WASH in Schools
Empowers Girls’ Education

Proceedings of the
Menstrual Hygiene Management in Schools
Virtual Conference 2015
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Acknowledgements

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In recent years there has been an enormous shift in the global development community’s attention to the menstrual hygiene management (MHM) challenges facing schoolgirls in low- and middle-income countries. The fourth annual Menstrual Hygiene Management in Schools Virtual Conference, co-hosted by Columbia University’s Mailman School of Public Health and UNICEF on 22 October 2015, exemplified this shift. The one-day virtual conference brought together an estimated 1,300 participants, a tremendous increase compared to the 85 people who registered for the inaugural conference in 2012. The growing recognition of the importance of MHM in schools was also exhibited by the four-fold increase in the number of abstracts submitted to conference organizers.

The participants, who joined the event online or attended in person in New York City, included representatives from governments (ministries of education and health), donors, United Nations agencies, non-governmental organizations (NGOs), academic institutions, private sector companies and social entrepreneurs. A number of sectors were represented, including water, sanitation and hygiene (WASH), education, gender, health and adolescent development.

The conference included 11 web-based presentations and a short film.¹ The presentations provided a broad range of perspectives from around the world, highlighting, for example, the unique challenges of girls in Mongolia during cold winter months when water is not available in schools, and the lack of adequate MHM guidance and facilities in schools in Indonesia, Nigeria and Solomon Islands. Representatives from the Government of Uganda described lessons learned during implementation of a national MHM in schools programme. A group of agencies, led by Human Rights Watch, stressed the importance of placing MHM within a human rights framework.

One of the strengths of the conference is its accessibility through free online registration and the inclusion of individuals, practitioners, researchers and policymakers worldwide. Virtual participants are able to listen to the live presentations, pose questions to the speakers, and engage in an online discussion forum. To further improve accessibility, participants spent time at the end of the day brainstorming on the location and logistics for the 2016 virtual conference. Ideas included, for example, hosting the conference in a time zone that

¹ Presentations can be accessed online at www.washinschoolsmapping.com
will enable more engaged participation from those in regions that make it challenging to participate in the New York-based schedule.

Participants also discussed possible topics for the 2016 virtual conference. The 2015 presentations exhibited the growing body of evidence on the MHM-related challenges facing schoolgirls in different contexts and the growing interest in the topic around the world. However, despite the increased attention, the conference also revealed that there continue to be limited examples of large-scale programmes on MHM in schools. The 2016 conference will showcase additional findings from the formative research being conducted as part of the WinS4Girls Project, while also highlighting a broader array of policies and programmes that are attempting to implement MHM in schools interventions at a large scale.

An overarching message from the conference was the importance of learning from others and the need to adapt tools, programmes and advocacy approaches to the local context.
**Context**

**Background**
The taboos surrounding menstruation, influenced by social norms and long-standing patriarchal culture, has created a vicious cycle of silence. As a result, stakeholders committed to realizing gender equality have until recently neglected MHM. This cycle of silence has had an impact on a number of levels. At a practical level, inadequate solutions to MHM result in school absenteeism, days missed from work and difficulty accessing appropriate sanitation, all of which play a major role in women’s and girls’ human rights and the realization of gender equality. Taboos around menstruation have also resulted in relative silence within international policy forums. Placing MHM in the context of human rights provides a framework for engaging international, national and local actors in making improvements in laws, policies and practices.

**Goals**
Approaching MHM from a human rights perspective is ultimately about working towards achieving gender equality. Broadening our collective understanding of MHM to encompass women's and girls’ human rights provides an entry-point for engaging states, particularly in relation to their human rights obligations. Further, broadening our understanding of menstrual hygiene could also change what practitioners and researchers do and what they measure.

**Level of intervention**
Human rights relate first and foremost to the individual level, but allows for advocacy opportunities at the international, national and local levels. At the international level, a human rights approach to MHM would allow civil society to engage United Nations mechanisms and could help establish a common frame of reference for monitoring and evaluation. A human rights approach to MHM could also generate donor support and match outcome indicators with gender equality and other impacts. At the national level, human rights provide a framework for engaging national governments to change laws, policies and
practices. It could also enable civil society to monitor access to adequate MHM in relation to international norms.

Human rights, grounded in accountability and access to remedy, may even allow for greater access to judicial or other legal or administrative avenues to address inadequate MHM. Legal and policy changes at the national level are implemented at the local level, and here too a human rights approach can provide an important entry point. Human rights affect both how a programme is executed, either by incorporating human rights principles such as participation or accountability, or by providing a clear framework for monitoring outcome indicators consistent with human rights aims.

**Recommendations**

- Understanding MHM as a human rights concern that impacts health and education outcomes, but also as a concern that strikes at the heart of dignity and gender equality, could provide an avenue for bridging communities of practice and research.
- Integrating a human rights perspective into MHM would influence (and broaden) the evidence base and could improve programme results.
- Cross-disciplinary discussion is needed to move forward. A global working group that focuses on the collation of evidence related to MHM and human rights may be an important first step.

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Context

Background
With support from the Government of Bangladesh and WaterAid, the International Centre for Diarrheal Disease Research recently conducted the first-ever national survey on hygiene behaviour. The Bangladesh National Hygiene Baseline Survey found widespread evidence of poor MHM practices and knowledge in the country. For instance, only about a third of adolescent girls knew about menstruation at menarche. The vast majority of girls and women surveyed used old cloth during their menses; recommended cleaning and drying methods were followed by only 12 per cent of adolescent girls. Nearly a third of schoolgirls questioned mentioned that menstrual problems interfere with school performance, and only a small minority (6 per cent) had received any lessons on MHM at school.

WaterAid Bangladesh has been working on MHM since the mid-2000s. Initial efforts focused on providing MHM-friendly facilities. Recent initiatives have taken a more integrated approach, including research, advocacy and programming.

Setting
Despite widely acknowledged progress, Bangladesh still faces a number of barriers to universal WASH coverage, including reaching hard-to-reach areas and excluded or marginalized groups. Despite drastic reductions in open defecation, total sanitation coverage remains low, and hygiene practices, including MHM, are generally poor.

Against this backdrop, WaterAid Bangladesh works on MHM in schools and communities in hard-to-reach areas, and with marginalized populations, including slum communities, tea garden workers, etc. Currently, the organization’s work on MHM in Bangladesh reaches over 4,000 communities in 26 districts. WaterAid Bangladesh works directly with 290 schools in both urban and rural settings, reaching over 66,000 students.

Stakeholders
- Primary stakeholders for WaterAid’s MHM programmes include adolescent girls and women in marginalized or vulnerable communities.
- Other school-based stakeholders include teachers and school management committees.
- From a policy perspective, stakeholders include national and international NGOs working on MHM.
- Decision-makers from the ministries of education and health are also important stakeholders.
WaterAid Bangladesh aims to improve both the ‘hardware’ and ‘software’ aspects of MHM in schools to help ensure that schoolgirls and female teachers are able to manage their menses with privacy, safety and dignity.

Level of intervention
WaterAid’s direct programmatic interventions, including building MHM-inclusive facilities and providing MHM sessions, seek to help girls and women manage their menses with safety and dignity. With regard to hardware, WaterAid Bangladesh works with school management committees to improve access to MHM-inclusive sanitation facilities. Promoted features include space for washing (with soap and water), a bar for drying washed cloth, and a disposal bin or chute. WaterAid also works to make sanitary pads available in schools.

To improve knowledge around MHM and to combat long-held taboos, adolescent girls are supported to form groups in schools or communities. The groups are provided with information sessions on proper MHM. To ensure that schoolgirls have authority figures to support them during menstruation, two or more teachers from each target school are provided with orientation on MHM.

To help break the silence and stigma around menstruation, WaterAid Bangladesh also utilizes a range of mass communication channels, including sports events and talk shows. Finally, to improve the evidence base WaterAid conducts research on hygiene behaviour in general and MHM in particular.

Achievements
WaterAid Bangladesh’s work on building or upgrading school sanitation facilities and delivering MHM sessions has reached more than 66,000 schoolgirls. There is some evidence of reduced school absenteeism and increased enrolment resulting from the provision of MHM facilities at schools. A small-scale study is currently being conducted.
Education Secretary committed to addressing the dismal state of school sanitation.

**Monitoring and evaluation**

Programmatic activities are tracked by monitoring the number of MHM sessions provided to adolescent girls, both in schools and communities, and the number of participants attending these sessions. In addition, WaterAid staff regularly conduct site visits to assess both the hardware and software aspects of the organization’s work. Project case studies capture important anecdotal evidence, raising issues for further investigation, such as the case of a school reporting reduced absenteeism and increased enrolment after installation of MHM-friendly facilities. Long-term impact will be assessed through national hygiene surveys.

WaterAid has also been successful in improving the MHM evidence base in Bangladesh, initiating and supporting the 2014 Bangladesh National Hygiene Baseline Survey, the country’s first-ever nationally representative survey of hygiene behaviour. WaterAid Bangladesh plans to conduct hygiene surveys at regular intervals to generate up-to-date evidence for the sector.

The baseline survey has been successfully used in advocacy efforts. In June 2015 the Ministry of Education issued a circular instructing all secondary schools to provide MHM facilities and support. The circular was the result of a roundtable organized by WaterAid and the Campaign for Popular Education, where results of the hygiene baseline survey were presented and the

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Plans for scale up

As per WaterAid Bangladesh’s strategy for 2016-2021, the organization will gradually move to a district-wide approach. Where direct interventions are not feasible on this scale, the organization will follow a policy of ‘intervene in some, influence all’ – implementing activities at ‘model schools’ and influencing school management committees, education officers and local policymakers to replicate the interventions in other schools. The recently issued government circular on ensuring MHM-friendly sanitation facilities in all secondary education institutions will be important in this regard.

Opportunities and challenges

WaterAid Bangladesh’s strong working relationships with local NGOs and communities provide the space to initiate dialogue on sensitive topics such as MHM, generating honest responses from beneficiaries that feed into programme design.

In addition, the growing international recognition of the importance of MHM has created the opportunity to collaborate with other organizations, especially around policy advocacy.

Given the socio-economic and cultural marginalization faced by WaterAid’s target communities, the challenges around MHM are formidable. Availability of MHM facilities and supplies, and knowledge around food and hygiene habits, are generally much more limited in these communities compared to medium- and high-income groups.

In addition, initiating discussions on MHM with schoolgirls, teachers, and school administrators is very difficult given the taboo nature of the topic. Finding context-sensitive ways to engage men and boys without creating additional tension in schools and communities is especially difficult. However, recent experiences among highly marginalized tea worker communities have shown that innovative initiatives, such as sports-based activities, can serve as good entry points for initiating these conversations.

From a technical perspective, the safe disposal of used rags and pads is a major challenge. Due to lack of adequate disposal facilities, girls often dump used sanitary materials in the open or in bodies of water.

Recommendations

- Menstrual hygiene is a highly context-specific issue. It is critically important that MHM initiatives are built around the lived experiences of women and girls, which may differ across social groups.
- Collecting and incorporating feedback from girls and women is crucial when designing MHM interventions and facilities.
- MHM programmes should be complemented by strong evidence and advocacy components.

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Context

Background
Whether a girl lives in South America, Africa, Europe or Asia, she will experience menstruation. However, the ways in which adolescent girls manage menstruation vary widely across countries and contexts. Old Fan Films travelled to a school in Mymensingh, Bangladesh to gather perspectives from adolescent girls about their experiences of menstruation through an exploratory film study: Borohawa (Grown Up Girl).

Setting
Mymensingh is located in central Bangladesh on the Brahmaputra River. The film was shot in a rural setting outside the city centre. Interviews were conducted with schoolgirls 10 to 16 years of age (pre- and post-menarche), teachers and youth club (Kishori Club) leaders.

Stakeholders
• Key stakeholders for the film study include schoolgirls, teachers and youth club members in Mymensingh, Bangladesh. The youth clubs provide a safe space for children and adolescents to play games, study and learn about a variety of health topics, including menstruation and puberty.
• The audience for the film includes NGOs, government agencies, researchers, and donors working on WASH in Bangladesh, including BRAC, an NGO that is supporting Kishori Clubs in Mymensingh.
Goals
The goal of the film is to highlight the menstruation-related experiences of adolescent girls in rural Bangladesh to help inform future research and programmes. The film also aims to assess how youth clubs can improve health behaviours and practices among adolescent girls in rural Bangladesh.

Level of intervention
At the individual level, the film seeks to better understand the MHM-related experiences, practices and knowledge of schoolgirls in rural Bangladesh. It is hoped that the dissemination of these individual perspectives can help bring about change within schools and communities. At the national level, the film can be used to advocate for improvements in MHM policies and facilities. At the structural level, the film can be used to catalyse discussion around social norms, such as what girls eat and drink during menstruation, or whether or not they attend school while menstruating. The aim is that the stories in the film will positively influence other young girls, both in Bangladesh and around the world, to think differently about menstruation-related barriers.

Achievements
The film demonstrates that menstruation-related knowledge and practices vary widely in Mymensingh:

- Some girls had virtually no knowledge about menstruation (could not describe any aspect of menstruation or what it is).
- Most girls had some knowledge (could describe some aspects of menstruation).
- Some girls had a lot of knowledge (could describe when and why menstruation occurs, and understand associated body changes, experiences or feelings).

Some girls and teachers stated that they often miss school because of their period. This is due to a range of factors, including the lack of WASH facilities, as well as fear, embarrassment and pain.

The film also highlights a number of successes of the Kishori Club programme, demonstrating positive impacts on:

- Increasing knowledge about menarche.
- Reducing levels of fear surrounding menstruation.
- Improving healthy eating habits, such as consuming protein.

The film has been shown at a number of academic conferences, including the Global Symposium on Health Systems Research and the WASH Conference, and was featured in the opening exhibition of a campaign titled “Imagining Equality”, supported by the Global Fund for Women and the International Museum of Women.

Plans for scale up
Old Fan Films will continue to promote the film among a wide range of audiences, including those in the WASH, public health, human rights and gender sectors.

Opportunities and challenges
The youth club model has provided an effective platform to reach in-school and out-of-school girls with information on menstruation in rural Bangladesh. There is an opportunity to learn from this model, and apply it to other contexts and topics.
There are a number of challenges involved in using a film as a research and advocacy tool. First of all, making a film is a time-intensive process. The steps involved are similar to those involved in any qualitative research study, such as undertaking a literature review, developing a research question, creating questionnaires, gaining access to the community and conducting data analysis. In addition, filming techniques need to be taken into consideration, such as sound, lighting and framing. In many cases, this will require an additional team member with skills and specific expertise and may take additional time in the field.

Second, it can be challenging to discuss sensitive issues when filming. Potential interviewees may be shy or may feel uncomfortable discussing taboo topics on film. It is important to conduct an initial field visit before shooting the film to help understand any potential challenges in this regard.

Recommendations
A number of practical recommendations should be taken into consideration when making a film for research and advocacy:

- First, establish a strong team. A range of skill sets are needed to create a film, from someone who can operate a camera, to someone who can control crowds, to interviewers that make the respondents feel comfortable.
- Second, create a shooting outline to guide production, summarizing key elements of the film, including the setting and potential interviewees. The outline is different from a script and leaves room for exploring new topics as they arise.
- Third, visit the field site before shooting. This will help plan the locations to be captured on film, and identify places that would be suitable to conduct interviews. Planning ahead saves a lot of time during shooting.
- Finally, create an interview guideline or questionnaire to guide conversations with interviewees.

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India

Improving menstrual hygiene management for schoolgirls
Liverpool School of Tropical Medicine, Tata Institute of Social Sciences, US Centers for Disease Control and Prevention India, UNICEF India

Context

Background
Evidence-based information on MHM is limited in India, especially in school settings. As part of the WinS4Girls Project, in 2015 UNICEF India commissioned research on the MHM-related challenges confronting schoolgirls in the country. The Liverpool School of Tropical Medicine was selected as the principal investigator, with the Tata Institute of Social Sciences identified as the local partner. The research design involved a comprehensive desk review and primary field research using both qualitative and quantitative methods in three states.

Setting
Three states (Chhattisgarh, Maharashtra and Tamil Nadu) were purposively selected for quantitative and qualitative field research. Within each state, stratified random sampling was used to select districts and blocks, and simple random sampling was used to select schools. Urban areas were excluded from the sample. In tandem, a few schools that had previously received WASH/MHM programme support from UNICEF India were chosen from each state as potential ‘best practice’ comparators.

Stakeholders
- UNICEF India commissioned the research, with financial support from the Government of Canada through the WinS4Girls Project.
- The research was led by the Liverpool School of Tropical Medicine, in partnership with the US Centers for Disease Control and Prevention and the Tata Institute of Social Sciences.
- Project reference groups were formed in each state, with representation from a range of stakeholders, including state and local government officials.
- At the national level, UNICEF India will use research results to support the Government of India to improve MHM in schools.
Goals
The primary objective of the research was to understand the MHM-related barriers faced by schoolgirls in India and to use the data generated to develop a basic package of MHM in schools activities that can be scaled up across India. Secondary objectives were to:

- Investigate the effect of MHM practices on girls’ school participation and attainment.
- Evaluate the role of the school WASH environment on girls’ MHM practices.
- Assess MHM and WASH programmes in government schools.
- Document best practices and contribute to the knowledge base around MHM in schools.
- Inform national education policy in India.

Methods
A systematic review and meta-analysis was conducted using PubMed, Google Scholar and the Global Health database. The research team analysed 138 eligible studies published between 2000 and 2015, exploring girls’ awareness of menarche before the start of menstruation, information sources for menstruation, type of absorbent used, disposal of absorbents, restrictions imposed and school absenteeism during menstruation. The research team also reviewed existing government programmes related to MHM, adolescent health and hygiene. The purpose was to determine the reach, efficacy and quality of the programmes and how they can be improved.

Field research included surveys among schoolgirls and teachers, focus group discussions among girls, boys, teachers and parents, and stakeholder interviews at national, state and local levels. WASH facility observations were also conducted at each of the selected schools. During research design, the team estimated that sampling eight schools per state would generate a sufficient sample of post-menarche girls. However, when field activities commenced, results from the questionnaires indicated that around a third of girls in target classes were pre-menarche, requiring an expansion of the sample to 53 schools.

Achievements
The desk review and field research have been successfully completed. The results have
been submitted as a scientific publication. The publication reports findings on girls’ lack of awareness of MHM, restrictions faced during menstruation and school absence.

**Plans for scale up**

The overarching goal of the research was to inform the development of a basic MHM package for scale up in schools across India. The research team will consult with beneficiaries, and more widely with other stakeholders, to inform the development of the package. However, time and financial limits preclude large-scale evaluation of its impact, for example, through a randomized controlled trial. It is possible that data collected from cross-sectional surveys may reflect the experience of girls at single time-points, and may not adequately allow for many factors that influence this experience. Pre- and post-intervention assessment, such as the unit cost of harms averted, would be a valuable addition to the research.

**Opportunities and challenges**

Collaboration between international and local researchers and UNICEF increased the overall knowledge and skill set of the research team and created opportunities for capacity development within each organization.

A number of challenges were encountered during the planning and implementation of the research:

- Adhering to the tight project timeframe was a challenge, especially given each partner’s different priorities, commitments and expectations.
- Time constraints were exacerbated by the requirement for field research in different states with different languages, the need for ethical approval from both institutes, and due to the time restrictions imposed by school holidays and exams.
- The use of random selection across states increased representativeness, but sometimes placed field teams in remote locations, with no existing research infrastructure.
- Small class sizes and a high proportion of non-menstruating girls required the research team to double the sample, increasing field research time and resources.
- Conducting activities in remote areas resulted in female researchers (needed for interactions with girl participants) feeling unsafe, requiring extensive travel for accommodation.

**Recommendations**

- Recognition of the need for a flexible timeframe is required from the outset of large research projects.
- Candid discussion among all collaborators of their needs, expectations and commitments outside the project is also required.
- Better awareness in the variability in age of maturation of adolescent girls by region and area (particularly very rural areas not formerly researched) would allow for improved planning.
- Inclusion of a male on each field research team can reduce female researchers’ safety concerns in remote locations.

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Context

Background
In Indonesia, there is little context-specific information on MHM among adolescent girls, including in school settings. Consequently, the evidence-base for programming and interventions is weak. To help bridge this gap, UNICEF Indonesia commissioned a study to explore MHM practices, determinants and impacts among school-going adolescent girls.

Setting
Research was conducted in 16 randomly selected secondary schools across four provinces of Indonesia: East Java, Nusa Tenggara Timur, Papua and South Sulawesi. East Java is Indonesia’s second most-populous province, with 37.5 million people, 97 per cent of whom are Muslim. Nusa Tenggara Timur is a majority Christian province, with a population of 5 million people, 80.7 per cent of whom live in rural areas. Papua, a mainly Christian province, has a population of 3.1 million people, with 74 per cent living in very remote areas. South Sulawesi has a population of 8 million people, 90 per cent of whom are Muslim, and 63.3 per cent of whom live in rural areas.

Stakeholders
- UNICEF Indonesia commissioned the research, with financial support from the Government of Canada through the WinS4Girls Project.
- The research was led by the Burnet Institute, an Australia-based agency, in partnership with WaterAid Australia, SurveyMeter and a local youth network.
- Research findings have been shared with the Ministry of Health, who will lead the next step, which is to hold a meeting with private sector sanitary napkins providers to discuss their potential role in improving MHM.

Goals
The purpose of the study was to explore current MHM practices, determinants and impacts among school-going adolescent girls in Indonesia. The long-term objective is to use the research findings to inform evidence-based interventions and policies to improve WASH in Schools for girls, thereby contributing to improved health and education outcomes.

Methods
A convergent parallel mixed-methods study was conducted in 16 randomly selected secondary schools. The individual experiences, knowledge and attitudes of schoolgirls were assessed through self-administered questionnaires, focus group discussions and in-depth interviews. Those of boys, mothers, teachers and health providers
achieved through focus group discussions and key informant interviews.

At each school, the school principal, or a representative nominated by them, completed a semi-structured interview and participated in the completion of the school observation checklist to assess WASH facilities.

**Achievements**

The study identified a number of challenges that impact girls’ ability to manage menstruation hygienically and with dignity in schools. Not surprisingly, insufficient knowledge about menstruation, the menstrual cycle and MHM result in lack of preparation for menarche, misconceptions about disposal of soiled absorbent materials, and inadequate understanding about how to manage menstruation safely at school.

Prior to the research, UNICEF Indonesia was aware of a range of common misconceptions, such as the idea that menstruating girls should not wash their hair or eat a range of foods. More surprisingly, nearly all girls described a need to wash soiled disposable sanitary pads prior to disposal, a practice that is unnecessary and uncommon in other countries. This belief, together with the fact that the majority of schools do not provide adequate water or private spaces for such practices, means that girls are unable to dispose of absorbent materials discretely. A belief that burning menstrual materials is harmful also contributes to girls’ reluctance to change and dispose of pads at school. As a result, girls often resort to returning home to change absorbent materials or wearing soiled materials for up to eight hours, leading to genital itching, leakage and staining of cloths. One in seven girls reported missing one or more days of school during their last menstruation.

The results of the research will be utilized nationally, with the Ministry of Health leading next steps. Based on the preliminary results, and the fact that Indonesia is a middle-income country, activities are likely to focus on communications to increase knowledge and awareness around MHM (rather than on building or renovating sanitation facilities).
Opportunities and challenges

One of the challenges that programme implementers face in Indonesia is how to reach the large number of adolescent girls who are not in school. While some countries have effective platforms for reaching this vulnerable population through health centres or outreach programmes, these interventions are relatively weak in Indonesia.

Indonesia’s size and diversity also present challenges when creating messages and platforms, especially around a sensitive topic such as MHM. It will be difficult to come up with messages that are effective across the country’s multiple regions, ethnicities and religions.

One way to deal with both of these challenges is to optimize the links between UNICEF’s WASH in Schools programmes, including MHM in schools, and activities supporting local governments and communities around community-based total sanitation, which has been the cornerstone of UNICEF Indonesia’s WASH work for years.

Recommendations

- Discussing MHM with government partners requires robust, evidence-based information. UNICEF Indonesia’s partnership with the Burnett Institute was crucial in generating clear, evidence-based recommendations based on a solid methodology and robust findings.
- It is important to engage with the private sector. While governments, schools and charities may have a role to play in the provision of sanitary pads in some cases, most girls in most countries purchase their MHM materials through the private sector. When approached as partners, UNICEF Indonesia found that pad producers and other private sector companies were willing and able to become constructively engaged in the issue.

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Kenya
Promising approaches to menstrual waste disposal in schools
Global Sanitation Environmental Project

Context

Background
Nearly 3 million girls attend secondary school in Kenya. Over the course of a nine-month school year, total sanitary waste at the schools is estimated at between 9.5 million and 13 million kg. Managing this huge amount of sanitary waste in an environmentally friendly manner remains a challenge.

There are several challenges involved in the handling and disposal of menstrual waste in schools, including social and cultural impediments. Many communities in Kenya believe that menstrual blood should not be burnt as this may lead girls to become infertile. Some cultures also believe that menstrual blood should only be handled by the menstruating girl. The idea of a man handling sanitary pads as part of waste collection is therefore problematic. These impediments make it difficult to collect and dispose of sanitary waste from Kenya’s schools. Current practices, which include flushing used sanitary materials in toilets or discarding them in open fields, lead to clogged drains and poor sanitation.

In this context, the Global Sanitation Environmental Project (GSEP), an NGO based in Nairobi, has been implementing a project to improve the disposal of sanitary waste in Kenya’s schools.

Setting
To inform interventions, a mapping and baseline sanitation survey was conducted in 42 schools in Kilifi North Constituency, an electoral constituency in Kenya’s Coast region. Activities designed to improve the disposal of sanitary materials were then conducted in 32 learning institutions across Kenya’s Central, Coast, Eastern, Nyanza and Western regions.

Stakeholders
- The Government of Kenya is the main stakeholder for sanitary waste disposal in public schools. Although it is government policy that all schools provide appropriate disposal bins for the safe disposal of sanitary towels, management of menstrual waste remains a neglected issue in most schools.
- Other stakeholders include schoolgirls, teachers, head teachers, parents, school governors, the private sector and community leaders.

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Goals
The goals of the project are to:

- Encourage stakeholders (both public and private) to undertake research on evidence-based approaches for sanitary waste disposal and management in schools.
- Better understand the challenges faced by schoolgirls during their menses and how this affects their learning and well-being.
- Promote the safe handling, collection, transportation and disposal of sanitary waste and encourage good hygiene practices in Kenyan schools.

Level of intervention
A baseline sanitation survey was conducted in 42 schools in Kilifi North Constituency. Focus group discussions were conducted with parents, community leaders and waste disposal service providers. In addition, interviews were held with head teachers, officials from the Ministry of Education and other stakeholders.

Borrowing concepts from India and South Africa, the project then supported the construction of De Montfort type waste incinerators in two primary schools, three teacher training colleges and 27 secondary schools. Staff were trained on the operation and maintenance of the incinerators. Sanitary bins, solar vents and biodegradable enzymes were also introduced to accelerate the breakdown of biodegradable material and improve sanitation.

Achievements
Project accomplishments include:

- Successful completion of a mapping and baseline sanitation survey in 42 schools in Kilifi North Constituency. The survey found a lack of proper waste collection facilities in schools, evidenced by the large amount of waste dumped in open pits. Findings also suggest that most schools cannot afford the high cost of renting waste disposal services.
- Construction of 32 De Montfort type incinerators and the training of school staff on the operation and maintenance of the incinerators. Use of the incinerators has led to the safe disposal of large amounts of sanitary waste.
- Introduction of sanitary bins, solar vents and biodegradable enzymes, and the promotion of good hygiene and sanitation practices, in the 32 targeted learning institutions.
- Mobilization of funding from the local government in Kiambu County to support the construction of eight incinerators in girls’ secondary schools.

Monitoring and evaluation
Beneficiary schools report on the amount of waste disposed and cost implications of the incinerators (schools that were previously renting waste disposal services have indicated that there have been significant cost reductions). Scheduled visits by GSEP project team members have also aided project monitoring.
Plans for scale up

GSEP has implemented interventions in 32 learning institutions in six out of Kenya’s 47 counties, covering about 1 per cent of the targeted schools. Although the project continues to make efforts to reach more schools, the magnitude of the situation necessitates significant additional resources.

Opportunities and challenges

GSEP has identified a number of opportunities for expanding efforts. First, the devolved county government structure in Kenya presents opportunities for mobilizing resources for schools at the local level. This could lead to the allocation of increased resources for sanitary waste disposal. Second, the Government of Kenya allocated Ksh 30 million (approximately US$285,714) in financial year 2015/2016 to support the provision of sanitary pads for underprivileged girls in public schools. This provides room for stakeholders to lobby policy-makers to make budgetary allocations for managing sanitary waste in schools. GSEP’s participation on the national technical working group and advisory committee on MHM in learning institutions provides a third strategic opportunity.

There are also a number of challenges to scale up, including fragmentation within the government institutions responsible for waste disposal in schools. The poverty among rural Kenyans further compounds these challenges, as communities have competing priorities that place waste disposal and management low on the order of priorities (the De Montfort incinerators cost approximately US$3,500).

Recommendations

• MHM stakeholders should advocate for the use of affordable incinerators, biological enzymes, sanitary bins and solar vents in schools, which make sanitation facilities more user-friendly, especially in rural areas.

• Interdisciplinary approaches to waste management in schools should be adopted, encompassing WASH, gender and environmental perspectives.

• Governments and other stakeholders should support research aimed at finding innovative, replicable and cost-effective sanitary waste disposal solutions.

Contact: Eva Waithera,
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Context

Background
Prior to the WinS4Girls Project, there was very little information on MHM in Mongolia. Previously available anecdotal evidence suggested that many schoolgirls in the country face challenges managing their menses in a dignified and comfortable manner. Of particular concern were the conditions in rural schools, many of which house children from semi-nomadic herding families in dormitories for up to nine months of the year. Some of these schools are located in areas that are extremely cold during the winter months and may have inadequate WASH facilities. As part of the WinS4Girls Project, UNICEF Mongolia commissioned formative research on MHM in schools.

Setting
As of 2014, there were 762 schools in Mongolia, 486 of which (64 per cent) had dormitories, housing 6.5 per cent of the total student population. Data on WASH in Schools is scarce but a 2007 study conducted by UNICEF found that 78 per cent of schools had outdoor latrines, many of which were unsafe and unhygienic (while more recent data are not available, significant improvements have been made since 2007).

Research activities were conducted in 11 schools, including three in the capital, Ulaanbaatar, four in provincial capital towns and four in rural areas.
Stakeholders

- Primary stakeholders include schoolgirls, parents, teachers and school administrators.
- The research was conducted by a national NGO, the Center for Social Work Excellence, following ethical clearance from the National University of Mongolia and under the guidance of UNICEF Mongolia and Emory University.
- A technical working group was established to support the research process. The group included key stakeholders such as the Ministry of Education, Culture and Science, and the Ministry of Health and Sport.
- The Government of Canada provided funding for the research through the WinS4Girls Project.
- The research results will be shared with national and local stakeholders as well as global donors.

Goals

The primary goal of the study was to explore the MHM experiences of Mongolian schoolgirls in order to identify the challenges girls face. A secondary goal was to compare and contrast the barriers experienced by schoolgirls from different contexts within the country (i.e. urban vs. rural schools). The research results will be used to inform future policies and programmes.

Level of intervention

The research investigated MHM at different levels. The personal experiences of girls were assessed through in-depth interviews and focus group discussions. The individual experiences, knowledge and attitudes of boys, mothers and school staff were also assessed through focus group discussions and key informant interviews. At the school level, researchers assessed WASH and MHM facilities at each of the 11 schools sampled. At the policy level, key informant interviews were held with national stakeholders.

UNICEF plans to use the research findings to support interventions at multiple levels. At the individual level, evidence-based MHM guidebooks and online resources will be developed for girls, teachers and parents and disseminated to a minimum of 100 schools across the country. The findings will also
be used to support UNICEF’s continuing advocacy work around WASH in Schools and MHM. The recently approved “Norms and requirements for WASH in schools, dormitories and kindergartens”, which include a number of specific requirements for adolescent girls, will be crucial in this regard. While the standards are not yet fully implemented, the government is committed to working towards them and is currently developing a mid-term action plan. UNICEF Mongolia intends to use the research results to further build on this momentum, ensuring that girls’ needs are given the attention they deserve.

Achievements

Data collection activities were completed in May 2015, with data analysis completed in October 2015. The results provide a wealth of new information upon which UNICEF and its partners will base future MHM policies and programmes. Findings suggest that a number of common barriers exist for all schoolgirls in Mongolia, including a lack of adequate access to satisfactory WASH facilities and a lack of knowledge and education on MHM. These barriers appear to be greater for rural and dormitory schoolgirls, who may lack access to regular showers and face difficulties using toilets at night due to a lack of lighting and the fact that some schools lock dormitory doors. Rural and dormitory schoolgirls also seem to experience more significant barriers in terms of access to MHM materials, sometimes due to a lack of money, and lack traditional support systems from family because of their isolated living conditions.
Given the challenging conditions in rural Mongolia, it was unsurprising that the study found large disparities in the quality of WASH facilities between urban schools, which have indoor flush toilets, and rural village schools, which generally have outdoor unimproved open pit latrines. The schools in provincial capital towns had a mixture of indoor flush toilets and outdoor latrines. Hygiene was found to be particularly problematic in rural schools due to water scarcity and lack of bathing facilities, with some girls using wet wipes to clean themselves.

**Opportunities and challenges**

As a result of Emory University’s support in training researchers on qualitative research methods and MHM, there are now ten local researchers able to conduct similar research in the future, providing the country with an excellent resource/opportunity.

A major challenge faced was that no prior research had been undertaken on MHM in Mongolia; simply translating the technical terms and concepts into the Mongolian language was a challenge. Another major challenge was logistical in nature; some of the schools were up to 1,500 km from the capital and the research team had just three weeks to conduct data collection activities before the school year finished at the end of May.

**Recommendations**

- Explore national/local ethical review procedures early in the research process and plan accordingly.
- The volume of data can be quite high, making proper and thorough data analysis very time consuming; plan and budget accordingly.
- Fully engage with relevant government ministries, including the ministry of education, from the beginning of the planning process.
- Find a strong research partner and ensure ongoing collaboration between national and international stakeholders.
- Explore and consider the national context and environment before finalizing the research methodology.

**Contact:** Robin Ward, rward@unicef.org
Context

Background
Ongoing taboos around menstruation, along with a lack of access to MHM-related information and facilities at home and in schools, pose significant challenges for girls in Nigeria. These challenges, in turn, lead to negative social and health consequences. In this context, as part of the WinS4Girls Project, UNICEF Nigeria and the University of Nigeria conducted formative research to explore knowledge, attitudes, practices and environmental challenges affecting MHM among in-school and out-of-school girls in Nigeria.

Setting
Research activities were conducted in 12 secondary schools across three states: Anambra in the southeast, Katsina in the north and Osun in the southwest. The three states include all of Nigeria’s major ethnic and religious groups. Both rural and urban schools were selected in each state. Out-of-school girls from communities around the selected schools were also involved in research activities.

Stakeholders
- Primary stakeholders include schoolgirls, out-of-school girls, parents, teachers, school administrators, school management committees and parent-teacher associations.
- Government stakeholders include education managers within federal and state ministries of education, State Universal Basic Education Boards and Zonal Directors of Education.
- UNICEF Nigeria commissioned the research, which was carried out by the University of Nigeria, with support from Enugu State University of Science and Technology.
- The Government of Canada provided funding for the research through the WinS4Girls Project.

Goals
The primary goal of the research was to determine knowledge, attitudes, practices and environmental challenges affecting MHM among in-school and out-of-school girls in Nigeria. Secondary objectives were to:
- Assess societal attitudes towards menstruation and menstruating girls.
- Ascertain the availability and condition of WASH in Schools facilities.
- Identify MHM stakeholders and assess their involvement in MHM promotion in schools and communities.

Methods
Focus group discussions were held with in-school and out-of-school girls (10 to 19 years of age), in-school boys and mothers of menstruating girls. Both in-school and out-
of-school girls also participated in in-depth interviews. Key informant interviews were held with teachers, principals, members of parent-teacher associations, Zonal Directors of Education and chairs of the State Universal Basic Education Boards. School facility observations were conducted at each of the 12 target schools.

**Achievements**

Research findings show that MHM facilities are absent or inadequate in many schools in Nigeria. Most schools included in the sample lack safe, private and clean toilets where girls can manage their menses. As a result, menstruating girls and female teachers often feel ashamed and embarrassed, leading to absenteeism.

The research also found high levels of misconceptions and negative societal beliefs, attitudes and practices surrounding menstruation, leading to the stigmatization of menstruating girls and women. Other findings suggest that teachers are poorly equipped to improve girls’ knowledge of MHM, especially in co-ed schools.

**Opportunities and challenges**

Challenges faced by the research team included difficulty accessing out-of-school girls, both in the north (Katsina State) and southeast (Anambra State). In the north, most out-of-school girls were already married and it required the permission of their husbands to interview them. In the south, most out-of-school girls were engaged in petty trading and were not willing to sacrifice the time to participate in interviews. In addition, it was suspected that some of the girls approached had dropped out of school due to unplanned pregnancy or the inability of parents to pay school fees, which was embarrassing for them to disclose to researchers.

**Recommendations**

- The research coordinator and all team members should hold a planning meeting to develop a project timeline and identify the resources and budget required to implement each step of the research. The plan and budget should be discussed with all parties involved and agreed upon as the clear roadmap for the project.
- The mobilization of research participants should begin well in advance of research visits.

**Contact:** Job Ominyi, jominyi@unicef.org

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While relevant data are poor, it is likely that fewer than half of the country’s 1,200 schools have access to basic WASH facilities. Against this backdrop, MEHRD, MHMS, and UNICEF conducted qualitative research in four schools in Honiara, the capital city, and Guadalcanal Province, the island containing the capital. The schools selected by MEHRD included boarding schools and day schools and covered both rural and urban areas.

Stakeholders

- Key stakeholders include schoolgirls and female teachers, who will be the primary beneficiaries of the steps taken to improve MHM in schools.
- MEHRD and provincial education authorities have overall responsibility for education in Solomon Islands. MEHRD is currently drafting an Asset Management Policy that will include WASH in Schools and is committed to making this policy girl-friendly.
- MHMS has responsibility for rural WASH and collaborated with MEHRD to develop WASH in Schools standards and guidelines.
- Faith-based organizations run a significant proportion of schools in the country.
Goals
The purpose of the study was to understand the challenges that schoolgirls in Solomon Islands face during menstruation, and to make recommendations for addressing these challenges through WASH in Schools programmes.

Methods
Female staff from MHMS, MEHRD and partner NGOs were trained in qualitative research methods and ethics. These surveyors conducted in-depth interviews with three girls (14 to 21 years of age) at each of the four schools. Girls were asked about their knowledge, attitudes and personal experiences around menstruation, and how they manage menstruation at school. A focus group discussion with girls 12 to 17 years of age was also conducted at each of the schools. Girls were prompted to work together to draw and explain their ideal school toilet, and to imagine the life of a typical Solomon Islands girl as she begins menstruating at school.

Focus group discussions with primary and secondary school teachers, both male and female, provided a forum to discuss the school curriculum, local cultural norms and the challenges facing menstruating girls at school. Finally, a member of the study team assessed WASH facilities at each of the four schools.

Achievements
Girls involved in the research reported that poor MHM at school negatively affected their education, social life and self-esteem (see Figure 1).
Many teachers admitted that they were not able to effectively advise girls on how to safely manage menstruation or protect themselves from health risks. More positively, the study showed that girls’ experiences at school could be greatly improved through relatively simple steps. Key recommendations emerging from the study include to:

- Improve schools policies, facilities and resources to better accommodate menstruating girls.
- Provide girls with the knowledge and skills needed to safely and effectively manage their menstrual hygiene at school.
- Improve national policies and monitoring systems related to MHM in schools.

Based on the results, MHMS and MEHRD developed MHM guidance notes that have been incorporated into technical requirements for school WASH projects. In addition, MHMS and UNICEF have developed separate programme guidance that includes practical steps that schools can take to improve MHM in schools. A number of agencies, including Save the Children, UNICEF, Live and Learn Environmental Education and World Vision have used the guidance note to incorporate MHM into their WASH in Schools projects in the country.

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**Figure 1: MHM determinants, challenges and impacts in Solomon Islands**

<table>
<thead>
<tr>
<th>Determinants</th>
<th>Challenges</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes and beliefs</td>
<td>Lack of hygiene (water, soap, toilet paper) and absorbent materials at school</td>
<td>Educational impacts</td>
</tr>
<tr>
<td></td>
<td>Fear of leakage and staining school uniform</td>
<td>• Absenteeism</td>
</tr>
<tr>
<td></td>
<td>Inability to manage menstruation discretely and hygienically at school</td>
<td>• Distraction during class</td>
</tr>
<tr>
<td></td>
<td>Physical symptoms associated with menstruation</td>
<td>• Reduced participation</td>
</tr>
<tr>
<td>Inaccurate information about menstruation</td>
<td>• Teachers lack knowledge and confidence to teach</td>
<td>• Punishment for visiting the bathroom</td>
</tr>
<tr>
<td></td>
<td>• Not always discussed at home with family</td>
<td>Social impacts</td>
</tr>
<tr>
<td>Poor quality of school WASH facilities</td>
<td>• None or not functioning</td>
<td>• Skipped sports</td>
</tr>
<tr>
<td></td>
<td>• Not maintained</td>
<td>• Disrupted socialization</td>
</tr>
<tr>
<td></td>
<td>• Don’t meet girls’ needs</td>
<td>Embarrassment, shame, fright, anger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potential health risks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(not discussed during the study)</td>
</tr>
</tbody>
</table>
Plans for scale up

To date, the inclusion of MHM in WASH in Schools projects in Solomon Islands has mostly focused on improving facilities. While these activities are crucial, the study also showed that improving MHM-related ‘software’, both at home and school, could positively impact girls’ experiences. Collecting additional information from other provinces and stakeholders (e.g. boys and fathers) would fill knowledge gaps and help develop nationally applicable programmes.

Regionally, Solomon Islands can serve as an example for other Pacific Island Countries, such as Fiji, Kiribati and Vanuatu, to similarly incorporate MHM into their WASH in Schools programmes.

Opportunities and challenges

The study provided an opportunity to engage a range of stakeholders in an open discussion around MHM. The inclusion of adolescent and reproductive health experts in the stakeholder group provided an opportunity to link WASH with adolescent health, and to establish links with non-traditional WASH partners such as the Solomon Islands Planned Parenthood Association.

Challenges include the limited capacity around WASH in Schools within the MHMS Rural WASH Programme and the MEHRD Asset Management Division. This reduces the ability of both ministries to dedicate greater resources to improving MHM in schools.

Recommendations

- MHM champions should be fostered and supported within legislative bodies and

ministries. The study was first proposed by the MHMS Director of Environmental Health. His personal advocacy paved the way for the open discussion of menstruation, a traditionally taboo subject, in meetings and forums.

- Partnerships between and within relevant ministries should be encouraged. The partnership between MHMS and MEHRD was key to the success of the study.

Contact: Brooke Yamakoshi, byamakoshi@unicef.org
Context

Background

Sri Lanka has been implementing a WASH in Schools programme since 2007. A WinS4Girls campaign was launched as part of the programme in 2014. To inform the campaign, the Provincial Department of Education conducted MHM qualitative research in northern Sri Lanka. Discussions were held with 120 girls in secondary school and five health teachers. The research found that menstruation had negative effects on girls, including reduced participation in school, sports and cultural activities. In addition, long-held social and cultural norms inhibit discussion around MHM in schools and communities. The results of the research have informed the development of a participatory MHM toolkit.

Setting

Research activities were conducted in Sri Lanka’s Northern Province. The province is home to Hindu, Christian, Muslim and Buddhist communities. The subsequent toolkit was field-tested in 974 schools across 12 education zones in Northern Province.
Stakeholders

- Key stakeholders include schoolgirls and female teachers, who will be the primary beneficiaries of improvements in MHM in schools.
- The main government stakeholder is the Provincial Department of Education, which is part of the Ministry of Education. In addition, the Department of Health is providing assistance during the rollout of the toolkit.
- UNICEF Sri Lanka, in partnership with two local NGOs, the Rural Development Foundation and the Organization for Eelam Refugee Rehabilitation, provided technical assistance during the development of the toolkit.

Goals

The purpose of the participatory toolkit is to facilitate the development of MHM action plans within school development plans. The overall goal of these action plans is to improve MHM-related ‘hardware’ and ‘software’ in schools, thereby contributing to improved health and education outcomes for Sri Lanka’s schoolgirls.

Level of intervention

The Provincial Department of Education developed the toolkit and is training teachers on its use. The provincial Ministry of Health is also prioritizing MHM and is encouraging the private sector to invest in MHM.

At the district level, the trained teachers introduce MHM and the toolkit to all school principals, and then facilitate teacher trainings in schools. Within schools, the focus is on facilitating the development and implementation of MHM action plans. Health teachers are targeted to carry out the MHM action plan and to provide support for menstruating girls. Schools are encouraged to submit budgets to the Provincial Department of Education to fund improved facilities.

At the individual level, schoolgirls are being educated on MHM and menstrual myths. Teachers are trained to refer girls to health facilities if they experience menstrual-related health challenges.

Achievements

The participatory toolkit has been developed and field-tested. The toolkit contains seven steps:

1. Sharing of community stories related to puberty ceremonies in different cultures. The aim is to break the silence around MHM and to help make participants feel at ease talking about menstruation.
2. Discussing adolescent girls’ and boys’ feelings around puberty and menstruation. The aim is to make adolescents understand that their emotions are normal.
3. Identifying existing myths associated with menstruation within communities and cultures. The aim is to discuss how to overcome the taboos that affect girls’ school attendance and performance.
4. Identifying existing food-related menstruation myths. The aim is to identify foods that are being avoided by menstruating girls within certain communities.
5. Discussing the effects of poor MHM in schools, including on girls, boys, teachers, school administrators and the community. The aim is to highlight the wide range of stakeholders who are affected by poor MHM.

6. Identifying suitable solutions to the MHM-related problems in schools. The aim is to build consensus on actions that are feasible given the resources within and around the schools.

7. Developing MHM action plans for schools. Activities include those that can be taken immediately by girls, teachers, school administrators and school hygiene clubs, as well as those that require support from the Provincial Department of Education.

To date, the Provincial Department of Education has trained 36 teacher trainers.

A major programme success is that the trained schools have started to incorporate MHM into their school development plans.

An unexpected achievement is that a society of Sri Lankan doctors who have immigrated to the United States of America has shown an interest in establishing community-based sanitary napkin production units.

**Monitoring and evaluation**

The Provincial Department of Education is measuring the number of schools that have incorporated an MHM action plan within their school development plan and the number...
of participatory sessions conducted on MHM. The department plans to conduct an evaluation of the toolkit.

**Plans for scale up**

The Provincial Department of Education plans to scale up toolkit trainings across 34 education divisions in 2016, with the aim that 50 per cent of secondary schools in Northern Province will have MHM action plans.

**Opportunities and challenges**

The planning and implementation of qualitative research on MHM provided an opportunity to learn from the different country experiences in conducting similar research.

Sri Lanka’s free education system presents a platform to reach the majority of the country’s adolescent girls with MHM education and facilities.

Challenges included overcoming menstruation-related myths and taboos, especially in rural areas. Schoolgirls and female teachers were initially reluctant to talk about menstruation. However, after the participatory toolkit was introduced, the trainers found that the girls and teachers were much more comfortable talking about MHM.

The need to adapt trainings to different contexts is a challenge for scale up of the toolkit across Sri Lanka. For example, most urban girls use sanitary pads while rural girls use cloth; trainings need to be adapted accordingly.

**Recommendations**

- Advocacy work should be conducted alongside MHM-related research and programming. This helps to break taboos and increases awareness of issues affecting girls in schools.
- WASH in Schools programmes provide a foundation for the introduction of MHM in schools.
- It is important to establish a safe environment for young people when asking about a sensitive topic such as MHM.
- UNICEF’s Child-Friendly Schools approach is a useful platform upon which to build WASH and MHM interventions.

**Contact:** Radika Sivakumaran, rsivakumaran@unicef.org
Context

Background

Primary school enrolment in Uganda rose from 2 million in 1986 to approximately 8 million in 2012. The rapid increase in enrolment has placed stress on various aspects of the education system, including WASH in Schools facilities. Sanitation facilities in the country’s primary schools are generally inadequate, with latrines lacking privacy and water for washing, and incinerators for properly disposing of sanitary materials largely unavailable. Impacts include absenteeism and dropout among menstruating girls.

For several years, the Ministry of Education, Science, Technology and Sports (MoESTS) and its development partners, including UNICEF, SNV, and Plan International, have noted these challenges and their adverse impact on Uganda’s girls. In response, MoESTS has developed a programme aimed at addressing the critical and continuing challenges around MHM in schools.

Setting

MoESTS’s programme is national in scope and targets approximately 18,400 primary schools, 3,000 secondary schools and 500 tertiary institutions. The total enrolment by age group and gender is included in Table 1.

Table 1: Enrolment in MoESTS institutions by age group and gender

<table>
<thead>
<tr>
<th>Age group</th>
<th># of male students</th>
<th># of female students</th>
<th>Total # of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary (6-12)</td>
<td>3,016,054</td>
<td>3,039,346</td>
<td>6,055,401</td>
</tr>
<tr>
<td>Secondary (13-18)</td>
<td>1,907,882</td>
<td>1,763,296</td>
<td>3,671,178</td>
</tr>
<tr>
<td>Tertiary (19-24)</td>
<td>461514</td>
<td>343,565</td>
<td>805,079</td>
</tr>
<tr>
<td>25+</td>
<td>104,630</td>
<td>50,624</td>
<td>155,255</td>
</tr>
<tr>
<td>Total</td>
<td>5,490,081</td>
<td>5,196,832</td>
<td>10,700,000</td>
</tr>
</tbody>
</table>

Stakeholders

• Key stakeholders include students, parents, teachers, support staff, school heads and school management committees.

• Local stakeholders include district education departments, education and social sector staff and local NGOs.

• At the national level, government stakeholders include MoESTS and other line ministries, including the Ministry of Water and Environment, the Ministry of Health and the Ministry of Gender, Labour and Social Development.

• Other stakeholders at the national level include development partners such as UNICEF, SNV, Plan International, the Network of Water and Sanitation in Uganda and Irish Aid.

Goals

The programme seeks to:

• Improve stakeholders’ understanding of the impact of poor MHM in schools.

• Catalyse policy changes to ensure a strong enabling environment for MHM in schools.

• Develop strategies for operationalizing existing policies and programmes, such as the school health policy, which includes provisions for improving MHM.

• Demonstrate sustainable good practices on MHM in schools.

Level of intervention

At the national level, the programme is engaging with Parliament and relevant ministries to prioritize MHM in policies, plans
and budgets for schools. MoESTS and its national development partners are also supporting MHM training for students and teachers.

At the local level, district heads are responsible for the coordination of district-level policy, such as establishing by-laws, ensuring the availability of funding and implementing MHM action plans.

Within schools and communities, principals, community members and religious leaders are responsible for forming school clubs, promoting awareness of the importance of MHM, and supporting the construction of girl-friendly sanitation facilities in schools.

### Achievements

At the policy level, a parliamentary resolution has been passed on MHM in schools, directing MoESTS to prioritize MHM in policies, plans and budgets for schools. As a result, MoESTS issued a circular (signed by the Permanent Secretary), instructing all schools and local governments to support MHM. MHM has also been integrated in the school health policy and the National Strategy for Girls’ Education. Finally, a national inter-sectoral committee on MHM has been established.

At the programme level, MoESTS has developed a student reader to improve
understanding of menstruation and an MHM training manual. Teachers and pupils have been trained on MHM and the production of re-usable menstrual pads. These trainings have been conducted in a number of regions, including Karamoja, a relatively marginalized region with low school completion rates, poor infrastructure and the continued practice of female genital mutilation in some communities. Finally, MHM-responsive sanitary facilities have been constructed in schools in three districts (Kween in the east, Lira in the north and Masaka in central Uganda).

Monitoring and evaluation
The annual school census conducted by MoESTS assesses the number of schools with MHM-friendly facilities (washrooms, incinerators, menstrual kits, etc.). In addition, a gender-specific monitoring tool is being used to scrutinize the implementation of gender-responsive activities, programmes and policies. Follow-up research is being conducted to collect qualitative data on teacher training in Karamoja. The results will be used to identify schools in need of targeted support and to identify best practices for potential scale up.

Opportunities and challenges
Opportunities to improve MHM in Uganda have included the strong responsiveness of key decision makers to support the development of relevant policy and guidelines. The fact that MoESTS was in the process of developing and adopting a new school health policy provided an opportunity to advocate for the inclusion of MHM in the policy. The availability of financial support from UNICEF, UN Women, SNV and Irish Aid has also been crucial in advancing the MHM agenda in Uganda.

The main challenge to the programme has been the deep-rooted negative customs and taboos that surround menstruation in the country. The limited financial capacity of parents to support activities has also been a challenge.

Recommendations
• MHM-related advocacy efforts should be conducted in coordination with a broad range of stakeholders at all levels.
• Schoolgirls should be involved in MHM advocacy processes, serving as advocates for their own cause.
• MHM champions should be fostered and supported within legislative bodies and ministries.

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Menstrual Hygiene Management in Schools Case Studies

**Global**: Menstrual hygiene and human rights: A bloody road to a more equal world

**Bangladesh**: Towards an integrated approach to menstrual hygiene management in schools and communities

**Bangladesh**: Managing menstruation in Bangladesh - A short film

**India**: Improving menstrual hygiene management for schoolgirls

**Indonesia**: Formative research on menstrual hygiene management in schools

**Kenya**: Promising approaches to menstrual waste disposal in schools

**Mongolia**: Reaching the unreached - Exploring schoolgirls’ menstruation experiences in extreme cold and isolated conditions

**Nigeria**: Improving menstrual hygiene management in schools and communities

**Solomon Islands**: Incorporating menstrual hygiene management into national WASH in Schools policies and guidelines

**Sri Lanka**: Development of a participatory menstrual hygiene management toolkit

**Uganda**: National best practice for menstrual hygiene management in schools

For more information on this publication and menstrual hygiene management as part of WASH in Schools programmes, contact Murat Sahin at UNICEF, msahin@unicef.org, or Marni Sommer at Columbia University, ms2778@columbia.edu.