

unicef 
for every child



MENSTRUAL HYGIENE MANAGEMENT “MHM” PROGRAMME ENABLES PALESTINIAN GIRLS TO REACH THEIR FULL POTENTIAL

Palestine

ACKNOWLEDGEMENTS

DOCUMENT TYPE

Documenting programmatic good practices and lessons learned

AREA OF WORK (OUTCOME AREA)

Water, Sanitation and Hygiene (WASH)

COUNTRY

Palestine

TITLE

Menstrual Hygiene Management "MHM" Programme

DURATION COVERED UNDER THE DOCUMENTATION

2016 – 2018

REACH

over 18,000 students directly.

STAKEHOLDERS

Main stakeholders:

- ▶ Government of Palestine: MoEHE (Ministry of Education and Higher Education) in collaboration with other governmental bodies.
- ▶ TDH

CONTACT PERSON

UNICEF State of Palestine – Dr Gregor von Medeazza and Ms Carol Awad

PREPARED BY

UNICEF MENARO

Background and context

In Palestine, the territorial fragmentation and restrictions on movement of Palestinians are negatively affecting access to health and education services. In Gaza, the ten-year blockade, along with the impact of the 2014 conflict, continues to affect people's psychological and physical wellbeing, education systems, and school infrastructures with the availability of clean, safe water, and livelihoods. The context of the State of Palestine (SoP) has remained largely unchanged in the past couple of years, with the main challenges being restricted trade and access, economic stagnation, high unemployment, gender inequalities and high rates of poverty. The SoP is classified as a lower middle-income economy and continued to show progress in all Human Development Index indicators.

Globally, at least 500 million women and girls lack adequate facilities for menstrual hygiene management (MHM). One of the most important concepts in the development of personal and general hygiene among students through the improvement of WASH facilities in schools and enhancing the personal hygiene awareness towards developing a better practice of hygiene among school students.

Inadequate WASH facilities, particularly in public places such as schools, workplaces or health centres, can pose a major obstacle to women and girls. The lack of separate toilets with doors that can be safely closed, or the unavailability of means to dispose of used sanitary pads and water to wash hands, means that women and girls face challenges in maintaining their menstrual hygiene in a private, safe and dignified manner. A growing body of evidence shows that girls' inability to manage their menstrual hygiene in schools results in school absenteeism, which in turn, has severe economic costs on their lives and on the country.

Gender inequalities, resulting mainly in disadvantages for and discrimination against women and girls, remain a significant impediment to social and economic development.

Based on the UNICEF SoP 2012 and 2016 WASH-in-Schools KAP studies, the refusal to use sanitary facilities is higher among girls than boys. Indeed, 10 per cent more girls than boys (including in the adolescent age category) in the West Bank, refuse to use school toilets (49 per cent in total), and 20 per cent more girls than boys in Gaza refuse to use school toilets (52.5 per cent in total). On average, one toilet caters to 42 students in the West Bank and 71 students in Gaza and one hand washing facility caters to 71 students in the West Bank and 130 in Gaza. As part of this national study, UNICEF and the MoEHE conducted focus group discussions with adolescent girls to better grasp their main concerns and issues related to menstrual hygiene management and their refusal of using school toilets. Girls stated that they do so only when they have to and prefer not to use school toilets because of the lack of cleanliness, the unpleasant smell, the lack of privacy, as well as the lack of toilet paper and soap. Sustainable water supply was also identified as an integral need to improve the cleanliness of schools and students' use of WASH facilities, especially during menstruation. Sanitary pads are not available in rural schools for imminent menstrual needs. Girls can feel embarrassed to buy pads in shops when boys and men are around. In addition, many girls dread leakage and stains and are particularly worried about boys teasing them.

For the adolescent age, the introduction of the puberty concepts and menstrual hygiene education practices in schools can help learners to understand themselves, deal with the changes they will experience, overcome daily challenges they might face with their peers, teacher, and even with their families at home. The MoEHE, along with UNICEF and other partners, worked hard on addressing puberty education and menstrual hygiene. The role of the MoEHE is critical through schools in this stage of students' life. It strengthens and empowers the students' skills, self-esteem and self-confidence. Additionally, these skills have a social dimension in that they aim to build empathy, tolerance and understanding of gender diversity.

Teachers generally do not have adequate knowledge and skills to address menstruation-related issues. Taboos surrounding menstruation have contributed to a lack of knowledge regarding menstrual hygiene management (MHM). The topic is barely addressed in the school curricula and misconceptions still exist. Many parents believe the school is responsible for MHM education whilst teachers consider it is the role of the mother. In response to this, there was a recognition by the MoEHE that MHM needs to be addressed more comprehensively, UNICEF SoP's WASH programme, in cooperation with the MoEHE, built on an initiative taken by the School Health Department at the Ministry by adding a soft component "life skills initiative, training, awareness etc." as a necessary complement to the hard component that includes rehabilitating school WASH facilities to make them more MHM-friendly.



Strategy and implementation

Children have the right to water and sanitation, and to health. This right needs to be fulfilled in schools, where children spend a big part of their day. The promotion of good hygiene behaviour at school can initiate behaviour changes that last a lifetime. Girls in schools are facing challenges related to WASH facilities, which are considered gender bottlenecks:

- ▶ A challenge for girls to manage menstruation with dignity, safety and privacy.
- ▶ Taboos are a barrier to information on menstrual hygiene management (MHM).
- ▶ Girls are reluctant to participate in various school-based activities due to worry of leakage.
- ▶ The costs related to pads purchasing for some families are a factor to consider.

In designing the programme interventions, UNICEF adopted the “Three Star Approach” for WASH in Schools. The approach ensures that healthy habits are taught, practiced and integrated into daily school routines, it aims to address the bottlenecks that block the effectiveness and expansion of current WASH in School programmes and helps schools meet the essential criteria for a healthy and protective learning environment for children as part of the broader child-friendly schools’ initiatives. A fundamental principle behind the approach that was adopted by UNICEF through the implementation is that expensive WASH infrastructure in schools is not a necessary condition -and often not enough- to meet health goals. In many schools that already have basic facilities, hardware improvements required minimal investments and consist mainly of constructing low-cost group hand-washing stations. In some schools, additional but still modest investments were made for construction or rehabilitation of low-cost toilets.

The Three Star Approach involved changing the way WASH in Schools programming is perceived by schools, communities, and decision-makers in government and support agencies. Once minimum standards are achieved, schools can move from one to three stars by expanding hygiene promotion activities and improving infrastructure, especially for girls, and will ultimately achieve the national standards for WASH in Schools. In all cases, investments in hardware to those facilities and supplies such as soap, was necessary to encourage and reinforce behaviour change.

In 2016, UNICEF started a new partnership with Terre des Hommes (TDH) to implement a new component aiming at promoting and engaging adolescent girls and boys in improving personal hygiene outcomes through an interactive game “Natheef” and sessions. Natheef means “clean” in Arabic; it is a game changer for accelerating the adoption of hand washing with soap in humanitarian contexts. As of February 2016, the game was available on Google Play and started to be downloaded freely.

Playing with Natheef has two main purposes: (i) to engage children in a new way of “learning by playing” at school whereby children contribute their ideas and participate in changing attitudes related to water, sanitation and hygiene; and (ii) to provide a more efficient and modern way of monitoring and evaluating changes in knowledge, attitude and practices. The game’s vision is not only to monitor the children’s own changes but also to engage them in monitoring their environment and the changes around them. This is why, the recruitment and mobilisation of peer leaders amongst a wider group of children was key to the success of this initiative. Simultaneously, the application evaluates changes in practices. In 2018, the programme is piloting Natheef/Natheefa (Version 2), which is based on the MoEHE’s Manual on Adolescent Health as well as the Menstrual Hygiene Management (MHM) in Emergencies toolkit, developed by Columbia University and International Rescue Committee, and co-published by Tdh.

The MHM programme has a powerful monitoring and reporting system run by the MoEHE starting at schools’ level. In schools, school health teams are following up all the activities and report them to the Head of the Division. The Head Division and Field Health Coordinator in targeted directorates is responsible to follow up on the implementation process by means of regular field visits. The Head Division of the School Health Department in the directorates monitors the project activities of each school in a given directorate and sends a report to the Ministry supported with videos and photographs for the activities. The MoEHE & UNICEF conduct joint field visits for the schools during implementing the activities. Each school has to report to the Directorate about the initiatives and activities accomplished. Each Directorate sends final reports (including outputs, outcomes and the impact of the project, etc.) An annual narrative report developed by the MoEHE and supported by UNICEF is being developed and submitted yearly to UNICEF.

The MHM programme is backed by the commitment of governmental stakeholders. The MoEHE remained the primary Palestinian Authority responsible for the implementation of the WASH in School programme through its offices at the central and district levels. According to the MoEHE’s Education Development Strategic Plan “ESDP” 2014- 2018, the programme had achieved a lot; however, there are still several challenges to be addressed towards enforcing the international hygiene standards and adapting the school environment. The MoEHE and UNICEF worked on supporting the institutionalisation of the awareness efforts through the development of a manual on personal public hygiene promotion in early primary schools. The combination of adequate equipment, tools facilities, correct environmental behavioural practices and environmental awareness is meant to have a positive impact on the environmental protection and environmental health conditions of the community as a whole.

Progress and results

The MHM programme in the SoP was started by UNICEF in close collaboration with the MoEHE in 2011, with a design that has evolved based on the reflective approach adopted by the programme. The achievements of the programme are centred around its two main components:

1. The hygiene promotion activities that were implemented among 283 schools between 2013 and 2017 with funding through the Australia Department of Foreign Affairs and Trade (DFAT). In coordination with the MoEHE, UNICEF provided capacity development of school staff, including pre-school and first grade teachers on appropriate ECD practices. The latter improved their knowledge and skills and fostered a child-friendly learning environment with an increased focus on pro-social behaviour and positive discipline teaching. The awareness of national authorities on the early detection of children with developmental delays and disabilities has increased with the development of the ECD Strategy, through UNICEF's pivotal support.
2. The expanded WASH programme in schools was implemented through a comprehensive package of interventions, including construction and rehabilitation of WASH facilities, in addition to the development of new hygiene promotion materials and initiatives targeting students and communities. The programme also supplied drinking water to some 75,000 most vulnerable children and their families for this first phase and will ultimately serve 250,000 people when the third and final phases are completed.

The overall objective of the MHM programme is to focus on the ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity. This is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and protracted crisis contexts, with limited access to adequate MHM supplies and WASH facilities experience stigma and social exclusion while also foregoing important educational, social and economic opportunities.

Merging the three stars approach with the introduction to puberty, especially with a focus on menstrual hygiene management, helped young students to increase their hygiene behaviour that has a reflection on their health status, and school performance. This was confirmed by both the MoEHE data as well as through the meeting with the MoEHE representative.

As per the interview with the Head of the School Health and Nutrition Department at the MoEHE, he said: UNICEF and the MoEHE introduced the use of the WASH in schools' manual in grades 1-4 in public

“UNICEF programme supported us in improving the WASH facilities in schools; this programme increased the girls' attendance rate, and improved their participation at the after-school activities dramatically”

schools of Gaza and the West Bank. The post-KAP study found that the manual is considered by teachers as a key reference for complementing the traditional school curriculum. Hygiene practices in schools were implemented according to the manual guidelines and standards that were developed in

full collaboration with the UNICEF team. As a result, 80,500 school children from 231 schools participated in different educational activities and learned about basic practices for hygiene promotion at the individual, school and family levels.

MHM – a Gender transformative program

Building on the MHM findings of KAP 2016, UNICEF supported the MoEHE in piloting the integration of MHM in schools. This involved counsellor sessions in Ramallah, Jenin and South Hebron Directorates. In 2017, UNICEF, in cooperation and coordination with the School Health Department within the MoEHE, has further built on these ongoing MHM initiatives and initiated the “Life Skills Initiative” to address key gendered bottlenecks and barriers that inhibit gender equality and the realisation of opportunities for all children in attaining their education regardless their sex. For girls, the sessions focused on good hygiene practices during the menstruation period, and how to safely dispose of sanitary pads in the school and at home. As for the boys, the focus of the life-skills sessions was on hygiene practices, as well as prevention of vandalism.

It was essential to **involve the mothers** with the MHM introductory meetings as the mothers are considered the first source of information to their children. This was also a way to gain the community trust and involvement. In total, UNICEF reached 18,027 adolescent girls with menstrual hygiene-related activities carried out in 17 schools in both Gaza and West Bank.

UNICEF had supported the MoEHE to design the Hygiene Promotion Manual with a two-fold objective. First, to standardise the content of teaching and learning materials related to behaviour change and hygiene promotion; and second, to increase the quality and effectiveness of the hygiene promotion teaching and, ultimately, children's learning outcomes which are a sustainable practice. Financially, **schools can only partially afford** and sustain cleaning materials to keep the school hygienic or practice hand washing as a daily activity through both schools and through some of the private sectors in the form of local **community contribution**.

There are **initiatives undertaken by some schools** such as allocating a latrine space for one classroom in which the students are to oversee the hygiene status of their own latrine. This encourages the **sense of ownership** that will be reflected in the long run on the status of maintenance in the schools' facilities.

Now, almost all schools in West Bank have School Health Committees responsible for WASH issues. These bodies mostly monitor sanitation and hygiene and support awareness-raising activities. To sustain this effort, the MoEHE continued to seek partnerships with the private sector to leverage resources to further improve the WASH conditions in the most vulnerable schools.

Lessons learned and way forward

Delivering quality MHM resources and information is important for building the confidence and freedom of girls during adolescence. It is also a gateway for other gender-transformative interventions, such as life skills, sexual and reproductive health and rights, and community-level support. A number of emerging good practices demonstrated by the MHM programme have been highlighted throughout the reviewed documents and discussions with the different stakeholders. Based on these, the following are good practices that were learned throughout the programme implementation:

- ▶ **Evidence-based:** Research and evidence-based approaches are critical to establish a case and allow an entry point for an advocacy dialogue around sensitive issues like menstruation and girls specific needs.
- ▶ **Inclusive commitment:** The inclusive commitment of the MoEHE with all its structure, in addition to the community support, ensure sustainable actions and lead to successful utilisation of the initiative.
- ▶ **Innovation:** UNICEF seized opportunities to advance results for children in Palestine through innovative initiatives, particularly through the introduction of technological apps to address MHM.
- ▶ **Capacity strengthening:** Capacity building for school-based health coordinators and teachers give teachers enough confidence to actively implement MHM and WASH in school activities.
- ▶ **Child-led activities:** It's important to support child-led WASH activities since such activities appear more sustainable when they are given adult support. Children's creativity can be stimulated by giving them the opportunity to make the spaces their own and letting them adapt them to better suit their needs.
- ▶ **Cross programmatic interventions:** UNICEF SoP promoted cross-sectoral linkages in relation to Early Childhood Development (ECD), child protection, and the development of joint programming.
- ▶ **Strong M&E system:** Regular monitoring and constant follow-up visits keep teachers and children on the alert in order to maintain best practice and sustain appropriate behaviour.
- ▶ **Support the scale up:** The pilot showed successful trends in improving the self-confidence of girls as well as the attendance rate. It is important to maintain a dialogue with donors to strengthen the programme and scale it up in all primary schools.

Based on lessons learned, UNICEF continued to engage proactively with the MoEHE to ensure elements of long-term sustainability within the design of the project, as well as follow-up strategies to maintain the outcomes of the intervention. As part of its new country programme action plan in Palestine over 2018-2022, UNICEF is planning to continue with the WASH in schools programmes to address unmet needs identified in vulnerable communities. This will include the rehabilitation/ construction of WASH facilities in schools, Early Childhood Development (ECD) centres and health care facilities and support to hygiene promotion activities related to MHM in close collaboration with the MoEHE.

