INNOVATION IN MHM: PUTTING GIRLS AT THE CENTER

Proceedings of the 8th Virtual Conference on Menstrual Hygiene Management in Schools

21 May 2020
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## LIST OF ACRONYMS

- ACMHM: African Coalition for Menstrual Health Management
- DFAT: Australian Government’s Department of Foreign Affairs and Trade
- HCD: Human-centred design
- JMP: Joint Monitoring Programme
- MHH: Menstrual Health and Hygiene
- MHM: Menstrual Health Management
- MPNS: Menstrual Practice Needs Scale
- NWDB: National Water Supply & Drainage Board
- SACOSAN: South Asian Conference on Sanitation
- SDG: Sustainable development Goals
- USAID: United States Agency for International Development
- WASH: Water Sanitation and Hygiene
- WASIP: Water Supply & Sanitation Improvement Project
1. ACKNOWLEDGEMENTS

The 8th Virtual Conference on Menstrual Hygiene Management (MHM) in Schools and this publication are the result of research, presentation development and ongoing efforts from contributors around the world, including:

- Nilusha Patabendi, UNICEF Sri Lanka
- Sunil Shanthasiri, National Water Supply and Drainage Board, Sri Lanka
- Gerda Binder, UNICEF East Asia & Pacific Regional Office
- Milena Bacalija Perianes, Criterion Institute
- Julie Hennegan, Johns Hopkins Bloomberg School of Public Health
- Alyson Moskowitz, Sesame Workshop

The organisers would like to thank the 2020 conference moderators and discussion participants for their contributions and reflections: Cristina Ljungberg (The Case for Her), Leeat Gellis (Grand Challenges Canada), Puleng Letsie (African Coalition on Menstrual Health), Sylvia Cabus (USAID Office of Gender Equality and Women’s Empowerment), Evariste Kouassi Komlan (UNICEF East Asia & Pacific Regional Office), Chelsea Huggett (WaterAid Australia), Patty Alleman (UNICEF NYHQ), Radu Ban (Bill & Melinda Gates Foundation), Gloria Lihemo (UNICEF Regional Office for South Asia), Ina Jurga (WASH United) and Matt Nash (Duke Innovations & Entrepreneurship).

The organisers also gratefully acknowledge Spark Street Digital for their technical support to make the virtual conference a fully online event.

2. CONFERENCE OVERVIEW

The Virtual Conference on Menstrual Hygiene Management (MHM) in Schools enables the global sharing of new ideas and “lessons learned”, connecting people working on MHM in schools across a wide range of countries. This year’s theme was ‘Innovation in MHM: Putting Girls at the Centre’. The conference highlighted examples of programmes that had found innovative ways to identify and address barriers to safe, dignified MHM in schools. The conference featured presentations that illustrated five priority categories of innovation for UNICEF: products, technology, financing, programming and monitoring. This year marked the highest number of abstracts received for verbal presentations in any year of the conference so far, reflecting a strong momentum for MHM in schools research, programming and learning around the world.
### Agenda of the Virtual Conference:

<table>
<thead>
<tr>
<th>Time (EST)</th>
<th>Title</th>
<th>Presenter(s), Organization(s)</th>
<th>Country</th>
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<tbody>
<tr>
<td>7:00 – 7:15 am</td>
<td>Welcome / Introduction</td>
<td>Patty Alleman, Sr Gender Adviser, UNICEF</td>
<td>Global</td>
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#### Session I: Innovation in Products, Technology and Finance

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<th>Time (EST)</th>
<th>Title</th>
<th>Presenter(s), Organization(s)</th>
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<tr>
<td>7:15 – 7:45 am</td>
<td>Locally appropriate safe disposal systems for MHH facilities in schools of Sri Lanka: From open dumping to incineration</td>
<td>Ms Nilusha Hetti, UNICEF Sri Lanka</td>
<td>Sri Lanka</td>
</tr>
<tr>
<td>7:45 – 8:15 am</td>
<td>Ovy Period Tracker App for Girls - Putting girls at the heart of digital solutions for menstrual health and hygiene</td>
<td>Gerda Binder, UNICEF</td>
<td>Mongolia, Thailand, Indonesia</td>
</tr>
<tr>
<td>8:15 – 8:45 am</td>
<td>The Case for Trade Finance in the Pacific: Creating Inclusive MH Markets Using Innovative Finance</td>
<td>Milena Bacalja Perianes, Criterion Institute</td>
<td>Pacific Islands</td>
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#### Panel Discussion

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<th>Time (EST)</th>
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<th>Presenter(s), Organization(s)</th>
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<tbody>
<tr>
<td>9:00 – 9:30 am</td>
<td>Discussion panel: Innovations in MH</td>
<td>• Sylvia Cabus, Sr Gender Adviser, USAID</td>
<td>Global</td>
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<td></td>
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<td>• Cristina Ljungberg, Founder, The Case for Her</td>
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<td>• Least Gollis, Open Innovation Director, Grand Challenges Canada</td>
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<td>• Pulang Lettie, Coordinator, African Coalition on MHM</td>
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#### Session II: Innovation in Programming and Content

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<th>Time (EST)</th>
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<th>Presenter(s), Organization(s)</th>
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<tr>
<td>9:30 – 10:00 am</td>
<td>A new way to measure girls’ menstrual experiences: The Menstrual Practice Needs Scale (MPNS-36)</td>
<td>Julie Hennegan, Johns Hopkins Bloomberg School of Public Health</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>10:00 – 10:30 am</td>
<td>Girl Talk: Sesame Street’s Foray into Menstrual Hygiene Management</td>
<td>Alyson Moskowitz, Sesame Workshop</td>
<td>Uganda</td>
</tr>
<tr>
<td>10:30 – 10:42 am</td>
<td>Discussants</td>
<td>• Radu Ban, Bill &amp; Melinda Gates Foundation</td>
<td>Global</td>
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<td></td>
<td></td>
<td>• Gloria Lhemo, UNICEF Regional Office for South Asia</td>
<td>Global</td>
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<tr>
<td>10:42 – 10:45 am</td>
<td>Update on Menstrual Hygiene Day</td>
<td></td>
<td>Global</td>
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<tr>
<td>10:45 – 11:00 am</td>
<td>Closing Remarks</td>
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### Box 01: Duke-UNICEF Innovation Accelerator

The 2020 MHM in Schools conference was aligned with the Duke-UNICEF Innovation Accelerator, which was established to help social entrepreneurs acquire the knowledge, tools, and networks necessary to improve the lives of children around the world. The Accelerator identifies innovative and impactful approaches, products, technologies and business models to address critical challenges facing children across Africa, emphasizing issues of greatest priority to UNICEF. The first two cohort themes are Menstrual Health and Hygiene with a focus on East Africa.

The goal of the Accelerator is to increase the effectiveness, sustainability, and scale of impact of some of the most promising solutions to critical challenges facing the world’s children. Ultimately, the Accelerator supports UNICEF’s goal to give a fair chance in life to every child, everywhere, especially the most disadvantaged.

### Box 02: Impact of the COVID-19 pandemic on menstrual health and hygiene

The pandemic impacts girls’ ability to manage their MHH with in privacy and with dignity. There have been multiple reports of reduced access to normal menstrual supplies and services, and rising prices due to disrupted supply chains. Certain groups of women and girls may face further hardships, such as health care workers, those living in government-mandated ‘lock downs’, or those in quarantine or self-isolation due to illness. Girls with limited resources are affected the most. Overcoming these challenges will require not just stronger social protection systems, but also innovative ways of reaching the most vulnerable with information, supplies, and services.

For more information, a brief on mitigating the impacts of COVID-19 on MHH is available here.

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The conference was streamed online for the third year, reaching an estimated 1,200 participants from over 110 countries around the world.

The conference featured five presentations spanning countries and regions across the world, illustrating different types of innovative approaches to MHM in schools, as well as a panel discussion focusing on priorities for innovation.

The first session featured three presentations. The Sri Lankan National Water Supply and Drainage Board and UNICEF Sri Lanka presented on changes to the disposal of menstrual materials; UNICEF East Asia & Pacific Regional Office showcased their girl-centric period tracker app; and the Criterion Institute shared their work on developing markets for menstrual materials in the islands of the Pacific. Following the presentations, two discussants from UNICEF East Asia & Pacific Regional Office and WaterAid Australia reflected on the implications what was presented for the field.

The first session was followed by a panel discussion between The Case for Her, Grand Challenges Canada, the African Coalition on MHM and USAID on priorities for innovation in menstrual health and hygiene.

The second session included two presentations, from Johns Hopkins University, on the development of a new measure for monitoring menstrual experiences in Uganda, and from Sesame Workshop, on their development of an MHM programme in Zimbabwean schools.

This year marks the 25th anniversary of the 1995 Fourth World Conference on Women, where the Beijing Declaration and Platform for Action was adopted – widely regarded as the most progressive blueprint ever for advancing women’s rights. The Platform for Action imagines a world where each woman and girl can exercise her freedoms and choices and realise all her rights. The anniversary of its adoption is a reminder, should we need one, that the world is still a long way from that ambition – and that we must continue to champion MHM in schools, if it is ever to be achieved.

A virtual conference breaks down geographical, financial, and institutional barriers to participation. Despite widespread travel restrictions due to the COVID-19, this year’s conference had well over 1,000 participants. The registered participants reflected an increasingly diverse global community engaged in MHH. For the first time, this year’s conference was fully online, with no physical conference location or in-person participants. Participants included representatives from government ministries, civil society organisations, donor agencies, academic institutions, private companies, and United Nations agencies (Figure 3), and worked in a range of sectors, including gender, health, adolescent development, and WASH (Figure 2).

This conference saw its highest number of pre-registrations ever, with 1,830 pre-registrations from 116 countries. The highest number of registrants came from the United States of America, India, Nigeria, Bangladesh, and Nepal (Figure 1).

On the day, 1,124 unique viewers from 81 countries tuned in to the conference livestream. The countries with the highest number of viewers were the United States of America, India, Bangladesh; Kampala, Uganda; Lagos, Nigeria; Nairobi, Kenya; and Accra, Ghana. Of those who joined, 70 per cent of the viewers were women, 24 per cent were men and 6 per cent preferred not to say.

For the first time, captions in French were made available, along with the usual captions in English. Compared to last years, participation from West and Central Africa and France was higher.

The conference was recorded and can be viewed at www.mhmvirtualconference.org.

Figure 1: Distribution of conference participants by country. Intensity of colour represents the number of participants, with darker colours indicating more participants. (Disclaimer: This map reflects Position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.)
Figure 2: Distribution of conference participants by sector

- WASH: 54%
- Health: 21%
- Education: 13%
- Nutrition: 1%
- Disability: 1%
- Gender: 9%
- Protection: 2%
- Academic Institution: 8%
- UN/International Organization: 17%
- Private Sector: 9%
- Other: 9%
- Nutrition: 1%
- Health: 21%
- Disability: 1%
- Gender: 9%
- Protection: 2%
- Academic Institution: 8%
- UN/International Organization: 17%
- Private Sector: 9%
- Other: 9%

Figure 3: Distribution of conference participants by background

- Civil Society: 12%
- Government: 8%
- Foundation: 5%
- International NGO: 32%
- Other NGO: 9%
- Private Sector: 9%
- Un/International Organization: 17%
- Academic Institution: 8%
- Disability: 1%
- Education: 12%
- Gender: 9%
- Other: 9%
4. DIGITAL ENGAGEMENT

From the first conference back in 2012, participation and knowledge exchange among those joining the conference has always been actively encouraged. However, such sharing of knowledge and experiences between the global community of practitioners on MHH in schools has proved difficult to sustain outside the conference itself.

To increase the exchange of knowledge and experience on MHH in schools, the 8th Virtual Conference was preceded by nine weeks of facilitated pre-conference online discussion, held on the WASH in Schools Network ‘Yammer’ online discussion group. The discussion group can be found here.

There were three online pre-conference discussions, each focused on a specific topic:

1. Innovation in MHH programming: Making interventions context-specific can often lead more from failure than from success. While organisations can often find talking about or analysing failure difficult or even painful, it can be invaluable – helping them to enhance their (and others’) programming.

2. When things go wrong in menstrual health and hygiene practice, programming, or policy:

3. Regional networks and partnerships for MHH in schools: Connecting practitioners and researchers at regional level (made up of four separate groups, covering: Americas and Europe, Asia and the Pacific, Western and Central Africa and Southern and Eastern Africa).

DISCUSSION 1 SUMMARY - Innovation in MHH: making interventions context-specific and inclusive. Moderated by Janita Bartell, WASH Specialist, UNICEF; Audrey Franchi, Knowledge Management, UNICEF.

For the first pre-conference discussion, eight people from seven different countries and three continents shared their experience around context-specific, integrated MHH programming, describing what their organization and partners/government do in their country to address menstrual hygiene needs of girls in schools. When applicable, they further elaborated on the aspects below.

a. What context-specific factors do your program identify that prevent girls from managing their period in a healthy and dignified way?

b. How are girls, boys, women and men, including those living with disability, involved in designing the program approach, focus and activities?

c. How did the program involve women, men, girls and boys during the implementation phase of the activities?

Participants discussed a range of menstrual products for girls, with a focus on reusable pads and menstrual cups. The participants stated their hopes that reusable products could have a positive impact both in terms of girls’ health and reduction of environmental impact. Daniel from the Global Health Foundation wrote that through their social enterprise, they “produce and distribute reusable sanitary pads to improve access to affordable and available sanitary materials, to improve menstrual hygiene, reduce prolonged use, create a resilient climate change adaptation and reduce the burden of sanitary waste on poor waste management systems.”

Many of the participants pointed out that girls are often hesitant to adopt reusable products, with reluctance ranging from initial hesitation to outright rejection. The usual concerns, they noted, were due to perceptions of comfort, or hygiene, as well as the perceived safety of the products (from both health and cultural perspectives), especially with products that are inserted into the vagina, such as menstrual cups. The participants highlighted the need to work closely with girls to address these barriers, and to identify products that are suitable for them. Susie from Faith in Water described how their programme responded to girls’ feedback: “We were providing four pads and our girls complained these were not enough, so we (...) increased the number to five, and are also teaching them to make pads as a school club activity.”

All participants agreed that providing sanitary products alone is not enough. Most described programmes providing MHH kits (usually including underwear, spare sanitary materials, bags, information materials, handwashing / laundry items, etc.) as part of a wider range of activities, including education about menstruation and the provision or rehabilitation of sanitation and handwashing facilities at school.

Participants highlighted the connection between girls’ inability to manage their period adequately with them missing school. Daniel went further, highlighting that leakage, stigma, discrimination and teasing also “excludes girls from participation in extra-curricular and social activities” in Nigeria. Flora highlighted the different needs of “women in non-traditional roles” to manage their periods.

Finally, all participants described some stigma around menstruation, often linked in some way to menstrual blood. Sarah from IGEA Enterprise also described how “period pain was [perceived] as a form of punishment that [was] not normal, girls are [considered] dirty once they had their period.” Daniel mentioned “religious belief around menstruation, the long-held perception around menstruation.” To help address this, his programme involves boys and men as ‘menstruation champions’.

The main thrust of the discussion outlined a clear need for comprehensive MHH in schools programming that goes beyond providing materials to girls. This includes access to services and facilities to manage their period, as well as psycho-social and community support to learn about and feel more comfortable with menstruation. It also means being responsive to girls’ needs, wishes, fears and feedback in MHH programming.

DISCUSSION 2 SUMMARY - When things go wrong in menstrual health and hygiene practice, programming, or policy. Moderated by Danny Barrington, University of Leeds, WASH Failures Project; Virginia Kamowa, WSSCC.

During the second pre-conference discussion, 25 people from 11 different countries and three continents shared their experience on learning from MHH Failures, describing a project, program or activity they worked on that failed to produce the intended outcome. They were prompted to answer these questions:

a. What was the intervention and intended outcome(s)?

b. How did you know that you did not reach your intended outcomes?/

c. Did you produce any unintended outcomes? Which ones? How did you know?

d. What did you learn from the failure and what would you do differently next time?

The discussion was on the topic of when things go wrong in menstrual health and hygiene practice, programming, or policy. The topic was inspired by the fact that we can often learn more from failure than from success. While organisations can often find talking about or analysing failure difficult or even painful, ultimately it can be invaluable – helping them to enhance their (and others’) programming.

Participants discussed a range of menstrual health and hygiene projects that did not turn out as planned. Dani from the WASH Failures Project wrote that she “realised that they had taken my ideological rants about how ‘menstruation shouldn’t be a taboo subject’ a little too literally: these failed works on that failed to produce the intended outcome. They were promoted to answer such questions:

- When things go wrong, it didn’t go down well.” Dani said it reminded her that a) qualitative research is necessarily reflexive, and that b) she should be much clearer about this when training other researchers.

Participants all noted that Western perspectives being applied to projects and crowding out other voices can lead (and has led) to programme failures. Janita from
UNICEF wrote that “often when initiatives become stuck... we look at the schoolgirls that are not in line with ‘our’ Western theory and ask how we can get them to comply with what we designed. But what if it was the other way around – that our Western theory was not in line with these girls’ reality?”

Put simply, MHM programmes often fail because they fail to understand the bigger picture, or listen effectively to the voices of those they are trying to support.

Participants also highlighted that programmes promoting disposable sanitary materials can run into serious problems if they do not consider waste management. This illustrates what happens if a programme is more a collection of stand-alone activities, and fails to take a broader, holistic approach with a number of re-enforcing elements. Such issues are further compounded if monitoring and evaluation mechanisms or indicators are lacking, meaning activities are unlikely to achieve the impact that was hoped for.

Participants agreed on the need for adolescent participation in project design in MHM in schools programming, in order to get a broader community perspective and gain a better understanding of their needs and preferred solutions. Adolescent participation also helps establish and develop trust between them and service providers, so they are more likely to engage with them and provide feedback.

Once a failure is identified, participants suggested that organisations should reflect on their actions, and how they influenced and shaped the programme. This should form the basis of discussions with implementing partners and other relevant stakeholders, in order to have an open, frank and inclusive conversation about what went wrong.

Few organisations are good at talking about what went wrong when programming runs into problems and failures. This makes it difficult to learn from failure, share good practices, and ultimately avoid making the same mistakes over and over again. For Virginia, from WSSC, “collective efforts are key to finding the best solutions and turning failures into valuable lessons.” This is why, for example, there is a whole section in the Humanitarian Innovation Fund’s WASH Innovation Catalogue dedicated to things that went wrong and – most importantly - what was learned from them.

The discussions in the second pre-conference discussion were extremely lively and provided a great range of experiences. Specific solutions were not explored, for example on how systems failures in MHM programmes could be addressed, or how organisations could proactively identify potential problems with MHM projects. The principles of The Nakuru Accord could be extremely effective if applied to MHM programming; they were developed in 2018 to consider ways to ‘fail better’ in the WASH sector.

Discussion 3 Summary – Regional networks and partnerships for MHM in schools: connecting practitioners and researchers at regional level. Moderated by Chelsea Huggett, WaterAid Australia; Puleng Letsie, African coalition on MH, hosted by UNFPA

During the third pre-conference discussion, nine people from five different countries and three continents shared their experience on Advancing Regional Collaboration and Sharing for Innovation. This round of discussion was intended to connect people with one another and with existing networks by elaborating on some of the questions below:

a. Are you looking for new partnerships to advance or scale up your MHM programming? What kind of partnership?

b. What kind of knowledge or skills are you looking for to advance your MHM programming?

The intention was to connect practitioners and researchers at regional level, to strengthen a growing number of regional initiatives and new partnerships to advance or scale up MHM programming. Four discussion threads for different regions were established: The Americas and Europe, Asia and the Pacific, Western and Central Africa, and Eastern and Southern Africa.

The Western and Central Africa thread was particularly active. The African Coalition for Menstrual Health Management (ACMHM) was identified as an opportunity to expand collaboration. The ACMHM was launched during the 2018 inaugural East and Southern Africa Menstrual Health Management Symposium and works in line with the Johannesburg Call to Action: Improving Menstrual Health Management in Africa.

Their aim is to address the MHM needs of girls and women in Africa throughout their menstrual life cycle, through strengthening coordination among key stakeholders, building on and supporting the evidence base, better transitioning research to action, supporting multi-sectoral policy making, and scaling up evidence-based, sustainable MHM programmes.

In other discussion groups, participants from India engaged the regional discussion on the topic of ‘menstruation at the margins’. Several NGOs from Sudan and Nigeria were interested in seeking the advice and experiences of others and exploring partnerships. Several programming challenges were discussed – for example, how language can be a barrier to broader participation in coordination forums and partnerships, meaning invaluable lessons learned from other regions can be missed.

Engagement during the virtual conference

During the conference, participants from around the world used the real-time conference polling tool on the conference platform to ask questions to the presenters and moderators. A total of 748 people shared questions or ‘upvoted’ the ones they preferred, and a total of 222 questions were asked.

The question box was most active around: how to manage MHM during a pandemic; the importance of engaging men and boys on MHM (helping to change their attitudes towards girls and women); how to allow widespread distribution of sustainable hygiene products in low-income countries; and the safe disposal of menstrual products.

The exchanges initiated during the conference were continued on the WASH in Schools Network Yammer online discussion group. The group provides an invaluable space to continue conversation, share new research and best practices, ask questions of peers, and maintain connections with other MHH champions around the world. Presenters were answering questions after their presentations on this platform and generated 32 comments on different discussions threads.

On social media, hundreds of people used the hashtags #MHMConf and #MenstruationMatters to share messages, photos and resources. The @UNICEFWater Twitter account was mentioned 349 times and the #mhmconf was used over 100 times, creating a social media reach of over 87,000 people.
Innovation in MHM: Putting Girls at the Center

Introduction

Adolescent girls’ inability to effectively manage menstrual hygiene affects their education, physical health, psychological and emotional well-being, and general quality of life. In 2015, the Sri Lankan Ministry of Education conducted a knowledge, attitudes and practices (KAP) study of students across Sri Lanka, including in 286 schools that were part of a school WASH programme implemented by the Government and supported by UNICEF. In total, the survey interviewed 1,691 adolescent girls from 400 schools, representing all districts of the country. Overall, the girls’ attitudes towards menstrual hygiene were found to be positive – but they indicated that they were not comfortable discussing menstruation with peers, family or parents. The survey found that less than half of adolescent girls had adequate knowledge about menstruation, including how it relates to reproduction.4

One specific challenge identified was the absence of an effective or sustainable method of disposal for disposable sanitary materials at schools. In rural areas, the most common disposal method for used sanitary materials was dumping in open or closed pits, or burning in the open. In areas with municipal waste collection, used materials were usually collected in separate dustbins before mixing with municipal waste streams.6

Methodology

To address the challenges of sanitary material disposal, UNICEF and the Ministry of Education Services developed a local design for dry pits to be used. The design was adapted and modified based on local expertise, feedback received from project implementing staff, and comments from girls themselves. Changes were made to ensure user-friendliness and privacy, as well as efficiency of operation and maintenance, and ease of increasing the capacity of the system. One design allows for used sanitary materials to be disposed of easily via an opening inside the girls’ toilet that leads directly to an enclosed dry pit. The opening is closed with a lid (metal or wooden) and the chute inside the wall directs the waste to an underground sealed pit, constructed outside the main latrine structure.

5.1 Locally Appropriate Safe Disposal Systems for MHM Facilities in Schools of Sri Lanka: From Open Dumping to Incineration

Ms Nilusha Hetti, UNICEF Sri Lanka (nhettit@unicef.org)

Mr Sunil Shanthasiri, National Water Supply and Drainage Board, Sri Lanka (sunilshanthasiri@gmail.com)

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5. Conference Presentations

5.1 Locally Appropriate Safe Disposal Systems for MHM Facilities in Schools of Sri Lanka: From Open Dumping to Incineration

Ms Nilusha Hetti, UNICEF Sri Lanka (nhettit@unicef.org)

Mr Sunil Shanthasiri, National Water Supply and Drainage Board, Sri Lanka (sunilshanthasiri@gmail.com)

INTRODUCTION

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6 Based on field observations by UNICEF staff
As part of this programme were selected designs and MHM facilities developed for the design made of concrete is US$444. Stainless steel is US$660 and average cost to construct or manufacture the chamber.

Another model for safe disposal consists of a small incineration chamber which is connected to the girls’ toilet. The method consists of trays for used sanitary napkins, gas provided for burning the waste, another tray to collect the ash, and a chimney to emit gases and smoke during burning.

The design for burning with gas was developed by the engineers of the NWDB (National Water Supply & Drainage Board) as a part of the WASIP (Water Supply & Sanitation Improvement Project), which is funded by the World Bank. UNICEF has supported the project through the sharing of designs, as well as the accompanying guidelines developed for schools, and other information generated as part of the project’s preparation and development.

RESULTS

The sealed dry pit method requires secondary treatment options, once the pit is full. Some schools have added lime or ashes to the dry pit to accelerate the decomposition, but secondary treatment options are still required for non-degradable material. The secondary treatment solution selected was a locally appropriate, cost-effective design for incineration. Incinerators are attached to the toilet facility, with residual ashes collected in a removable tray, with a chimney connected to the incineration unit designed to emit smoke at a high level above ground, to reduce air pollution. The incinerator is attached to the girls’ toilet, to avoid them being seen having to go outside the facility to take used materials to the incinerator. The model is user-friendly, environment-friendly and cost-effective.

Two costing options are available for the chamber, based on the type of material used to construct or manufacture the chamber. The average cost for the design made of stainless steel is US$660 and average cost for the design made of concrete is US$444. While a high percentage of schools in Sri Lanka still have no solution for the disposal of menstrual materials, and very few schools have dry pits and incinerators as safe disposal methods, the new incinerator designs and MHM facilities developed as part of this programme were selected for situating in 10 public places (including bus stands and religious places). The wider concept of women-friendly spaces was promoted along with these MHM innovations in public places, including female-only spaces to rest, with washing facilities and private areas for breastfeeding.

The designs developed as part of this project have prompted a wider interest in MHM innovations in Sri Lanka. The Ministry of Urban Development, Water Supply and Housing Facilities and the Ministry of Education Services are developing guidelines on menstrual materials waste disposal for schools and public institutions, which incorporate the project’s incinerator designs.

CONCLUSIONS

The move in Sri Lanka from unsustainable, environmentally damaging waste disposal methods for menstrual materials (such as dumping into toilet pits or waste dumps, the open environment, or through open burning) to cleaner, safer methods is a process that has spanned more than a decade. It is a result of wide-ranging discussions with school-level administrators, NGOs, development agencies, responsible government agencies, and of course, users themselves. The initiatives were supported by MHM promotion and advocacy efforts spearheaded by UNICEF, at both sub-national and national levels.

Advocacy was based on evidence and actual experiences in the field and built around end users’ requirements particularly benefiting rural schools, which had large numbers of students, limited spaces and a lack of waste collection services. Urban schools also played a key role, sharing experiences with school-level administrators, NGOs, development agencies, responsible government agencies, and of course, users themselves. The initiatives were supported by MHM promotion and advocacy efforts spearheaded by UNICEF, at both sub-national and national levels.

Menstruation is still taboo and shrouded in secrecy around the world. Adolescent girls face multiple challenges to menstrual health and hygiene. One of them is access to accurate information about menstruation and what is happening to their bodies. Girls often meet silence, myths, or misinformation. Too often they are shamed and bullied, facing restriction and social isolation, for what is a natural reproductive function.

Menstrual health and hygiene programmes often focus on delivering information, often in a top-down way, or by teachers and adults who often have little or no training, resources, or time. Digital solutions can deliver girl-centred menstruation education and individualised period tracking, giving girls control of access to information back to girls, so they can use it in a way that is useful for them.

The Oky period tracker app was co-created by UNICEF with inputs from girls in urban and rural settings in Indonesia and Mongolia, to test key features and the broader user experience, and obtain detailed feedback. The team then spent two months refining the app on the basis of this feedback.

The Oky app had its ‘soft launch’ on the Google Playstore in December 2019 and was updated twice based on girls’ continued feedback. The full launch was delayed due to COVID-19, but extensive marketing and promotion activities began in May 2020 in Mongolia and Indonesia, using a combination of offline and online marketing activities, including through social media and the use of social media influencers.

Innovation in MHM: Putting Girls at the Center

Innovation in MHM: Putting Girls at the Center

5.2 The Oky Period Tracker App for Girls: Putting Girls at the Heart of Digital Solutions for Menstrual Health and Hygiene

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Innovation in MHM: Putting Girls at the Center

**Conclusions**

To create a truly girl-centred digital menstruation solution, UNICEF and partners engaged girls in the design process at every stage. The Oky app development process shows that co-creating and designing with the users themselves leads to a high-quality product. Making the product open source allows for continuous co-creation and many iterations of the Oky app, and an opportunity to build a global Oky community. The Oky app means girls can learn about their periods in entertaining and positive ways and track their individual cycles so they can be prepared and manage their menstruation with a sense of normalcy and confidence, as well as making informed decisions about their reproductive health. Ultimately it also helps girls break the taboo of menstruation, enabling discussion and conversation where before there was often silence.

**Additional Resources:**

- Oky website: https://okyapp.info/
- Oky video clip: https://www.youtube.com/watch?v=EA_HsuCphP8&feature=youtu.be
- Read about Oky on the UNICEF Innovation blog
- Oky brochure
- Oky included in Fast Company’s World Changing Ideas 2020
- Oky featured in Forbes
- Oky featured in the Financial Times
- Oky featured in FAZ (in German)
- Oky pitch: https://www.youtube.com/watch?v=bbV84ruVbxw

**Results**

Oky is the first mobile phone period tracker app for adolescent girls built around the realities and requirements of girls in low- and middle-income countries. Girls were the core decision-makers for the design of the app. As well as determining the look, feel, and functionality of the app, they also decided on the name ‘Oky’.

Oky is designed for a broad range of handsets, operating systems, digital literacy skills and internet access. It is also accessible offline. Importantly, it allows girls who share phones (in the family or with peers) to protect their data and maintain their privacy, through multiple user logins and password protection – a function that was a specific request from girls.

Oky provides girls with information about their periods in fun, creative and positive ways, delivered straight into their hands using tools they use every day – mobile phones. Oky’s features were chosen and designed by the girls themselves, and include individualised cycle trackers and calendars, tips, and menstruation information.

Oky also has other features that are girl-centred and engaging: through Oky’s game-like design, girls can personalise the app, select and unlock their own avatars, and play menstrual health quizzes. Many existing period trackers are largely tailored to adult women in high-income countries. They are often focused on fertility and sometimes provide information that can be gender-stereotyping. Oky is age and culturally appropriate, localised, and in local languages. It is responsible with cycle-prediction, which means it pauses prediction if periods are irregular, and uses period- and body-positive language.

An accompanying Oky website was also developed, as girls also wanted to provide information for their parents, teachers and communities to support them in using the Oky app.

The Oky software and content is open-source. This means anyone can utilise the Oky code and content with no development or licensing costs. There are plans to expand Oky to other countries; Kenya was one of the first countries in 2020 to localise and deploy the Oky app, supported by the ‘Duke-UNICEF Innovation Accelerator’ fund.

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Addressing menstrual health is an opportunity for investors and donors alike. The market for menstrual products has been estimated at $42.7 billion by 2022, \(^1\) with 500 million women around the world lacking access to the menstrual hygiene products they need to manage their menstrual cycle. \(^6\) Globally, market-based approaches to improving WASH and menstrual health outcomes are gaining traction. They are increasingly seen as a way to complement ‘traditional’ development programming, helping to address unmet needs and increase access for underserved populations. However, while investments to strengthen markets can improve menstrual health outcomes for women and girls, there is limited evidence available to help understand what such investments should look like, to ensure they are as effective as possible.

Criterion Institute and Pacific RISE, a programme funded by the Australian Government’s Department of Foreign Affairs and Trade (DFAT), partnered to explore how innovative financing can help build inclusive menstrual health markets in the Pacific region. The project responds to research commissioned by DFAT and outlined in the report The Last Taboo: Menstrual Hygiene Interventions in the Pacific, \(^4\) which examined diverse menstrual practices across the region and identified a variety of challenges facing women and girls trying to manage their menstrual cycles.

The research identified a variety of factors which exacerbate poor menstrual health and hygiene practices for girls in schools in the Pacific region. As in other contexts across the world, it found these practices were influenced by socio-cultural, economic and systemic factors in society which often devalue women’s health issues.

Most efforts to improve MHH in schools has focused directly on school-based interventions. However, a variety of complementary approaches are needed if the menstrual health needs of women and girls across the world are to be met. Increasing the availability, affordability and desirability of menstrual products by strengthening menstrual health markets is one such complementary approach.

Pacific island countries present a uniquely challenging context for addressing menstrual health needs. The region covers a huge geographical area, with one of world’s most dispersed populations. Weak supply chains and transportation challenges, together with limited cash income and commercial access, severely impact the ability of women and girls to access menstrual health products. Within menstrual health markets in the Pacific, early-stage and community-based enterprises play a key role in meeting the needs of underserved girls and women. These small, social businesses are increasingly innovating to meet local needs and to challenge inaccessibility, mainstream commercial pad production, which is dominated by several multinational corporations. However, the region’s community-based menstrual health enterprises face a variety of specific challenges in securing the financial backing necessary for their growth and sustainability.

Criterion Institute and Pacific RISE sought to understand these challenges better, with the aim of supporting local entrepreneurs who design menstrual health solutions with and for Pacific actors.

The first phase of the collaboration between Criterion and Pacific RISE began with mapping Pacific menstrual health markets and understanding market-based innovations and programming addressing menstrual health across the region. From here, 43 participants representing 13 countries gathered in Melbourne for a four-day workshop hosted by Criterion, Pacific RISE, The Menstrual Health Hub and DFAT. The design workshop focused on understanding the challenges faced by local enterprises and NGOs while identifying opportunities to improve market performance, and the appropriate types of capital which could increase local access to menstrual health products. Obstacles in supply chains, similarities in business models, forms of market segmentation, and product innovations were identified – as well as existing financing mechanisms being utilised within the Pacific region.

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5. To contact theCriterion Institute, contact Arianna Muirow (muirow@criterioninstitute.org); Joy Anderson (anderson@criterioninstitute.org)
The following barriers to business growth and investment in the Pacific region were recognised:

a. Weak supply chains, which result in high costs of raw materials to produce the products, and challenges distributing to remote areas;
b. A lack of customers able or willing to pay for a product;
c. The comparatively high initial cost for a reusable product (compared to disposable);
d. Inherent bias against women when trying to access finance to grow their businesses; and
e. High risks associated with investing in emerging markets and limited return on investment due to the small market size for these enterprises.

Criterion and Pacific RISE therefore sought ways to address these challenges, in order to improve the scalability and viability of menstrual health enterprises and increase access to products for customers from lower socio-economic backgrounds.

This required creative thinking in order to explore how innovative financing mechanisms could overcome the low maturity of the Pacific menstrual health market. ‘Trade finance’ was identified as a possible way to overcome these barriers. Trade finance refers to a series of financial instruments and products that are used by companies to facilitate international trade and commerce. Trade finance makes it easier for importers and exporters to transact business, by introducing a third party to transactions to remove both payment risk and supply risk. This approach would focus on investing in an ecosystem of connected enterprises, rather than investing directly in one company. Investing in this way helps consolidate the supply chain and de-risks the investment for investors and enterprises. Ultimately, this makes the market more appealing to investors overall.

The research suggested that trade finance has the potential to dramatically lower the cost of material purchasing and transport costs, which make up 80 to 90 per cent of product costs for Pacific enterprises. By structuring a trade finance deal to account for the market risks posed by early-stage menstrual health enterprises, financial capital could be pooled into a financial intermediary who would then offer a set of different trade finance vehicles (e.g. trade credit insurance, pre-shipment capital, factoring, export credit) to meet the needs of a group of businesses.

In the context of menstrual health markets in the Pacific, this type of financing aims to reduce the cost of raw material for enterprises, improve their bargaining power in transactions, and lower the overall unit cost for customers. Ultimately, this improves access to menstrual health products by making them more affordable, as well as improving enterprise sustainability.

Phase one focused on understanding the local context and identifying a suitable solution through consultative research. The next step concentrates on implementation and moving capital to the Pacific region. Two financial intermediaries, Red Hat Impact and Lotus Capital, have been selected to design and implement the trade finance vehicle. This phase includes working closely with Criterion Institute, Pacific RISE, and Pacific-based menstrual health enterprises to conduct a full demand analysis of the market and secure investors willing to invest capital in the trade finance vehicle. An advisory board of experts made up of menstrual health enterprises, market experts, supply chain specialists, and menstrual health practitioners has been established to guide the intermediaries and ensure that Pacific needs remain central to design and implementation.

At the time of publication of this report, the trade finance vehicle has been successfully designed. The first iteration of this vehicle raised US$49,316 (AUS$67,710) from a syndicate of 15 investors from Australia, US and Sweden and is supported by an advisory board made up of experts from the Pacific. To date, five enterprises from Papua New Guinea, Solomon Islands, Samoa and Vanuatu will benefit from the lower prices and receive the first shipment of fabric in the first half of 2021. The team is working on how this can be replicated and scaled for use in other markets and sectors.

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BACKGROUND

A strong evidence base is needed to inform policy and practice to effectively improve menstrual health. However, research, monitoring and evaluation efforts have been limited by a lack of reliable and valid ways to measure menstrual health needs. Current approaches often focus on the practices undertaken to manage menstruation and fail to capture whether these practices meet girls’ own perceptions of their needs. Further, such measures do not allow us to link improvements that girls find meaningful to wider outcomes. An approach focused on capturing girls’ lived experiences and needs can help to address this.

INNOVATION

To consider girls’ lived experiences and how they relate to improving menstrual health, we undertook a multi-phase project to develop the ‘Menstrual Practice Needs Scale (MPNS-36),’ which was published in 2020. The MPNS-36 offers a girl-centred approach to measuring menstrual experiences. To consider girls’ lived experiences and how they relate to improving menstrual health, we sought to align our scale with their perspectives and better capture the challenges identified in qualitative studies. Bringing together a total of 76 qualitative studies from 35 low- and middle-income countries, we found that while many women and girls discussed the practices they undertook to manage their menstrual period (e.g., the type of menstrual material used), their perspectives on these practices were an important part of their menstrual experience and differed across practices (e.g., the perceived reliability and comfort of different materials). Based on our review we proposed that collecting data on different menstrual practices provides an incomplete picture of menstrual health needs without considering girls’ perspectives. Further, single practices (e.g., the type of material used or where it is disposed) were unlikely to sufficiently capture menstrual experience and a set of items reflecting a range of menstrual practices was needed.

We drew on the findings from our review and insights from past studies on measurement challenges in menstrual research to develop a set of 54 potential items for inclusion in our scale. Each item was a statement relating to the last menstrual period (e.g., ‘During my last menstrual period, My menstrual materials were comfortable’) answered on a four-point response scale from ‘Never’ to ‘Always.’ Stakeholder and expert consultation helped to refine the items, and we tested their performance in a survey of 536 menstruating schoolgirls in Soroti, Uganda.

RESULTS

Using our survey data from Soroti, we removed items that performed poorly or did not fit well with other items in the scale. We used a statistical approach (factor analysis) to identify items that grouped together to identify sub-scales. That is, sets of items capturing a single dimension of menstrual practice needs. We also calculated a total score. Six sub-scales were identified:

- a. Material and home environment needs (e.g., I could get more of my menstrual materials when I needed to);
- b. Transport and school environment needs (e.g., When at school, I was able to change my menstrual materials when I wanted to);
- c. Material reliability concerns (e.g., I worried that my menstrual materials would not allow blood to pass through to my outer garments);
- d. Change and disposal insecurity (e.g., When at home, I worried that someone would see me while I was changing my menstrual materials);
- e. Use needs (e.g., I had access to a basin to soak or wash my menstrual materials whenever I needed it); and
- f. Use insecurity (e.g., I worried that my menstrual materials would not be dry when I needed them).

Our final set of sub-scales were a good fit for the data using both statistical metrics and theoretical plausibility. The final scale contains 36 items and measures the extent to which respondents’ menstrual management practices and environments were perceived to meet their needs during their last period. Sub-scale and total scores are calculated as the mean (average) across relevant items and range from 0 to 3, with higher scores representing more menstrual practice needs being met and a more positive experience.

We tested the reliability of the scale, that is, how consistently respondents answered similar items, and found this to be acceptable. In addition, we found responses were sufficiently stable over time by administering the scale again two weeks later to a sub-set of 58 girls. Finally, we tested whether the scale scores were associated (correlated) with other outcomes of interest in ways that we hypothesised based on our understanding of menstrual health from past studies. We found that scale scores were associated with girls’ psychological distress, confidence to manage menstruation at school and home, and their self-reported school attendance during their last period. Taken together these findings support the validity of the scale. That is, that it is testing what we set out to measure.

CONCLUSIONS

The MPNS-36 is the first validated scale assessing girls’ menstrual experiences and perceived menstrual hygiene. The tool is the first step towards developing standardised ways for researchers and practitioners to quantitatively track improvements in girls’ experiences of menstruation and to investigate how these changes affect other measures of success, including the Sustainable Development Goals.

ADDITIONAL RESOURCES:

- For more information or to download the Menstrual Practice Needs Scale (MPNS-36): https://www.mensualpracticemeasures.org/mpns-36/
- For more detail on development and validation, please see the peer-review publication:

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55 GIRL TALK: SESAME STREET’S FORAY INTO MENSTRUAL HYGIENE MANAGEMENT

Alyson Moskowitz, Education Specialist for the International Social Impact team, Sesame Workshop (Alyson.Moskowitz@sesame.org)

The lack of access to WASH infrastructure and resources, and a lack of sufficient, accurate information about menstruation presents a serious challenge to girls’ menstrual health and dignity in Zimbabwe. A recent survey of 202 schools in Zimbabwe conducted by the Netherlands’ SNV found that 54 per cent of girls had experienced stigma or being mocked because of their period. Twenty-six per cent specifically that boys called them names during their period.12 Because menstruation is a taboo subject in Zimbabwe, girls find it difficult to access accurate information. The majority of girls report never having received specific lessons on menstrual hygiene management at school. Teachers in Zimbabwe report that they advocate for girls to confide in their mothers or female relatives, but that in many cases, girls reach out to their peers, who also lack access to accurate information and are therefore likely to pass on misinformation.13

Addressing these challenges must focus both on improving school infrastructure and WASH knowledge, attitudes, and practices, including on menstrual hygiene. Sesame Workshop launched ‘WASH UP! Girl Talk’ in Zimbabwe, which was developed and implemented in partnership with World Vision. The programme promotes and supports healthy hygiene behaviours in schools, increasing girls’ confidence in managing their period. Ultimately, the programme aims to reduce stigma and absenteeism associated with menstruation. Girl Talk is funded by Dubai Cares, a global philanthropic organisation based in the United Arab Emirates. It is an extension of Sesame Workshop and World Vision’s successful WASH UP! programme, which reaches children with critical health education. Through Girl Talk, children across six provinces in Zimbabwe empower themselves with the knowledge and skills to teach their friends and family about staying healthy and to promote behaviour changes in sanitation and hygiene. Girl Talk targets children between 10 and 14 years old, increasing schools’, facilitators’, and students’ knowledge, therefore encouraging the practice of healthy hygiene behaviours and improved MHM.

Girl Talk engages learners in after-school clubs through a ten-session programme focused on puberty, menstruation, reusable pad making, and girls’ empowerment. Five sessions are conducted for boys and girls, where puberty and peer support are discussed in detail. The other five sessions are conducted for girls only – providing a safe space for girls to learn about menstruation. Girl Talk materials, including a facilitators’ guide, animated videos, and workbooks with comics, stories, and games, feature Didi, a 14-year-old purple Muppet who acts as Sesame’s MHM ambassador. Didi helps her friends as they learn about and experience puberty and menstruation. Didi and her friends act as proxies for participating students, modelling how to engage in difficult conversations about puberty with friends, family, and teachers, and by addressing questions that young girls and boys may be too embarrassed or shy to ask.

Girl Talk began implementation in May 2018, rolling out to 150 schools. By the middle of 2020, it had engaged 8,000 boys, 15,000 girls, and trained more than 1,000 teachers. Anecdotal evidence from programme monitoring suggests that in addition to participating in the programme at school, adolescent boys and girls are engaging with their families and friends about menstruation in new ways. Learners report speaking to their families – including fathers and male relatives – about menstruation, helping to normalise the issue at home. Local mothers’ groups have also volunteered to assist in pad-making activities. In addition to helping sew reusable menstrual pads, a time-consuming activity that is greatly expedited with the mothers’ assistance, the mothers’ involvement provides unique opportunities for conversations about menstruation and menstrual pads that otherwise may not occur, further reducing the sense of stigma and taboos surrounding menstruation within the community.

Additional resources:
- Nationally-representative research on MHM in Zimbabwe can be found at: https://snv.org/cms/sites/default/files/explore/download/snv_girls_in_control_baseline_report.pdf

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13 Ibid.
Innovations might come with failures, but they are more important than ever. The innovations we have learned about in this conference and the experiences we have shared since 2012 as part of the virtual conferences on MHM in schools are inspiring. But they are just a small reflection of the enormous progress made during that time, building the evidence base on girls’ menstrual health and hygiene and delivering programmes in schools. However, innovation comes with a risk of failure, and as we heard in pre-conference online discussions, many organisations struggle to share their failures transparently. As the world grapples with an unprecedented pandemic, innovation is more important than ever; to find new and better ways of addressing problems that will be magnified and exacerbated by COVID-19. This year, we were privileged to hear about and discuss innovations in digital tools, products, programme delivery and monitoring, and financing.

The theory of change, the ecosystem in which the programmes are operating, and the business model are critical for successful innovation and impact at scale. Matthew Nash, Managing Director of Duke Innovations & Entrepreneurship, made closing remarks at the conference. He drew on the presentations and proposed some potential next steps for advancing the MHM in schools agenda towards 2024. He summarised Duke’s approach to developing and scaling innovations as finding the fit between three factors: the theory of change, the ecosystem in which the programmes are operating, and the business model. These principles are critical for successful innovation and impact at scale – and we will need to understand and master them, if we are to realise improved MHH for girls across the world.

**6. CONCLUDING REMARKS**

**Theory of change**

The theory of change is the causal logic of how activities are expected to lead to meaningful outcomes and impact. Improvements may be able to increase the impacts of programmes, or simply to achieve them with greater efficiency and effectiveness. Sesame Street’s theory of change is very simple, and very effective: using television and recognisable, relatable characters for education and social development. The MPNS-36 shows how innovations in monitoring and evaluation can help us better understand both needs and outcomes for girls and women. And the Oky app is testament to how engaging with girls can drive design, producing an open-source innovation that is now scaling and disseminating through other partners.

**Ecosystem**

A healthy sector ‘ecosystem’ or enabling environment for MHH is vital to achieve impact at scale. Collaboration is key, and this year’s virtual conference highlighted many examples of partnerships that support systemic change in the field. The presentation from Criterion Institute illustrated how such collaboration led to an innovative finance mechanism, helping unblock barriers to menstrual health markets in the Pacific region. Developing and improving the many elements of an enabling environment (particularly in areas such as policy development) will be critical, for the health of both the sector and the girls and women it serves.

**Business model**

In the context of menstrual health, the “business model” is the consideration of how to create, deliver and capture both social and economic value; of how to acquire resources that are not just financial but also human and intellectual, and how to deploy those resources through an operating strategy. Research shows that business models must be hypothesis-driven and tested, and refined, just as with theories of change.

The conference ended with a call for hope and inspiration to see the field of menstrual health and hygiene evolve and thrive despite the COVID-19 pandemic. Now more than ever, a determined effort and ingenious approaches to menstrual health and hygiene will be needed, if we are to maintain our focus on inclusive programming and improving national education and health systems. Indeed, improving the lives of millions of girls will depend on it.

Scaling up must not be done at the expense of inclusion, or displaced girls, girls out of school, girls with disabilities and other potentially excluded groups will be left even further behind, as the rest of the world makes valuable progress.
For more information on this publication and menstrual hygiene management as part of WASH in Schools programmes, contact UNICEF at nyhq-mh@unicef.org. If you’d like to know more about MH programming in schools and connect with others in the field, you will find below key resources and channels to connect:

- Website of the virtual conference: https://www.mhmvirtualconference.org/
- WASH in Schools Yammer Network: https://www.yammer.com/washinschoolsnetwork/
- Previous conference reports: https://www.mhmvirtualconference.org/previous-conferences
- Conference materials available here: https://www.mhmvirtualconference.org/presenters