruation and puberty knowledge, attitudes and practices of girls, boys, parents and teachers; and
- Inform the development of a basic package of educational materials on menstruation and puberty for use by girls and schools.

There were four long-term goals. These were to:

- ‘Break the silence’ around MHM through evidence-based advocacy;
- Address key challenges that girls face once they reach menarche;
- Improve MHM and puberty knowledge among children, especially girls, boys and teachers;
- Create a wider ‘call to action’ to create adequate WASH facilities in schools; and
- Initiate policy changes to include puberty education, including MHM in schools, as well as reinforcing existing policies that promote minimum standards for WinS infrastructure and maintenance.

## PROGRAMME SUCCESSES AND ACHIEVEMENTS TO DATE

Through advocacy events, UNICEF and Save the Children shared the findings of the research with national and district-level stakeholders, as well as with the United Nations Gender Theme Group. For the national advocacy event, UNICEF worked with the Office of Kyrgyzstan’s First Lady to promote MHM at the highest level in the country. The high-

level conference was held with active participation of Members of the Parliament, Ministers and key officials from the Ministry of Education, Ministry of Health, and Ministry of Finance, as well as representatives from local authorities, academia, and local and international NGOs. The high-profile advocacy event provided an opportunity to give voice to the topic of MHM – enhanced by engaging with the media for broader promotion of the issue.

## PLANS FOR SCALE-UP

Under the ongoing UNICEF WASH programme, the scale-up process includes dissemination of ‘Basic Package’ education materials on puberty and menstruation – initially among 100 schools for students in Grades 5 to 11, and their teachers and parents. The Basic Package materials include a puberty book for girls, a guideline for educators, and an information book for mothers. There is also instruction for the school principals, which will be issued by the Ministry of Education and Science. The 100 target schools have already been selected based on criteria jointly developed with the Ministry of Education and Science.

Save the Children has received internal funding for a three-year pilot programme to continue the work started through the research and dissemination of the Basic Package. Save the Children is aiming to have MHM guidelines included in national policy, and to pilot and evaluate MHM programming in Chui and Osh – in collaboration with the Ministry of Education and Science and UNICEF-led local MHM and WinS Working Groups.

## CHALLENGES AND FACILITATORS FOR SCALE-UP

The main challenges for scaling up MHM programming are the lack of policy instruction

and the weak monitoring and enforcement of related policies. Another challenge is to introduce puberty and MHM education as a part of the school curriculum. Currently, WinS, puberty and MHM sessions can only be held as extra-curricular activities. The national standards (Sanitary Regulations and Norms, or 'SanPiN') have provisions for an MHM room, which has to be installed in education institutions. However, as WASH issues are not a policy or operational priority at various levels, this 'norm' is not observed in most of the schools. The education ministry's instruction for the school principals will inform and enforce the installation – and use – of this facility for girls and female staff.

## **OPPORTUNITIES AND CHALLENGES**

We have faced challenges both during the research and the advocacy efforts.

### **RESEARCH-RELATED CHALLENGES**

During the data collection process, a major challenge was recruitment of participants. The timing of the research was a major reason for this, as schools in Kyrgyzstan are not in session during the summer; in rural areas, students and their families are occupied with seasonal work at this time. However, school staff were extremely helpful in assisting with the recruitment of participants. Nevertheless, the selection of an appropriate research time and season is very important for assuring quality data collection, especially in rural areas where families generate their income through farming and livestock.

The 'thin' data from the focus group discussions with boys was another research-related challenge. We found that boys from different age groups, particularly those as young as 12 years old, were not able to speak comfortably about puberty and

menstruation. This meant that the usual approach to a focus group discussion did not work in our case – instead, we adopted a 'board game' approach and recruited older boys, of between 14 and 16 years old. This worked well and helped us to capture their perspective on the topic.

### **ADVOCACY-RELATED CHALLENGES**

It was challenging to find agreement on terminology, such as menstruation, during preparation for the national advocacy event. Appreciating the sensitivity of the issue and the local attitudes around discussing such an intimate topic, the MHM Working Group agreed to substitute the term 'menstruation' with the term 'adolescent girls' hygiene', by explaining what we meant by this term. However, during the actual advocacy meeting, we found that the audience did not pose any resistance and it was easy to express ourselves by using the term 'menstruation.' In addition, our male counterpart from the Ministry of Education and Science moderated the national advocacy event, which helped demonstrate that MHM is an issue that both men and women have a responsibility to address.

One of the ways to advocate for better MHM was also packaging it within school WASH promotion activities. It was acknowledged at all levels that latrine provision is a great challenge for schools, that water access is poor, and that no proper maintenance system is in place to sustain WASH facilities. While discussing the improvement of hygiene behaviour and WASH facility conditions in schools, we emphasised the importance of including MHM-related awareness-raising activities, and of organising MHM rooms for girls and female staff.

## OPPORTUNITIES

Both the research and the advocacy events created a helpful opportunity to talk about puberty and menstruation more openly at different levels. This led to:

- Acknowledgement of the importance of WASH issues at schools and their impact on girls' health;
- Agreement to prioritise school WASH infrastructure improvement and hygiene promotion;
- Development and distribution of the Basic Package of promotional materials to key audiences;
- Commitment from the Ministry of Education and Science to ensure that internal WASH facilities are included in new school construction or capital repair of the buildings; and
- A Ministry of Education initiative to develop a concept for healthy schools based on the Focusing Resources on Effective School Health (FRESH) approach, including MHM and WinS.

## RECOMMENDATIONS FOR OTHERS HOPING TO LEARN FROM THIS EFFORT

### RESEARCH-RELATED RECOMMENDATIONS

Firstly, it is vital to identify concrete research questions, methodologies and relevant tools during the research design process. Researchers and practitioners from Kyrgyzstan completed the qualitative research WinS4Girls e-learning course run by Emory University and UNICEF, with participants from 13 other countries. Interaction with other countries and the collaboration between the Kyrgyz participants during the course was a great asset to this work. Completing

successful research requires a lot of teamwork, with team members that are motivated, well prepared and open minded. We found that it is also helpful to recruit new university graduates as research assistants to the team. Research assistants need to be appropriately trained on the tools and provided sufficient time to practice using them.

Secondly, if research is conducted at schools, involving school staff in the participant recruitment process is beneficial. We also recommend at least two introductory visits to schools before the data collection day, explaining the topic of the research and the recruitment criteria. This helps to build rapport with all participants and to break the tension on the day of data collection.

Thirdly, providing enough time for the data collection process is crucial, as is being flexible about making changes to the research tools if needed; a quality data collection process is critical for having quality data to analyse. This is especially true if the language of origin of the collected data is not English; there should be sufficient time built in to the process for accurate translation and revision. It is vital to have a verbatim translation, but if the data analysis specialist is not from Kyrgyzstan, then it is really important to interpret the verbatim translation.

### ADVOCACY-RELATED RECOMMENDATIONS

It is important to be sensitive to a given context, but at the same time courageous enough to talk about menstruation to a high-level audience. Involving famous public figures, politicians and celebrities can be a very good way to attract public attention. To involve them and get them interested will depend on the extent to which you have studied their particular interests and

advocacy potential; they need to share your goals and be effective communicators. In our case, UNICEF was working with Kyrgyzstan’s First Lady on a number of issues – someone we knew was already working on hygiene issues in the university. When we approached her with a request to join us in MHM promotion, and she enthusiastically agreed and supported our efforts. The high-level event has also received positive media coverage through effective press releases, which has subsequently been disseminated by key stakeholders – promoting the same key messages from different angles.

Finally, networking is vitally important. Consider using all of your networks and consider if they have any links to high-level people who could become MHM advocates. In Kyrgyzstan, we worked with all members of the United Nations Gender Thematic Group, which proved to be particularly beneficial.

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## KENYA:

# 'POLICIZE' NOT 'POLITICIZE': ADVOCACY TO INCLUDE PROVISION OF SANITARY PADS IN SCHOOLS INTO THE POLICY FRAMEWORK AS A SUSTAINABLE STRATEGY TOWARDS GENDER EQUALITY IN EDUCATION

McGill University



## BACKGROUND

Gender equality in education is at the centre of global and national efforts of sustainable development. Both globally and in Kenya, the gender gap is a persistent problem in all sectors of society, including education. This has resulted in both national and international stakeholders striving to bridge gender inequality gaps through various interventions – particularly through girls- and women-focused interventions to eradicate barriers to girls' educational participation. In Kenya, for example, the Government introduced free sanitary pads in all public schools in 2012 as an intervention strategy to promote girls' school attendance – the assumption being that the lack of MHM facilities and material could lead to girls' school absenteeism and ultimately affect their educational achievement.

The analysis outlined in this paper considers how government policy documents and statements articulate the provision of sanitary pads and other MHM initiatives as a strategy to improve

1 The Kenyan Constitution 2010, available at <https://www.kenyaembassy.com/pdfs/the%20constitution%20of%20kenya.pdf>

girls' participation in education, and as a way of bridging the gender gap in the society. The study was a desk-based review, which analysed policies and documents relating to gender equity, gender equality, and gender equality specifically in education in Kenya.

In many societies in sub-Saharan Africa, menstruation is something that is socially constructed in ways that perpetuate gender violence and gender inequality against girls and women. In Kenya, taboos and myths around menstruation in most communities present menstruation as unclean – meaning that girls are often isolated and prevented from participating in public community activities and ceremonies – including schooling – during menstruation. In some Kenyan communities, menstruation is associated with bad luck; girls and women who are menstruating are seen as a bad omen.

The 2010 Bill of Rights of the Kenyan Constitution<sup>1</sup> states that all citizens have a right to education, and shall not be discriminated against based on

(among other things) sex and gender. In spite of this constitutional mandate and other Kenyan Government education policies (including free and compulsory primary education in 2003, and the Educational for All (EFA) goals which aimed to ensure that all children of school going age were in school by the year 2015), some girls continue to miss school for various reasons. Given the cultural context described above, one of the reasons is likely to be a lack of proper MHM facilities and materials in schools during menstruation.

## CONTEXT

Kenya has a population of nearly 47 million people, over half of whom are women and girls. Kenya has had a devolved system of government since 2010, when the new Constitution came into effect. The country now has 47 counties for administration and local governance at grass root level. Education management was devolved to county governments under the new Constitution, but national policy is controlled by central government. Kenya has both rural and urban regions. Urban regions in Kenya are not homogeneous and include many informal settlements. These settlements are home to almost half of the urban population, and they have low access to capital, meaning they are often unable to meet the cost of their basic needs.

## STAKEHOLDERS

The key stakeholders in education in Kenya are the central and devolved county governments. Other stakeholders include government entities, NGOs and local communities. It is vital that both central and county governments should ensure that they

develop policy frameworks that incorporate MHM policies and interventions within the education sector, which other stakeholders can then use as a platform for their work and interventions. As has been pointed out by others<sup>2</sup>, the Kenyan government has shown great commitment to MHM since 2011, through the provision of sanitary pads to schoolgirls and by removing import duties and VAT on menstrual hygiene products, as well as the development of WASH facilities in schools – all carried out under the (now defunct) Office of the Prime Minister. The 2015 report also makes recommendations – for example that officers liaise with those in other fields to maintain the momentum for MHM policies due to high turnover rates in government.

The Ministries of Education, Health, Water and Sanitation, and county governments have collaborated to build and improve WASH facilities that are female-friendly. NGOs such as Girl Child Network and others with interests in this area have also collaborated with county governments and the aforementioned ministries to create awareness and knowledge about MHM.

## METHODS AND APPROACH USED

The methodology adopted for the online desk review was a critical discourse analysis, using a critical feminist approach. A total of 17 online documents from government ministries and the wider Internet were retrieved and considered. The documents included research reports, policies, and policy frameworks in Kenya. The documents were sorted for their relevance and five were selected that addressed gender equality,

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2 Geetz, A. et al. "Menstrual Health in Kenya: Country Landscape Analysis", FSG, Seattle 2016. Accessed online at [http://menstrualhygieneday.org/wp-content/uploads/2016/04/FSG-Menstrual-Health-Landscape\\_Kenya.pdf](http://menstrualhygieneday.org/wp-content/uploads/2016/04/FSG-Menstrual-Health-Landscape_Kenya.pdf)

education, and gender and education. A matrix was used to review and analyse the documents, with the main goal of exploring whether – and to what extent – MHM is a component of the Government’s intervention strategies or programmes to achieve gender equality in education. The research considers rural, urban, and semi-arid regions of the country.

## **MAJOR GOALS**

The study and analysis sought to address four overarching goals. The first was to delineate the current state of MHM in Kenya and identify the gaps in the current MHM policy landscape. The second was to seek evidence to support recommending the development of MHM policy and guidelines as a gender-specific strategy to bridge the persistent gender gap in the country. The third goal was to identify the stakeholders involved in the MHM policy landscape, and to evidence reasons for collaboration among these stakeholders in implementing MHM as a strategy for promoting girls’ strong school participation. The final goal was to use the study to inform policy and practice regarding ways MHM could be used as a vehicle for addressing gender violence and inequality – and to highlight the need to provide safe school spaces and environments that encourage girls’ education and learning, while also promoting girls’ dignity and self-confidence through the provision of MHM material and facilities.

## **OPPORTUNITIES AND CHALLENGES**

The accessibility and organisation of data can be a challenge in desk reviews, such as this one, that focus on low-income countries. The multiplicity of policy documents on gender equality and gender equality in education was one challenge. It was also challenging to identify and follow the

recent policy conversation on MHM in mainstream government documents, since some work was ongoing at the time of the review but had not yet been made available online. Much of the information on MHM in Kenya was small-scale and context-specific, highlighting a gap in national data and trends. Furthermore, while there are a number of organisations working on MHM in Kenya, information on current MHM work is not collated – which suggests a need for conducting high-quality country profiling in order to identify key players, their areas of focus and geographical areas of interventions.

The policy analysis can provide a tool for the central and county governments, policy makers and education stakeholders to include MHM as strategies towards achieving gender equality in education. Since it is widely accepted that education is a prerequisite for empowered socio-economic and political participation in society, it follows that the achievement of gender equality in education will lead to expanded opportunities for women’s participation in all facets of life. This in turn will enable Kenya to move toward the realisation of its key development agendas, as set out in the Constitution, the Government’s economic flagship programme and Kenya Vision 2030.

## **RECOMMENDATIONS FOR OTHERS HOPING TO LEARN FROM THIS EFFORT**

Preparation for conducting an online desk review of policies and document analysis should ideally include verifying documents with the relevant government officials, especially to validate if they are the most recent. It would also be beneficial to gather information about whether there is any ongoing work that is linked to or related to the study, but that are still not available online. This

would both help inform the research in making an objective analysis and recommendations, and also acknowledge the ongoing work.

The review showed that policies related to equality, gender equality, and gender equality within education would benefit from being more streamlined and coordinated. Currently, there are many ongoing policies and documents related to gender equality and education but they do not effectively link together and incorporate MHM as a specific strategy towards achieving gender equality in education.

The study showed that there is no reference to MHM or any of its components, such as the provision of free sanitary pads to schoolgirls, in official policy documents in Kenya. The lack of extensive reference to MHM in the wider policy arena could be due in part to the culturally sensitive nature of the topic in Kenya. It could also be because policy makers have no experience of MHM interventions in schools that go beyond the provision of sanitary pads. MHM is still viewed by many in Kenyan society as a taboo topic to discuss publicly – especially in the presence of men. As long as this cultural and policy climate persists, any policy initiatives to use MHM to address gender equality and promote girls' strong school participation are likely to be negatively impacted – albeit unintentionally – by cultural dispositions and societal constructs.

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# NEPAL: TRANSLATING GIRLS' VOICES INTO ACTION IN EMERGENCIES: LESSONS FROM THE NEPAL EARTHQUAKE

Oxfam



## BACKGROUND

The Gorkha Earthquake of April 2015 killed nearly 9,000 people and destroyed homes, roads and essential public infrastructure. Approximately 2,600 schools were damaged across seven districts in Nepal. Cramped, temporary living conditions, combined with lack of facilities at schools, meant that managing menstruation became even more difficult than usual for girls. Oxfam responded with WASH programming in seven districts of Nepal, concentrating on restoring WASH services in schools, and ensuring girls' menstrual hygiene needs were met in terms of facilities, materials and information.

Nepal is a land of diverse culture and heritage. Within small geographical areas, there exist distinct cultures, religions and ethnicities. This paper looks at the lessons learnt from Oxfam's programming post-earthquake in seven districts of Nepal: Gorkha, Sindhupalchowk, Nuwakot, Dhading, Bhaktapur, Lalitpur and Kathmandu.

Although menstruation is a normal biological process for a girl, many girls face discrimination

during their periods in Nepal. Religious and cultural stigmas mean that menstruating girls and women are often considered impure. Bound by silence and shame, young girls at menarche have a difficult time coping with this change. In addition to this, a lack of gender-sensitive infrastructure such as clean and safe sanitation facilities at educational institutions undermines their rights to privacy and dignity. Poor knowledge and hesitation to ask questions adds to the problem, and no doubt contributes to a high rate of schoolgirls' absenteeism – the proportion of girls who have missed at least one day of school due to menstruation is reported to stand as high as 53 per cent<sup>1</sup>.

## CONTEXT

The Gorkha Earthquake in 2015 caused heavy loss of life and property in Nepal along with significant damage to infrastructure. Nearly 9,000 people lost their lives and 22,309 people suffered various injuries. Additionally, 1,570 water systems were destroyed and a further 3,663<sup>2</sup> were partially damaged. More than 180,000 household toilets were destroyed, and more than 4,416

1 WaterAid, Is Menstrual Hygiene and Management An Issue For Adolescent Girls? A Comparative Study Of Four Schools In Different Settings Of Nepal, WaterAid, Nepal, 2009.

2 Available at: <http://karuna-shechen.org/wp-content/uploads/2015/06/list-of-affected-districts.pdf>. Accessed 1 August 2016.

school latrines damaged in districts affected by earthquake<sup>3</sup>. In the aftermath of the earthquake, it was therefore extremely difficult for menstruating girls and women to manage their periods due to lack of privacy in shared, temporary accommodation, and communal latrines.

Nepal has different policies and programmes relating to WinS, including the National Framework of Child-Friendly Schools (2010), the School Sector Reform Plan (2009-2015), and the National Sanitation and Hygiene Master Plan (2011). Together, these programmes state the minimum standards for school infrastructure. However, these standards were not maintained. The Oxfam WASH earthquake response found that MHM-friendly latrines were in place in very few schools, and most of the schools that did have them were private schools in urban centres.

In 2010, the Government of Nepal – in collaboration with the South Asian Conference on Sanitation (SACOSAN) – committed to prioritising and promoting child- and disability-friendly services and MHM in schools. They also committed to monitoring standards, designs and delivery. Despite this, Government schools of rural Nepal lack adequate WASH facilities: according to Nepal’s Department of Education, in 2013 only 69 per cent of schools had separate toilets for girls while 80 per cent had only one toilet facility.

The earthquake of 2015 made the situation worse, damaging many schools and their latrine facilities. It is against this backdrop that Oxfam has worked to help build facilities that are more in line with the Government’s aspirational standards, to meet the MHM needs and preferences of schoolgirls. Oxfam encouraged active participation of girls – and to some extent boys – in their response

programming, to design and develop MHM-friendly school WASH facilities and education.

## STAKEHOLDERS

The programme worked with a number of key stakeholders – the most important being girls attending government schools and their teachers. Schoolgirls between the ages of 10 and 15 participated in different activities to define and articulate their experiences of taking care of themselves during menstruation while at school. Their experiences were key in understanding their most pressing needs for their MHM. The girls conveyed that especially for approaching menarche, they wanted to understand be prepared for the changes in their body to manage menstruation comfortably and with dignity. Boys and girls all expressed their commitment to ensure more open and supportive environments for MHM in schools, championing a culture of questioning rather than silence.

School teachers and head teachers allowed Oxfam to interact openly with their students, and also participated fully in teacher training on the subject to ensure continuity in the girls’ learning and enabling environments for MHM after Oxfam programmes had finished.

The families of the girls that Oxfam worked with were also key stakeholders. In order to help girls break existing barriers and promote better discussion of MHM and proper hygiene at home, family members play a crucial role. In some areas of the project, supporting MHM in schools also allowed an entry point to talking about MHM in the community, and Female Community Health Volunteers supported both the girls and Oxfam in having open conversations with women and men around MHM needs. In some areas, these Female

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3 Ibid.

Community Health Volunteers were trained on MHM, and they helped organise discussions with mother and adolescent groups in the community, to talk about menstrual hygiene.

The Government of Nepal also played a role in defining the minimum requirements for MHM-friendly latrines in schools: these requirements were used as a basis for girls to discuss and build upon as they discussed their needs and preferences. As a result, no 'standardised' MHM-friendly latrines were built, since each latrine ascribed closely to the design preferences advised by girls in each school and location. After a period of around six months, Oxfam consolidated its experiences by working with NFCC – the Nepal Female Care Centre – who were implementing a Government of Nepal-backed initiative for increasing awareness of MHM in schools across the country.

## **METHODS AND APPROACH USED**

The MHM programme developed by Oxfam in response to the earthquake in Nepal utilised different participatory techniques with girls in order to design innovative approaches based on the specific needs and preferences of the girls.

As a part of the emergency WASH programme, Oxfam prioritised WinS activities in earthquake-affected schools by building semi/permanent latrines and water facilities and increasing hygiene awareness promotion among students. To align with government standards, Oxfam planned for the new facilities to be gender- and MHM-friendly. To ensure that the needs and opinions of girls were listened to and taken properly into account, Oxfam staff worked closely with groups of girls, taking them through a range of different participatory processes to design facilities appropriate to their needs. In some areas, access

for WASH team members was considerably impaired due to landslides – so the team sent laminated design suggestions with female health workers who were still accessing the area, and received feedback from girls.

Oxfam placed particular emphasis on creating comfortable environments for girls to discuss their MHM-related practices and preferences by employing a number of techniques such as games, confidential questionnaires, and working with older girls to support younger girls to be more open. 'Girl Clubs' were formed in many schools to encourage discussion on sensitive issues, with many of these clubs also running a 'sanitary depot' where girls could discreetly ask nominated individuals for access to spare sanitary materials to reduce absenteeism.

## **MAJOR GOALS**

Ultimately, the major goal of Oxfam's emergency WinS programme was to help prevent the outbreak of any WASH-related diseases through improved access to safe water, safe sanitation facilities and through increased knowledge to practice good hygiene behaviour for school children. The latter included a specific focus on MHM.

More specifically, the intervention goals aimed to rebuild, repair or improve the water and sanitation infrastructure in schools so that they meet national standards, including water supply and latrines. As described above, national standards were used as a baseline from which girls were able to discuss any further design adaptations or features they would like to support their MHM needs. The programme was also aimed at improving broader awareness and understanding of good hygiene practice among school children. Within the MHM component, this meant working with

girls and teachers to understand the gaps in their knowledge and promote good practice to enable a more conducive environment for managing MHM. Discussions highlighted huge disparities in knowledge between different geographical areas (for example, a greater acceptance of damaging stigmas in more rural locations compared to those closer to urban centres), and lack of knowledge around appropriate times for changing sanitary wear – partially caused by lack of access to adequate materials.

The programme also aimed to support and empower School Management Committees to maintain WASH facilities. This was done by training teachers and students on using participatory techniques to improve school environments and through one-to-one coaching on incorporating costs for maintenance of facilities – including restocking sanitary depots and making reusable sanitary cloths. This proved to be the most challenging of the three aims, despite it being the one that would have most impact on the long-term sustainability of MHM improvements in schools after the earthquake.

Programme successes and achievements to date  
There were a number of successes in relation to Oxfam’s emergency WinS programme. The first was the ability to rapidly incorporate feedback from girls into facilities that incorporated MHM. In Laprak, a temporary latrine with an inbuilt incinerator was constructed at a school after consulting with the schoolgirls. Whilst the design was not wholly successful, it showed that design considerations for MHM can be integrated rapidly after the onset of an emergency. As rebuilding progressed, permanent facilities were constructed – and in some areas, construction continues.

Since the girls were involved in the design phase, facilities vary in their design and their

construction. For example, one group of girls preferred having a washing and drying area since they most often used reusable pads, versus having an incinerator. The participatory approach used showed that while standardised guidelines for latrines can be helpful in getting the basics right for MHM, more important than this is an understanding of how the girls themselves will choose to use the facility. Including girls in the decision-making process early on has helped to ensure that their ideas were realised in the construction, which gave them a greater sense of ownership in the project.

Oxfam also worked to ensure greater access to information. By working with both girls and their teachers, an enabling environment for MHM was created to provide more information about menstruation and supporting structures within schools (such as Girl Clubs), to continue discussions (although menstruation and menstrual hygiene is included in the school curriculum, it is seldom discussed due to embarrassment). Sessions on MHM for boys also increased their understanding and helped create more positive environments for girls. One 9th grade student, who is also the secretary of the girls’ club, said that there had been a significant change in the behaviour of boys after the MHM orientation.

Oxfam is also advocating for schools to allocate budgets for MHM and for the maintenance of WASH facilities, which would include cleaning materials and funds to restock sanitary depots with pads or materials for making reusable pads. Beneficiaries reached so far are shown below:

Table xx. Beneficiaries per activity

Activities	Beneficiaries
1 Number of schools receiving MHM-friendly latrine	65 schools
2 Number of girls receiving MHM-friendly latrine	7,516 girls
3 Number of girls attending MHM sessions	3,241 girls
4 Number of boys attending MHM sessions	346 boys

## MONITORING & EVALUATION APPROACH

In February 2016, Oxfam undertook an evaluation of its WASH programming post-earthquake, including a thorough evaluation of its MHM work. The evaluation found that the WASH team had learnt from past issues – such as installing incinerators. At the time of the evaluation, eight incinerators that had been installed pre-earthquake and were reliant on electricity were no longer functional. The evaluation also found areas where Oxfam sometimes struggled to set the right tone in its MHM work in other elements of their programme – such as working with Female Community Health Volunteers, who did not report an increase in their knowledge of MHM as an impact of Oxfam programmes. Oxfam’s approach in schools was found to be far more effective, as activities were built upon a strong foundation of discussion and consultation with girls and teachers.

During the implementation of the programme, focus group discussions were conducted with girls to determine their satisfaction with the facilities constructed. These focus groups showed that girls were quite satisfied after the MHM intervention. Encouragingly, Anisha, a Grade 9 student of

Kirtipur, told us, “I no longer skip my class during my menstrual days” after our MHM intervention was completed at her school.

## PLANS FOR SCALE-UP

Scaling up MHM as part of WinS is an ongoing part of Oxfam’s programming in the recovery phase post-earthquake in Nepal. Oxfam is continuing to construct permanent MHM-friendly latrines in earthquake-affected schools, with adequate water facilities provided to maintain proper hygiene. There are also plans to scale up the provision of awareness activities targeted at girls, boys, and community members regarding menstrual hygiene. To do this, Oxfam plans on incorporating the ideas of students into the design of new information, education, and communication materials on MHM. Oxfam also plans advocacy work with School Management Committees to allocate budgets for the maintenance of MHM and WASH facilities, and sanitary depots.

## CHALLENGES AND FACILITATORS FOR SCALE-UP

There are some key factors that influence the ability to take the programme to scale in Nepal. One of them is support from government line agencies. However, Oxfam's intervention is consistent to date with government standards; this could mean that support from line agencies will be easier now than in the emergency period.

As recovery and reconstruction programmes are slower and more systematic than emergency responses, this also allows more time to engage more with communities to support MHM in schools. In some locations, Oxfam has supported girls to form mother and daughter groups to discuss MHM, and has facilitated mother and daughter workshops for making reusable sanitary napkins. It is hoped that engaging mothers and daughters together can further contribute to creating an enabling environment for MHM and to eliminate stigmas and taboos associated with discussing the subject.

However, competing priorities within School Management Committees could be a potential barrier to implementing long-term MHM programmes. For example, during the assessment that utilised focus group discussions, we learned that there is a need for more washing and drying areas, because more students prefer to use reusable sanitary pads. However, in one case the committee asked for incinerators instead, because maintaining washing and drying areas would be difficult to maintain, and they decided that incinerators were more valuable.

Similarly, cultural beliefs and taboos around menstruation held by many community members – including some girls themselves – may continue to be a barrier for creating an enabling environment for good MHM in schools.

During one training session, a male head teacher described menstruation as an impure process, and asserted that a menstruating woman should not touch a man, as she would also make him impure. Such beliefs are widespread in the areas where Oxfam works, and long-term efforts will be required to bring about lasting changes in the perception of menstruation in Nepal.

## OPPORTUNITIES AND CHALLENGES

There were some significant challenges to implementing an MHM intervention during the emergency response. As the major need was for shelter, people did not want to discuss MHM interventions. This also included some schools that were already focused on building classrooms and simple latrines; the need to address girls' menstrual challenges was not well understood by some communities.

In addition, limited space is one of the key challenges in construction of WASH facilities in schools located on hills. The school compounds often do not have adequate space to build separate facilities for boys and girls and additional MHM-friendly toilets. Hence, the latrine and facilities often have to be dictated by the space available, rather than what is ideally required.

The stigma associated with menstruation in Nepal was a huge challenge for the programme. Although Oxfam worked with girls to ensure they felt comfortable to discuss the subject, some were still extremely shy and this hampered efforts to get a true picture of needs from each individual school. However, to some extent the converse was also true – in that the disaster provided opportunities to make huge changes in perceptions based on the new reality that the earthquake had brought about. During one key informant interview, a woman noted that she and

her daughters were no longer required to sleep outside of the house during menstruation (to avoid making her husband and sons 'impure'), because their shelters had been destroyed and there was nowhere for them to go. Once their shelters were rebuilt, her husband did not go back to insisting that she sleep outside during menstruation.

The earthquake also presented a unique opportunity for WASH actors to integrate MHM into facility design from the very start of construction. Often, integration of MHM related infrastructure (such as disposal bins or incinerators) comes later in the response, but Oxfam's work with schoolgirls on facility design showed that MHM-friendly features could be incorporated quickly, even in temporary latrines, with small modifications to standard designs.

A major opportunity that was realised during this intervention is the benefit of seeking and including girls' opinions in identifying solutions. This intervention demonstrated that girls want their voice to be heard on this subject; they were highly able to articulate their needs and preferences during the design phase, which in turn made it easier for Oxfam to intervene and to be more effective. During the emergency, it was more difficult to use participatory approaches. However, the staff did not avoid them, and focused on the importance of reaching the beneficiaries and capturing girls' voices. This programme has created a platform in schools to discuss MHM and has increased awareness of MHM-related issues among students.

## RECOMMENDATIONS FOR OTHERS HOPING TO LEARN FROM THIS EFFORT

One recommendation for similar future interventions would be that agencies should promote a 'bottom-up' approach – even in an emergency setting. This means actively seeking out and genuinely considering the voices and ideas of the beneficiaries to guide effective programming, rather than assuming the agency understands the scenario. Additionally, participatory methods used in assessments are very helpful in bringing out the girls' voices. 'Cobwebs', solution mapping and pictures can be used to facilitate these discussions. Additionally, the direct involvement of students in design and implementation can help to create a sense of ownership of the project and therefore increase the likelihood of its sustainability. And more generally, designing WASH facilities should not be considered the sole responsibility of engineering teams; relevant stakeholders should be given a chance to give their input to the design at an early stage.

The development of girls' clubs and their engagement in the maintenance of menstrual hygiene materials in schools was also a success of this programme, since girls feel it is easier to ask for help from their friends than from their teachers. Lastly, we would recommend that boys and parents should also be included in MHM intervention activities. This helps to create an enabling environment in schools – and safer spaces for girls. It is only once this enabling environment is developed that girls feel encouraged to come forward with their problems and to seek support.

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# NEPAL: RESPONDING TO GIRLS' VOICES THROUGH PROGRAMME AND POLICY CHANGE

WaterAid



## BACKGROUND

In Nepal, inadequate water, sanitation and waste disposal facilities, (particularly in rural areas) as well as cultural interpretations of menstruation as polluting cause significant challenges for menstruating women and girls. The Government of Nepal's Child Friendly Schools Initiative includes child-, gender-, and disabled-friendly WASH facilities as one of nine elements of quality education. In order to contribute to this initiative, and address the barriers to good menstrual hygiene, WaterAid and its NGO partner Nepal Water for Health (NEWAH) are working with the Government of Nepal in three districts, to improve WASH facilities in schools, and to develop the capacity and accountability of local stakeholders to facilitate confident MHM in schools. The project is funded with UK Aid from the UK Government. The overall aim of the project is to contribute to improving gender equality in schools – by increasing access to MHM-friendly WASH facilities, sanitary materials, and girls' confidence to manage their menstruation hygienically at school.

## CONTEXT

The MHM project is being implemented in the Sindhuli, Udaypur and Siraha districts of Nepal. Sindhuli is situated in the central region of Nepal and has a population of 296,200<sup>1</sup>. Udaypur and Siraha are situated in the eastern region of Nepal with a population of 317,500 and 694,400 respectively<sup>2</sup>. Sindhuli and Udaypur are hill districts, whereas Siraha is located in the flat plain area bordering India that is referred to as 'the Terai.' The main ethnic groups in the project districts include the Chhetri in Udaypur who are primarily Hindu, the Tamang in Sindhuli who are traditionally Buddhist, and the Yadav in Siraha. In general, cultural restrictions related to menstruation are more pronounced in the Hindu ethnic groups. District water and sanitation coverage is respectively 78 per cent and 62 per cent for Sindhuli, 80 per cent and 76 per cent for Udaypur and 80 per cent and 27 per cent for Siraha<sup>3</sup>.

1 Government of Nepal, National Population and Housing Census 2011 (Volume 01, NPHC2011), CBS, Kathmandu, 2012.

2 Ibid.

3 Department of Water Supply and Sewerage, Nationwide Coverage and Functionality Status of Water Supply and Sanitation in Nepal, NMIP, Kathmandu, 2014.

## SOCIAL SETTING

The project is being implemented in 107 selected government schools and the surrounding communities in the three districts. The schools are managed by the corresponding District Education Office at the district level, linked to the Department of Education in the central Government. The schools have their own 'School Management Committees' that are responsible for the overall management of schools. Schools are categorised into primary (Classes 1 to 5, for children aged 5 to 9 years old), lower secondary (Classes 6 to 8, for children aged 10 to 12 years old), secondary (Classes 9 to 10, for children aged 14 to 15 years old) and higher secondary (Classes 11 to 12, for students aged 15 to 16 years old). Students may start school late or repeat years, so these ages are indicative; there may be older students than the average in each year.

Although the Government of Nepal has committed to every school having one gender-separate latrine for every 50 girls by 2017, water and sanitation facilities in the schools do not currently meet these standards. According to WaterAid's study conducted in July 2014, only 70 per cent of schools in Udaypur, 74 per cent in Siraha and 85 per cent in Sindhuli had any separate toilets for girls<sup>1</sup>. Where separate toilets for girls do exist, the actual ratio of gender-separate latrines to girls was 1 for every 115 girls in Sindhuli, 170 girls in Udaypur and 74 girls in Siraha.

## STAKEHOLDERS

The project is directly targeting over 28,000 school students (girls and boys) and teachers of 107 government schools. It also reaches out-of-

1 Water Aid Nepal, "School Sanitation Dataset (Version 1, July 2014): A Study Report on WASH Financing in Community Schools of Nepal", 2014.

school girls and women, particularly mothers of adolescent girls, in the surrounding communities.

Key stakeholders of our programmes are institutional bodies at the school 'Village Development Committee' (which is the lowest administrative body in Nepal) and district levels. At community and school level these include the School Management Committees and Parent Teachers Association, the Village Water and Sanitation Coordination Committee and the Water and Sanitation Users Committee. At the district level, these include the District Health Office and District Education Office, and the District Water and Sanitation Coordination Committee, the latter of which is responsible for water and sanitation in schools as well as communities.

Within all these groups and committees we identified people as champions for MHM who can play a more active role in the project. These include MHM 'focal teachers', 'Female Community Health Volunteers' (who are community women trained as MHM promoters) as well as water and sanitation caretakers at schools, district education department resource officials, and health staff.

At district and community level, the project is being implemented by NEWAH, in coordination with the community-based organisations and government institutions and with technical support from WaterAid.

At the national level, WaterAid has an MOU with the Department of Education and is a member of the WinS working group (along with UNICEF and other development agencies).

## METHODS AND APPROACH USED

The project was designed based on WaterAid's programmatic approach, which combines analysis, service delivery, capacity development and advocacy to bring about change at different levels. The project incorporates core components of MHM programmes, including awareness-raising and information, improved WASH facilities, supply of menstrual materials, and institutional accountability.

### INFORMATION AND AWARENESS

In each school a focal teacher is identified by the School Management Committee and trained by NEWAH to provide MHM sessions at school for girls and boys. A 'School WASH Club', comprising of male and female students, is also established and trained to raise awareness among peers of good hygiene practices, including hand washing and MHM. The MHM focal teacher also has a role in supporting the School WASH Club. The School WASH Club members are linked to other Child Clubs in the community and share MHM information with girls in the Child Club who may not be at school. MHM training is also provided to the School Management Committees, and the Village Water and Sanitation Coordination Committees.

### FACILITIES

We are constructing or rehabilitating inclusive water and sanitation facilities in the schools that are child-, disabled- and gender-friendly, as per the Government of Nepal's Sanitation and Hygiene Master Plan of 2011. Though no specific guidance has been established for the plan, WaterAid aims to demonstrate appropriate standards within this project. This includes accessible water points and latrines, water and handwashing points at

appropriate heights for children and wheelchair users, ramps and sufficient space in latrines for wheelchair users, MHM-friendly sanitation facilities with water inside the latrines, and waste bins with lids or attached incinerators for used menstrual hygiene materials.

### SANITARY MATERIAL SUPPLY CHAINS

We are working with schoolgirls, female teachers, and women in the community to improve supply to ensure girls' access to affordable and hygienic sanitary materials. These include reusable cloths or pads and commercially available disposable pads. Our approaches include teaching women and girls how to make reusable cloth pads, establishing distribution outlets for disposable pads in village shops run by local women, and setting up emergency pad supplies in schools through contributions from families that are managed by the focal MHM teacher.

### INSTITUTIONAL ACCOUNTABILITY

We are working with schools, Village Development Committees and district level institutions responsible for WASH, education and health to raise their awareness of MHM, and how this relates to their respective mandates, relevant policies, standards and financial mechanisms. The project also facilitates linkages between the institutions at different levels to promote improved accountability. For example, the Government has allocated a specific budget for gender-separated toilets in schools – but stakeholders are not aware of this, or do not know which schools to target. Joint monitoring mechanisms – involving all stakeholders – are being established at the district level so that progress on WinS and MHM can be tracked, including schools that are not being directly targeted by the project.

## CONTINUOUS ANALYSIS AND REFLECTION

Learning initiatives have been undertaken to strengthen the design of interventions and the development of monitoring tools to track progress against project outcomes. These include mixed methods research in Udaypur and Sindhuli with girls, boys, teachers and mothers, a participatory photography project in Sindhuli, and project team reflections. A workshop was held involving project staff from all three districts and the national level specifically to review the learning and better understand:

1. The challenges that girls face in managing their menstruation;
2. What solutions the project should prioritise; and
3. How the project can influence national level policy and practice.

## MAJOR GOALS

The overall aim of the project is to contribute to achieving gender equality in schools and surrounding communities through increased access to inclusive water, sanitation and hygiene in targeted districts of Nepal.

The intended project outcome is that 28,701 people in Nepal gain access to sustainable, inclusive WASH services, including schoolgirls and teachers in 107 schools, and other women and girls in the community so that they are enabled to manage menstruation hygienically and with dignity. This will be measured through the following indicators:

1. The number of people with access to safe, inclusive, sustainable water and sanitation facilities including MHM for women and girls in schools.
2. The percentage of women and girls at school who are confidently practicing good MHM.

3. The percentage of school WASH projects for which public social and accessibility audits are conducted in the targeted schools, enabling recommendations at policy level.

The outcomes will be delivered through four main outputs. These are that:

1. Sustainable, inclusive WASH services are constructed or improved in 107 schools. This includes water and sanitation facilities, including menstrual hygiene and hand washing facilities at school level, and with operations and maintenance systems in place;
2. Schoolchildren, teachers and community members benefit from raised awareness of WASH rights and MHM for women and girls. This includes training and awareness raising for students, women and girls in the community, and representatives of local WASH, education and health institutions on WASH and MHM;
3. Sustainable supply chain mechanisms for MHM are developed to supply schools and surrounding communities in the targeted districts; and
4. Awareness-raising and capacity development of local, district and provincial level institutions is completed, to contribute to the development and implementation of national policies on inclusive school WASH. This includes training district officials on WASH and MHM policies and rights, local awareness-raising campaigns on MHM and WinS, and establishing monitoring mechanisms at district level with the engagement of local stakeholders.

## PROGRAMME SUCCESSES AND ACHIEVEMENTS TO DATE

So far, in the project period from November 2014 to March 2016, we have provided over 12,500 school children and 400 teachers in 28

schools with access to safe and inclusive MHM-friendly water and sanitation facilities. For the sustainability of the facilities, operation and maintenance funds have been established in 26 of the schools so far and caretakers have been trained to maintain the facilities.

School Wash Club members from 74 schools have been trained on their rights to water and sanitation, hygiene and MHM. Club members cascaded their learning to peers and out-of-school girls through training sessions and campaigns. Parent Teacher Associations, School Management Committees and School WASH Committees from the 74 schools were also trained on the right to water and sanitation, hygiene awareness and the importance of MHM facilities in schools. Village Development Committees, Health Post Management Committee members and staff were also trained so that schools are linked with the local primary healthcare centre (health posts). This will support the health centres to organise regular health clinics in schools as an institutional mechanism. It has been agreed with health posts to establish a menstruation resource centre (with information on MHM) in one of the programme Village Development Committees. Other locations for resource centres, including at schools, are under discussion with the relevant stakeholders.

There are now 152 MHM promoters, including teachers, Senior Health Facilitators and Female Community Health Volunteers, who have been trained and mobilised to ensure regular supply of menstrual hygiene materials in Village Development Committees and schools. As a result, not only medical outlets but also local beauty parlours and grocery stores now sell sanitary napkins in the community. At school, child clubs, Parent Teacher Associations and School Management Committees have taken up the responsibility to provide or sell sanitary pads

for female students. There have been 37 schools that have established hygiene donation boxes to make disposable sanitary pads easily available at schools. Students, visitors and teachers contribute to the donation box and child clubs and MHM focal teachers are responsible for the management.

There are also now 155 government officials that have been trained on WASH and MHM. District WASH Coordination Committee members and journalists carried out joint monitoring in eight schools in two districts. The project planning has been shared with the district officials in Siraha and Udayapur. They have agreed to coordinate and collaborate with the District Education Offices for the effective implementation of the project. The District Education Office in Udayapur has agreed to incorporate WASH into the existing government monitoring indicators.

The local-based staff noted that there is a high level of active participation by local stakeholders, indicating that the programme has been widely accepted by the users and relevant government stakeholders, despite menstruation being a topic that previously was not openly discussed. The project team also report that menstruation is now discussed more openly in the project schools. Male school teachers and boys have been involved in the awareness-raising and training sessions and are supporting the programme, for example through contributions to the sanitary materials fund in schools. Schools outside the projects areas (community and private) have also become aware of our intervention activities and are requesting similar projects in their schools. It is hoped that through our work at the district level, these schools may also be reached through action by the Government or other development partners.

## MONITORING & EVALUATION APPROACH

The monitoring and evaluation of the project is conducted by WaterAid and NEWAH against the project outputs and outcomes, and also by establishing ongoing institutional monitoring processes at local and district levels by the project stakeholders. The main components are described below.

For the project, a baseline study was carried out by NEWAH including an inventory of water and sanitation facilities in the targeted schools and of knowledge, attitudes and practices around MHM. NEWAH staff undertake regular monitoring in the schools and districts to track progress against planned activities and outputs. An endline study will be undertaken to monitor changes at the end of the project. The survey tools include observation checklists for facilities, as well as questionnaires and focus group discussions with students, mothers, teachers, School Management Committees and local institutions.

Separate research was also undertaken by local research institution HERD, with consultant researcher Dr. Joanna Morrison, to investigate further the challenges faced by girls in relation to MHM at school. Based on the findings, we are currently developing qualitative monitoring mechanisms to monitor changes in girls' confidence to practice good menstrual hygiene at schools, by identifying the factors that contribute towards girls' confidence. The final outcomes will be monitored through a qualitative study at the end of the project. We also intend to continue our participatory photography project, so that girls in the project districts will document their own perceptions of how improvements in their MHM have changed their lives for the better.

A mid-term review of the project was undertaken in November 2016 led by an external consultant. The review assessed trends in progress, the relevance and effectiveness of the approaches, technologies and strategies applied and lessons that can be learned and applied for wider impact.

Monitoring mechanisms established within the project to be maintained by stakeholders include the following.

- School Parent Teacher Association and School WASH Clubs are responsible for monitoring the day-to-day work of their respective school WASH activities.
- Joint monitoring visit by District WASH Coordination Committee, District Education Office, and Village WASH Coordination Committee, Water Sanitation Users Committee, other concerned stakeholders, and NEWAH: At the district level, District WASH plans include WinS. The district will monitor disbursement of funds, including for gender-separated toilets, and also progress on WinS coverage, including functionality of facilities. Joint visits of local stakeholders will be undertaken to schools to see the progress and understand the challenges.

## PLANS FOR SCALE-UP

By the end of this project, WaterAid and NEWAH will have demonstrated approaches for successful school WASH and MHM programmes. Through research, monitoring and evaluation, WaterAid will also have generated qualitative and quantitative evidence of how girls and boys lives change as a result of improved school WASH and MHM. This will create a high quality, practical evidence base for influencing replication and scale-up through central government fund allocations and decentralised local government implementation.

The project aims to demonstrate how the existing Government of Nepal policies and guidelines (such as the draft standards for WinS) can be implemented at the district level, as well as highlighting gaps in the policies and guidelines that need to be addressed, particularly in relation to MHM. By working through institutions such as the District and Village WASH Coordination Committees and District Education Offices, WaterAid will share project learning with local government institutions and civil society forums for replication. At the national level, we will disseminate learning with relevant ministries and development partners through the WASH in Schools Task Force and other sector forums.

fully institutionalise the awareness-raising and capacity development components so that these are embedded in education and health roles at the local level.

The project is aligned with national and district priorities for WASH and education. These include the drive for districts to achieve 'Total Sanitation', which includes WASH in education institutions and hygiene behaviour change. The project's focus on raising awareness and developing the capacity of local institutions as well as girls, mothers and community representatives is another critical factor to support scale-up. It has demonstrated an effective model – combining facility improvements, supply of materials, and awareness-raising – for addressing needs of the target population, and for supporting the delivery of sector priorities that, importantly, is highly appreciated by students and communities as well as local and district stakeholders.



## CHALLENGES AND FACILITATORS FOR SCALE-UP

The mid-term review of the project in December 2016 explored what factors might influence programme quality if an effort is made to take the programme to scale. The review highlighted the significant appreciation and ownership of the programme by all stakeholders and high levels of motivation to incorporate learning from the project outside of the target schools. A key challenge for scale-up of the approach is to

### Opportunities and challenges

During the workshop with the project team, reflecting on the research and experiences to date, a number of challenges were discussed.

The 'social mobilisers', who are NEWAH's frontline workers, reported that it is difficult to address cultural and religious taboos around menstruation and that these are often maintained by the elder females such as mothers and other female relatives. Our research also showed that girls feel more comfortable getting information on menstruation and menstrual hygiene from their mothers or female relatives than from teachers. Yet mothers also shared that they do not know the facts about menstruation – and teachers reported not feeling confident enough to teach students about it. Therefore, the project team decided to place more focus on increasing MHM knowledge and awareness with mothers, to provide the basic

facts about menstruation and promote discussion on taboos and restrictions. At the same time, we are continuing to provide training to teachers to improve their confidence and competence to give menstrual hygiene sessions and to provide other MHM support to girls at school.

The social mobilisers also highlighted that they do not have child-friendly tools and age-appropriate information for younger girls so that they are informed about menstruation before they reach menarche. There is also very limited information and experience about this globally. Accordingly, the project is planning to develop and test an information and communication package for younger girls within the remaining project period.

Operations and maintenance is a critical challenge that must be addressed to ensure the sustainability of the project. Our research highlighted that one of the reasons that girls did not change their pads in school was because toilets are often dirty. With this in mind, the project is putting significant emphasis on working with School Management Committees and Parent Teacher Associations to raise awareness of their responsibilities toward establishing funds and monitoring cleanliness, to ensure that WASH facilities are maintained properly. One of the reasons why facilities are not maintained is due to lack of water, so we are also exploring alternative sources such as rainwater harvesting where this is an issue. Finally, we are looking to refine our communications materials to provide more positive messaging on menstruation and menstrual hygiene, to address existing associations with disease, vulnerability and pollution that may also deter girls from using sanitation facilities during their periods.

## RECOMMENDATIONS FOR OTHERS HOPING TO LEARN FROM THIS EFFORT

Many of the key approaches that we would recommend, and how they have been refined during the project period so far are described above. In general though, one of the most critical aspects necessary for the success of the project is the emphasis on continuous learning and reflection, involving the participation of all stakeholders in the project. This has enabled us to understand better the challenges faced by our target groups, engage them in determining effective solutions and then refine our programme approaches accordingly.

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## POSTER SESSION

For the first time, the conference included a virtual poster session, enabling an expansion of the breadth of content and countries represented. Participants could view and leave comments for the authors through the online platform. The posters showcased recent research on MHM and education, experiences in programme implementation, and knowledge sharing.

The posters can be viewed at

<http://washschoolsmapping.com/mhm-conference-posters.html>



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Poster Title	Organisation	Country of Focus	Contact
<b>Informal Teacher MHM Practices in Goma, DR Congo</b>	Columbia University Teacher's College	Democratic Republic of the Congo	Emily Bishop <a href="mailto:esb2162@tc.columbia.edu">esb2162@tc.columbia.edu</a>
<b>Engaging Faith Groups on Menstrual Health: Capturing the Voices of Christian and Muslim Girls, Faith Leaders, Teachers and Women's Groups in Uganda</b>	Faith in Water	Uganda	Susie Weldon <a href="mailto:susie.weldon@faithinwater.org">susie.weldon@faithinwater.org</a>
<b>Peace Corp Volunteer Perspectives: Using Volunteer Insights and Connections to Inform and Improve MHM Programming at Huru International</b>	Huru International	Global	Emily Hoppes <a href="mailto:ehoppes@huruinternational.org">ehoppes@huruinternational.org</a>
<b>MHhub</b>	Menstrual Health Hub	Global	Danielle Keiser <a href="mailto:info@mhub.org">info@mhub.org</a>
<b>A Multi-Sectoral Approach to Improving MHM in Schools in Uganda: Experience and Lessons</b>	Ministry of Education and Sports	Uganda	Angela Nakafeero <a href="mailto:angelanakafeero@gmail.com">angelanakafeero@gmail.com</a>
<b>MHM 'Training of Trainers' in Schools; Our Future Student Leaders</b>	NHS Thames Valley & Wessex Leadership Academy, UK	Cambodia	Nervana Ibrahim <a href="mailto:nervana.ibrahim@googlemail.com">nervana.ibrahim@googlemail.com</a>
<b>Menstruation and the Cycle of Poverty: A cluster Quasi-Randomised Control Trial of Sanitary Pad and Puberty Education Provision in Uganda</b>	Oxford University	Uganda	Julie Hennegan <a href="mailto:julie.hennegan@spi.ox.ac.uk">julie.hennegan@spi.ox.ac.uk</a>

Poster Title	Organisation	Country of Focus	Contact
<b>Designing for Change: Exploring MHM Challenges and Solutions for Change in 3 Schools in Ethiopia</b>	Plan International & Be Girl	Ethiopia	Caitlin Gruer <a href="mailto:Caitlin.Gruer@planusa.org">Caitlin.Gruer@planusa.org</a>
<b>To Be Heard: Generating Evidence of Girl's MHM Information Needs in Pakistan</b>	Real Medicine Foundation	Pakistan	Zubia Mumtaz <a href="mailto:zmumtaz@ualberta.ca">zmumtaz@ualberta.ca</a>
<b>A Validation Study of Puberty and Gender Workbooks for Very Young Adolescents in Cochabamba, Bolivia</b>	Save the Children	Bolivia	Kathleen Trocin <a href="mailto:kathleenetrocin@gmail.com">kathleenetrocin@gmail.com</a>
<b>Filling the Knowledge Gap on MHM in Peri-Urban Areas in Senegal</b>	Speak Up Africa	Senegal	Fara Ndiaye <a href="mailto:fara.ndiaye@speakupafrika.org">fara.ndiaye@speakupafrika.org</a>
<b>MHM Issues in Timor Leste</b>	Water Aid	Timor Leste	Getrudis N. Mau <a href="mailto:getrudis.mau@wateraid.org.au">getrudis.mau@wateraid.org.au</a>
<b>Gender and Sex Inequities in WASH Represented Through Existing WHO/UNICEF Joint Monitoring Programme(JMP) Estimates</b>	World Bank	Global	Libbet Loughnan <a href="mailto:lloughnan@worldbank.org">lloughnan@worldbank.org</a>
<b>Making Menstrual Hygiene Matter in Schools and Communities in Papua New Guinea</b>	World Vision	Papua New Guinea	Lorna Maso <a href="mailto:Lorna_Maso@wvi.org">Lorna_Maso@wvi.org</a>
<b>The Nia Project: Girl-Led Design of a Menstrual Health Product Offering in Kenya</b>	Zana Africa	Kenya	Annie Smith <a href="mailto:anne@zanaafrica.com">anne@zanaafrica.com</a>

## CONCLUSIONS

### **There is growing evidence demonstrating the diverse challenges menstruating girls face in school environments – challenges affecting their physical and mental health, their education, their safety, and their dignity.**

There can be no doubt that improving MHM for girls around the world will directly contribute to the achievement of the Sustainable Development Goals, including the goals and targets addressing the need for clean water and sanitation (SDG 6), gender equality (SDG 5), quality education (SDG 4) and good health (SDG 3).

The theme of this year's conference was Capturing Girls' Voices: Channelling Girls' Recommendations into Global and National Level Action. In keeping with this theme, the majority of the presentations focused on sub-national interventions that were designed to comprehensively respond to girls' expressed needs. These good practice examples set a model for practitioners in other countries or regions. They also showed very clearly the uniqueness of each setting; the quality of facilities and educational materials, for instance, varied hugely even within regions of one country. Designing, implementing, and monitoring effective programmes that can go to scale therefore remain key challenges.

There were, however, clear recurring themes and experiences both from the conference and captured within this document that all of us working to improve MHM for girls around the world can learn from.

MHM is clearly a sensitive topic, surrounded by many different local taboos and deep-rooted,

culturally-based beliefs. Challenging such beliefs – or simply getting past the embarrassment of talking about bodily functions – to improve MHM for girls is not easy. Sometimes 'traditional' approaches, for example, the use of focus group discussions and key informant interviews, will not be as effective. But we have seen innovative, thoughtful approaches: breaking the ice and facilitating discussion through games or activities, or interviewing girls with a friend they feel comfortable with, for example, can be highly successful.

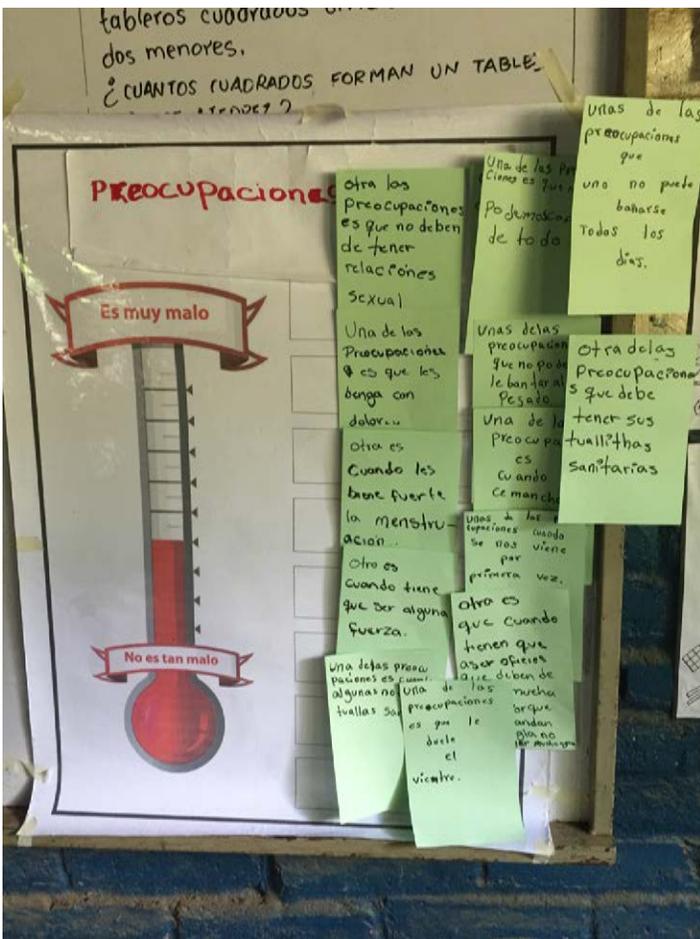
We have also heard how important it is that work on MHM be a cross-sectoral effort. Sustainability rests on collective engagement that reaches past the narrow field of WASH practitioners and experts. Building a broader consensus, to show that improvements in MHM can be mutually reinforcing for other policy and practice areas, is something we must all work towards.

Presentations showed the central role of advocacy in creating an enabling environment for MHM in schools. Without government leadership and a supportive policy environment, it is not possible to address taboos related to menstruation, nor ensure consistent changes at the school level. Involving government and ministries in the research can be critical to this. It can establish 'buy-in' at an early stage, making it more likely that they will support research findings, and more likely to support implementing – and funding – subsequent action.

Another sometimes overlooked but recurring theme from the conference is the importance of exploring ways to involve boys and men in addressing what is such a female issue. Conference presenters and participants stressed that this can be a vital element to a successful programme. It can range from including boys in

the formative research and working to change their attitudes, to including men to facilitate advocacy events. However it is done, the message should be clear and unequivocal: the responsibility for improving MHM rests with everyone – male and female alike.

These are just some of this year’s strong recurring themes. But something that links them all – and which was the overarching message from the conference – was the continuing need for strong, reliable evidence in what is for many countries a new policy and practice area. Indeed, it is only through building the evidence base that we will move beyond research gathering to what is our ultimate goal: effective action for every girl in need.



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## MENSTRUAL HYGIENE MANAGEMENT IN WASH IN SCHOOLS CASE STUDIES

**Bolivia:** MHM Basic Package Building and Implementation in the Amazon

**Burkina Faso:** Using the Government as an Action-Research Leader to Create MHM “Champions” for Girls

**El Salvador:** Changes in MHM Education Programme based on Girls’ Expressed Needs

**India:** MHM for School Girls

**Indonesia:** MHM Programming in Schools

**Kyrgyzstan:** Girls Voices Reaching the Government

**Kenya:** “Policize” not “Politicize”: Advocacy to include provision of sanitary pad in schools into the policy framework as a sustainable strategy towards gender equality in education

**Nepal:** Translating Girls Voices into Action in Emergencies: Lessons from the Nepal Earthquake

**Nepal:** Responding to Girls’ Voices through Programme and Policy Change in Nepal

For more information on this publication and menstrual hygiene management as part of WASH in Schools programmes, contact Brooke Yamakoshi at UNICEF, [byamakoshi@unicef.org](mailto:byamakoshi@unicef.org), or Marni Sommer at Columbia University, [ms2778@columbia.edu](mailto:ms2778@columbia.edu).



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