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GUIDANCE ON
MENSTRUAL HEALTH
AND HYGIENE

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GUIDANCE ON

MENSTRUAL HEALTH AND HYGIENE

CONTENTS

ACKNOWLEDGEMENTS

ACRONYMS

CSE   Comprehensive sexuality education

DHS   Demographic and health survey

FGD   Focus group discussion

FGM/C   Female genital mutilation/cutting

GAP   Gender Action Plan

JMP   WHO/UNICEF Joint Monitoring Programme for Drinking Water, Sanitation and Hygiene

MICS   Multiple indicator cluster survey

MHM   Menstrual hygiene management

MHH   Menstrual health and hygiene

NFI   Non-food item

WASH   Water, sanitation and hygiene

WinS   WASH in schools

SRHR   Sexual and reproductive health and rights

TOC   Theory of change

UNICEF United Nations Children's Fund

UNFPA   United Nations Population Fund

KEY TERMS

Menstruation or menses is the natural bodily process of releasing blood and associated matter from the uterus through the vagina as part of the menstrual cycle.

Menarche is the onset of menstruation, the time when a girl has her first menstrual period.

Menstrual hygiene management (MHM) refers to management of hygiene associated with the menstrual process. WHO and UNICEF Joint Monitoring Programme (JMP) for drinking water, sanitation, and hygiene has used the following definition of MHM: 'Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear[1].

Menstrual health and hygiene (MHH) encompasses both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarised by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy.

A menstruator is a person who menstruates and therefore has menstrual health and hygiene needs – including girls, women, transgender and non-binary persons. Throughout this guidance, the term 'girls and women' is used as a shorthand term to increase readability and refers to all menstruators regardless of gender identity.

Menstrual hygiene materials are the products used to catch menstrual flow, such as pads, cloths, tampons or cups.

Menstrual supplies are other supportive items needed for MHH, such as body and laundry soap, underwear and pain relief items.

Menstrual facilities are those facilities most associated with a safe and dignified menstruation, such as toilets and water infrastructure.

Gender refers to the roles, behaviours, activities, and attributes that a given society at a given time considers appropriate for men and women. These attributes, opportunities and relationships are socially constructed and are learned through socialisation processes. They are context- and time-specific, and are changeable. Gender determines what is expected,

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[1]WHO/UNICEF (2012) Consultation on draft long list of goal, target and indicator options for future global monitoring of water, sanitation and hygiene. Available at https://washdata.org/sites/default/files/documents/reports/2017-06/JMP-2012-post2015-consultation.pdf

allowed and valued in a woman or a man in a given context. In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context, as are other important criteria for socio-cultural analysis such as class, race, poverty level, ethnic group, sexual orientation, age, etc[2].

Transgender (sometimes shortened to 'trans') is an umbrella term used to describe a wide range of identities whose appearance and characteristics are perceived as gender atypical —including transsexual people and people who identify as third gender. Transgender women identify as women but were classified as males when they were born, transgender men identify as men but were classified female when they were born, while other trans people do not identify with the gender-binary at all[3].

Sex (biological sex) is defined as the physical and biological characteristics that distinguish males and females, such as reproductive organs, chromosomes and hormones[4].

Intersex people are born with physical or biological sex characteristics, such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns, which do not fit the typical sex definitions of male or female. These characteristics may be apparent at birth or emerge later in life, often at puberty. Intersex people can have any sexual orientation and gender identity.

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[2]WHO (2011) Gender mainstreaming for health managers: a practical approach. Available at https://www.who.int/gender-equity-rights/knowledge/glossary/en/.

[3]UN Free & Equal Campaign (2018) Definitions. Available at https://www.unfe.org/definitions/

[4]WHO (2011) Gender mainstreaming for health managers: a practical approach. Available at https://www.who.int/gender-equity-rights/knowledge/glossary/en/

OVERVIEW

This guidance was developed for UNICEF WASH, Education, Health, and Gender specialists or focal points in country offices who are working with their partners to develop programmes related to menstrual health and hygiene (MHH).

In recognition of the inherently broad programming considerations of MHH, this guidance is also aimed at UNICEF colleagues from the cross-cutting clusters of Communications for Development, Adolescent Development and Participation, and Disability. While it is written from the perspective of a UNICEF staff member, it may also be useful for colleagues from other agencies who are working to advance menstrual health and hygiene at a national and sub-national level.

This document is guided by the priorities laid out in UNICEF's **Strategy for WASH 2016-2030**, **Strategic Plan 2018-2021**, and **Gender Action Plan 2018-2021**, and is intended to advance the realisation of the targets contained therein. As such, it focuses on the process of designing and supporting programmes from the vantage point of UNICEF, rather than detailed technical notes and descriptions of menstrual health and hygiene programmes. These detailed technical resources already exist and reference is made to them in each relevant section.

This guidance is structured into five sections.

Section 1: A global opportunity
This section explains the global interest in supporting MHH through development and humanitarian programming under the SDGs.

Section 2: Programme design
This section articulates the principles underpinning UNICEF's MHH programmes and explains the process to support government leadership, carry out a situation analysis, develop a theory of change, build an evidence base, estimate programme costs, and assemble a team.

Section 3: Core package of interventions
This section provides and describes a framework of essential MHH interventions that are inclusive of all menstruators and which reach the most underserved, with a focus on working through and strengthening national systems.

Section 4: MHH for girls and women in vulnerable situations
This section is not exhaustive but provides an overview of strategies to reach three specific populations: girls and women with disabilities, girls and women in humanitarian action, and transgender or non-binary menstruators.

Section 5: Learning, monitoring, reporting and evaluation
This section provides an overview of the global monitoring and evaluation frameworks for MHH.

SECTION 1:
MENSTRUAL HEALTH AND HYGIENE;
A GLOBAL OPPORTUNITY

1.1 AN OPPORTUNITY

Menstruation is a natural fact of life and a monthly occurrence for the 1.8 billion girls, women, transgender men and non-binary persons of reproductive age. Yet millions of menstruators[5] across the world are denied the right to manage their monthly menstrual cycle in a dignified, healthy way.

Gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services often cause girls' and women's menstrual health and hygiene needs to go unmet. Adolescent girls may face stigma, harassment and social exclusion during menstruation. Transgender men and non-binary persons who menstruate often face discrimination due to their gender identity that prevents them from accessing the materials and facilities that they need. All of this has far-reaching negative impacts on the lives of those who menstruate: restricting their mobility, freedom and choices; affecting attendance and participation in school and community life; compromising their safety; and causing stress and anxiety. The challenges are particularly acute for girls and women in humanitarian crises[6].

The onset of menstruation coincides with new opportunities – and vulnerabilities – that arise during adolescence. Menstrual health and hygiene interventions can be an entry point for other gender-transformative programmes during this period, like sexual and reproductive health education and life skills development. By strengthening self-efficacy and negotiating ability, MHH programmes can help girls build the skills to overcome obstacles to their health, freedom and development, such as gender-based violence, child marriage and school dropout. Investments in adolescent girls' well-being yield triple dividends: for those girls, for the women they will become, and for the next generation.

WHAT IS MENSTRUAL HEALTH AND HYGIENE?

The term menstrual hygiene management (MHM) originated in the WASH sector. After decades of use, there is broad understanding and acknowledgement of this term. Importantly, there is also a definition and emerging attempts at measurement in the context of schools, through the WHO/UNICEF Joint Monitoring Programme for Drinking Water, Sanitation, and Hygiene (JMP).

In 2012, the JMP defined MHM as: "Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials."

Menstrual health builds on this concept and encompasses the broader impacts of the psychological, socio-political and environmental factors that accompany menstruation on mental, physical, and emotional health.

By using the term menstrual health and hygiene in this guidance, we include both the factors included in the JMP definition of MHM together with the broader systemic factors that link menstruation with UNICEF's goals in health, well-being, education, equality and rights. These systematic factors have been summarised by UNESCO as: accurate and timely knowledge; available, safe, and affordable materials; informed and comfortable professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.

[5]Throughout this guidance, the term 'girls and women' is often used as a stand in for all menstruators regardless of gender identity. This shorthand is used to increase readability. As part of UNICEF's commitment to equality and human rights mandate, programmes should be inclusive of transgender and non-binary persons who have menstrual health and hygiene needs.

[6]Sommer M., Caruso B.A., Sahin M., Calderon T., Cavill S., Mahon T., et al. (2016) 'A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools', in PLOS Medicine 13(2): e1001962. Available at https://doi.org/10.1371/journal.pmed.1001962

MHH AND HUMAN RIGHTS

International human rights law is a binding, and therefore enforceable, legal framework that defines the relationship between a state (the government) as 'duty-bearers' of human rights and people living in that state as 'rights-holders'. The Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD) are examples of international human rights treaties that are particularly relevant to MHH.

Understanding MHH within the context of human rights requires a holistic approach to women's and girls' human rights. The biological fact of menstruation, the necessity of managing menstruation, and society's response to menstruation is linked with women's and girls' human rights and gender equality. Women and girls encounter difficulties in managing hygiene during menstruation when they lack the enabling environment to do so. Notably when they have difficulty exercising their rights to water, sanitation and education, they will likely have difficulty managing their menstruation. When women and girls cannot manage their menstrual hygiene, it can negatively impact their rights, including the rights to education, work and health.

Framing MHM in the context of human rights and gender equality may engage local, municipal, provincial and national government actors not typically attuned to MHM concerns, and can support policy arguments for government action.

Adapted from WASH United and Human Rights Watch (2016) Understanding menstrual hygiene and human rights. Available online at http://menstrualhygieneday.org/menstrual-hygiene-human-rights-issue/

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1.2 A GLOBAL GOAL

MHH is important for the fulfilment of girls' and women's rights, a key objective of the Sustainable Development Goals (SDGs). Women and girls' access to MHH is a component of gender-responsive WASH services; SDG 6.2 acknowledges the right to menstrual health and hygiene, with the explicit aim to, "By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations". Without considering needs for safe and dignified menstruation, the world cannot achieve the vision for sanitation and hygiene under Goal 6.

Women and girls' access to MHH is also central to achieving other SDGs. The lack of basic knowledge about puberty and menstruation may contribute to early and unwanted pregnancy; the stress and shame associated with menstruation can negatively affect mental health; and unhygienic sanitation products may make girls susceptible to reproductive tract infections – all affecting SDG health outcomes (Goal 3). Girls may be absent or less attentive in school during menstruation due to a lack of WASH facilities or support from the school community, affecting education (Goal 4), or at work, affecting economic opportunities (Goal 8). Gender equality (Goal 5) cannot be achieved when taboos and myths prevent menstruating women and girls from full participation in society. Failure to develop markets for quality menstrual materials can impact on sustainable consumption and production patterns (Goal 12).

MHH IN THE SDGS

3 GOOD HEALTH AND WELL-BEING	4 QUALITY EDUCATION	5 GENDER EQUALITY	6 CLEAN WATER AND SANITATION	8 DECENT WORK AND ECONOMIC GROWTH	12 RESPONSIBLE CONSUMPTION AND PRODUCTION
3.7 "…universal access to sexual and reproductive health-care services…"	4.1 "…all girls and boys complete free, equitable and quality primary and secondary education…" 4.5 "…eliminate gender disparities in education…" 4.7 "…all learners acquire the knowledge and skills needed to promote…human rights, gender equality…" 4.a "Build and upgrade education facilities that are child-, disability- and gender-sensitive…"	5.1 "End all forms of discrimination against all women and girls…" 5.5 "Ensure women's full and effective participation…in public life." 5.6 "Ensure universal access to sexual and reproductive health…"	6.2 "…access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations."	8.8 "…promote safe and secure working environments for all workers, including migrant workers, in particular women migrants…"	12.5 "…reduce waste generation…" 12.9 "Support developing countries to strengthen their… capacity to move towards more sustainable patterns of consumption and production"

1.3 UNICEF'S COMMITMENT

UNICEF envisions a world where every girl can learn, play, and safeguard her own health without experiencing stress, shame, or unnecessary barriers to information or supplies during menstruation. UNICEF's support to menstrual health and hygiene is aimed at improving outcomes on education, health, and gender equality for girls and women. By comprehensively addressing a range of factors- such as building self-efficacy, developing a positive policy and programme environment, effecting social change and increasing access to materials and facilities- UNICEF will continue to support girls and women to have the confidence, knowledge, and skills to manage their menstruation safely, using appropriate materials and facilities, at home and away from the household.

Specifically, achieving these goals requires addressing four interrelated determinants; social support, knowledge and skills, facilities and services, and materials and supplies – along with improvements in the enabling environment through appropriate policies, coordination, financing, capacity building, and monitoring in the education, health, and WASH sectors.

Because of its transformational potential, MHH is one of UNICEF's five interlinked priorities for empowering adolescent girls in its Gender Action Plan 2018-2021, which accompanies its broader Strategic Plan for the same period and is approved by the Executive Board. The Gender Action Plan is UNICEF's commitment to achieving gender equality and girls' empowerment. The five priorities of the Gender Action Plan, implemented together and at scale, can dismantle some of the most stubborn barriers to gender equality and transform the lives of adolescent girls – supporting them to become healthy, educated and empowered women, able to direct the course of their own lives. The priorities of the Plan are monitored and reported on annually.

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RESOURCES FOR SECTION 1

AUTHOR, TITLE AND LINK	RELEVANCE
UNICEF Strategy for Water, Sanitation and Hygiene (2016-2030) UNICEF (2016)	This strategy guides UNICEF's organisation-wide contribution to achieving SDG 6. It is designed to inform and support UNICEF's core planning and strategy processes, and to guide the implementation of its programmes. It defines the principles to be applied to all UNICEF's work and a menu of approaches and results areas to be tailored to each country's context.
The Impact of Water, Sanitation and Hygiene on Key Health and Social Outcomes: Review of Evidence UNICEF and SHARE Consortium (2016)	This evidence paper looks at 10 areas identified by SHARE and UNICEF on which WASH can plausibly have a strong impact: diarrhoea, nutrition, complementary food hygiene, female psychosocial stress, violence, maternal and newborn health, menstrual hygiene management, school attendance, oral vaccine performance, and neglected tropical diseases. The paper indicates where evidence-based consensus is emerging or has been established.
UNICEF Strategic Plan, 2018-2021 UNICEF (2017)	UNICEF's Strategic Plan, 2018-2021 highlights the organisation's key goals and activities, setting out the concrete results that UNICEF aims to achieve for children with its partners over a four-year period. The summary version outlines the organisational change strategies and enablers envisioned by the Strategic Plan to achieve those results, charting a course towards the attainment of the 2030 SDGs and a better future for every child.
UNICEF Gender Action Plan, 2018-2021 UNICEF (2017)	The Gender Action Plan specifies how UNICEF will promote gender equality across all of the organisation's work at the global, regional and country levels, in alignment with the UNICEF Strategic Plan.
Global Partnership for Education Strategic Plan, 2016-2020 GPE (2016)	This is a five-year strategic plan that details the shared mission of the partnership and the steps it will take to get it done. It captures GPE's vision, practical approach and dedication to partnership. At the global level gender equality is both a principle and the third strategic goal outlined in the 2020 GPE strategy.
Programme Guidance for the Second Decade: Programming with and for Adolescents UNICEF (2018)	This guidance document seeks to increase coherence, scale up results and establish priorities and guiding principles for UNICEF programmes working with and for adolescents, in support of country and regional offices. While the primary target audience of this document is UNICEF staff, it also provides partners with an overview of the strategic direction of UNICEF on the second decade of a child's life.

Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world

SHARE & WaterAid (2012)

Modules and Toolkits Training Guide

This comprehensive resource brings together accurate, straightforward, non-judgmental knowledge and practice on menstrual hygiene programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene. It presents comprehensive and practical guidance on what is already being implemented in different contexts to encourage replication. The resource is divided into modules, each with its own toolkit, focusing on various aspects of menstrual hygiene. It was written by Sarah House, Therese Mahon, and Sue Cavill.

An Opportunity to Address Menstrual Health and Gendre Equity: A Global Menstrual Health Landscape Analysis

FSG (2016)

This report gives a concise overview of 1) the state of the evidence linking menstrual health to health, education, and equality outcomes; 2) a brief landscape of the menstrual health sector, including areas of progress and existing gaps; and 3) conclusions and perspectives on opportunities for working in menstrual health. The report was prepared with support from the Bill & Melinda Gates Foundation. It is the result of a review of over 150 peer-reviewed articles and grey literature, interviews with 37 global experts, 70-plus interviews with experts and practitioners in India, Kenya, and Ethiopia, and a review of relevant programming focused on menstruation, MHM, and sexual and reproductive health and rights.

Menstrual hygiene management in schools in South Asia: Synthesis report

UNICEF & WaterAid (2017)

This report details the status of MHM in schools in South Asia. Progress and gaps are identified in achieving sustainable and inclusive MHM services at scale, and the report draws together opportunities for further promoting and mainstreaming MHM in schools across South Asia.

The findings are presented in an overall report, a summary, and 8 country specific reports.

Menstrual Health Management in East and Southern Africa: A Review Paper

UNFPA (2018)

This review provides an overview of MHM policies and programmes in the Eastern and Southern Africa region, with a focus on education, school and community-based sexuality education, WASH, sexual and reproductive health, workplace support and humanitarian programming, as well as opening up the discussion regarding marginalized groups of women and girls such as disabled, prisoners and transgender men. It addresses barriers and enablers for scalability of MHM programmes such as knowledge, attitudes, and cultural perceptions, availability of menstrual products and supplies and sanitation facilities as well as policy.

Supporting the Rights of Girls and Women through Menstrual Hygiene Management in the East Asia and Pacific Region: Realities, Progress and Opportunities

UNICEF (2016)

A comprehensive overview and analysis of the experiences of girls and women, to establish the current status of MHM programming and action across the East Asia and the Pacific region. The review not only focuses on the school context linked to WASH in Schools programming, but also explores MHM in relation to out-of-school youth, as well as MHM at community level, in humanitarian contexts and in the workplace.

The findings are presented in two documents:
(1) A regional synthesis report titled "Realities, Progress and Opportunities"
(2) An implementation guidance note with selected good practices titled "Regional Good Practice Guidance Note"

SECTION 2:
PROGRAMME DESIGN

2.1 PROGRAMMING PRINCIPLES

UNICEF will follow a set of guiding principles to achieve our vision for access to safe and dignified menstruation for all girls and women. These guiding principles ensure that programmes are building on global good practice and lessons learned from previous experiences.
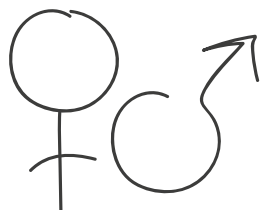
GENDER-EQUAL

- MHH programmes reinforce equality between girls and boys.
- Women and girls are given opportunities to lead MHH programmes through participatory approaches to design, implementation and monitoring.
- Women staff members at UNICEF and partners lead MHH programmes, in keeping with the WASH section's commitment to gender parity in staffing.
- UNICEF WASH staff and partners implement programmes using gender expertise.
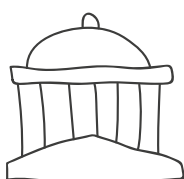
GOVERNMENT-LED

- Technical working groups are led by ministries reponsible for education or health, and oversee programme design and implementation.
- MHH programmes align with national strategies and plans in WASH, education, gender, women, youth, health and other relevant sectors.
- Governments commit resources for scaling up, based on evidence of outcomes.

EVIDENCE-BASED AND EVIDENCE-GENERATING

- Interventions are designed based on a needs assessment; formative research is widely disseminated.
- Robust monitoring, evaluation, and operational research build the global evidence base on MHH programmes.

AT SCALE

- Programmes are designed for scale through government systems, based on results monitoring and clear costing.
- Innovations and new partnerships have a pathway to scale.

CAPACITY—BUILDING

- Programmes develop technical capacity within UNICEF staff, governments, partners, community members, girls, boys, women and men.
- Capacity building focuses on appropriate skills and knowledge to talk openly about puberty, menstruation, and girls' empowerment .

INCLUSIVE

- Programmes make special efforts to reach and co-design with girls with disabilities, girls from minority groups, transgender or non-binary menstruators.
- Programmes engage men and boys.

COLLABORATIVE

- MHH research, programmes and results are built into planning across programmes (WASH, Education, Health, Nutrition, Child Protection, and cross-cutting areas of Gender, Adolescent Development, and Disability).
- MHH is an opportunity to strengthen or form new partnerships with governments, private sector, and civil society organisations.

2.2 SUPPORTING GOVERNMENT LEADERSHIP

Clear government leadership and ministerial ownership of MHH is essential for reaching adolescent girls at scale. In most cases, however, MHH falls between the mandates of ministries responsible for health, education, public works and women's affairs, and therefore often lacks clear leadership. UNICEF can support governments to determine a lead ministry responsible for MHH, and help to strengthen ownership through coordination and government-led multi-stakeholder action.

National or sub-national MHH working groups led by a ministry responsible for either education or health have been central to the advancement of MHH in many countries around the world. Such working groups can jointly conduct an MHH situation analysis and coordinate programme planning, evaluation, and scale up. With a clear responsible ministry, coordination within government is frequently more effective. In some countries, an existing platform for school health or girls' education may be used to advance the MHH agenda. The decision to use an existing group or create a new one depends on the context.

An MHH working group provides a platform for civil society, non-governmental organisations, academia, and private partners to come together under government leadership in support of shared goals. The process of forming an MHH working group is an opportunity to carry out a mapping of different partners active in MHH, and other partners not active but with potential interest in MHH. Engaging a range of actors from across the national or sub-national sector will provide a solid basis for identifying programme partners (see **section 3.3**).

MHH working groups have been essential for generating new evidence, sector-wide learning from such evidence, and successful interventions in many countries around the world. The activities of the working group might include evidence generation, advocacy, or coordination of different actors and initiatives, including the private sector. For example, in some countries, working groups have presented MHH issues in joint sector reviews, academic conferences, or ministerial planning and budget meetings.

In humanitarian situations, clear leadership for MHH is equally important. Examples include MHH as a stand-alone working group or as a component of a technical working group on hygiene promotion, with a clear coordinator. MHH is frequently coordinated through the WASH sector or cluster, in close coordination with protection, education, and health sectors. For more information on MHH in humanitarian response, refer to **section 4.2.**

WASH IN SCHOOLS FOR GIRLS: ADVOCACY AND CAPACITY BUILDING FOR MHM THROUGH WASH IN SCHOOLS

This guidance will draw from examples and experiences accumulated through the WASH in Schools for Girls, or WinS4Girls, project. WinS4Girls was funded by Global Affairs Canada from 2014 to 2017 to strengthen evidenced-based advocacy and action on MHM. With a grant of CA$ 7.5 million (US$ 6.7 million), the project was implemented in 14 low- and middle-income countries: Afghanistan, Bolivia, Burkina Faso, Eritrea, Ghana, India, Indonesia, Kyrgyzstan, Mongolia, Nepal, Niger, Nigeria, Pakistan, and Zambia.

WinS4Girls was implemented through global, regional and country-level partnerships. The aim was to use formative research to support evidence-based policies and interventions that could be taken to scale through education systems. UNICEF formed partnerships at multiple levels: global partners included Emory University and Columbia University; country partners included governments, civil society organisations and academia. The project brought together the WASH, Education, Adolescent Development and Participation, and Gender sections of UNICEF's Programme Division and the United Nations Girls' Education Initiative (UNGEI).

The ultimate outcome of the project was to create a more supportive school environment, resulting in increased attendance rates of girls at primary and secondary level. The project was successful in achieving its aims in nearly all countries:

1. **Increased understanding of current MHM practices and barriers girls face in schools:** through the strengthening and support of local research partners, a qualitative assessment was conducted in each project country, leading to the publication and dissemination of a report detailing current country-specific MHM practices and the barriers girls face in schools.
2. **Increased incorporation of gender-sensitive MHM support into existing national WASH in Schools (WinS) programmes:** through the development and promotion of country-specific MHM guidance packages based on research products and a review of the existing MHM and WinS programmes.
3. **Increased leadership by ministries of education on MHM:** through the establishment of an MHM Working Group under the auspices of the ministry of education, and the encouragement of an increased discourse on MHM in education sector forums as well as appropriate forums in other sectors (including WASH and health).
4. **Increased capacity of global WinS network members on MHM research and programming:** through establishing WinS network partners on MHM (including the Virtual Conference on MHM in schools and convening the MHM in Ten conference) and through the development and roll-out of a web-based course on MHM in WinS, run by an experienced academic institution for participants in the 14 project countries and elsewhere.

The training materials, formative research, and full intervention packages including training, teaching, and learning materials developed in the 14 countries are available via the online compendium at http://www.wins4girls.org/.

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LESSONS FROM THE FIELD: MHM WORKING GROUPS

MHM Working Groups featured strongly in the WinS4Girls 14-country project. The early establishment of these working groups ensured later uptake of research and programming by government and civil society. For example, in Afghanistan, Eritrea, and Kyrgyzstan, government involvement in research gave 'high-level advocates' such as ministers of education or first ladies the confidence to break long standing taboos on menstruation and to speak at national events. In other countries, such as Bolivia and Zambia, good coordination resulted in many other partners replicating MHM interventions, supported by their own resources.

Working groups were formed at the national and in some cases sub-national level and were typically chaired by the ministries responsible for education with organizational support from a UNICEF focal person. Some countries are notable for national government ownership and leadership, such as India, Zambia and Burkina Faso. In other countries, such as Bolivia and Pakistan, sub-national level provided the greatest programmatic leadership because of the diversity within the country.

2.3 ANALYSING THE SITUATION

A situation analysis identifies the problem that the intervention seeks to address, the causes and consequences of this problem, and the opportunities it may present, for example, synergies with other initiatives, or existing resources that can be leveraged or strengthened. Developing a shared situation analysis together with partners – such as those in the MHH working group – is a way of developing a shared understanding of the problem with decision-makers and actors who can affect girls' lives. This analysis in turn informs the development of a theory of change, enables effective coordination of efforts under a common objective, and helps ensure the effective allocation of resources to achieve the result.

UNICEF programming is first and foremost built on evidence, generated through national monitoring systems, research, needs assessments, and programme evaluations. This requires reviewing the available data and information on MHH in the country. Due to challenges in monitoring MHH, there are unlikely to be MHH-specific national data sets. Instead, some inferences can be made through the level of WASH services and performance on adolescent health and education indicators. In some cases, quantitative data on MHH is available through the Multiple Indicator Cluster Survey (MICS), national education management information systems (EMIS), or other sector-specific studies. The World Health Organization and UNICEF Joint Monitoring Programme on Drinking Water, Sanitation, and Hygiene reports on WASH in schools coverage based on national data sets, and is a good source of data relevant to MHH.

Good quality data for other priorities and programmes related to adolescent girls may be more readily available and are therefore important to analyse for their relevance to MHH programmes. Examples of related priorities may be advancing girls' secondary education, ending child marriage or female genital mutilation/cutting (FGM/C), avoiding unwanted or early pregnancy, improving adolescent girls' nutrition, or ending violence against girls. Descriptive statistics on these issues are usually available through administrative datasets. MHH programmes must be appropriate to the situation of adolescent girls in the country; for instance, if most girls at or before the average age of menarche are not in school, it makes sense to give greater focus to services reaching girls who are out of school. In another scenario where girls are affected by high rates of FGM/C, girls may have specific challenges managing their menstruation that programmes can respond to.

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SOURCES OF DATA ON MENSTRUAL HEALTH AND HYGIENE

The Multiple Indicator Cluster Surveys (MICS) provide internationally comparable data on women and children worldwide. Countries choose questions from the MICS modules in the standard MICS questionnaires. The revised standard MICS questionnaires include two specific indicators related to menstruation with related questions in the *Questionnaire for Individual Women*. The questions address the days missed at work or school due to menstruation, materials used, and ability to change materials in privacy at home. To allow disaggregation of data on menstruation by disability, UNICEF recommends use of the **Child Functioning Module.**

Performance Monitoring and Accountability 2020 (PMA2020) is focused on generating, analysing and disseminating data on an array of indicators to monitor family planning and WASH. PMA2020 generates data through household, individual female, and health facility surveys. Some of these indicators are relevant to MHH.

The WHO/UNICEF Joint Monitoring Programme for Drinking Water, Sanitation, and Hygiene (JMP) is tasked with monitoring global progress towards the achievement of the SDG targets for water supply and sanitation, including in schools and health care facilities. The JMP provides indicators and core questions to collect data on 'basic' drinking water, sanitation and handwashing in schools for comparable national coverage estimates and SDG monitoring. While the core indicators on sanitation and hygiene in schools and health facilities are related to MHH, an expanded question set provides suggested questions directly on MHH. In 2018, JMP baseline report on WASH in Schools found that only 11 countries included MHH questions as a part of their routine data collection through their national education management information systems (EMIS).

The JMP also monitors WASH in health care facilities. In contrast to WinS, the JMP definition of basic sanitation services in health care facilities explicitly specifies at least one sex-separated toilet with menstrual hygiene facilities. The global monitoring report for WASH in health care facilities is expected in 2019.

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In 2016 an estimated 335 million girls went to primary and secondary schools without water and soap available for washing their hands, bodies, or clothes when changing sanitary pads.

BASIC WASH IN SCHOOLS (2016)

- Estimates for **92 countries**
- **69%** of schools had a **basic drinkling water** service
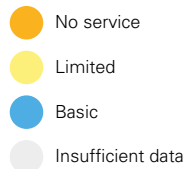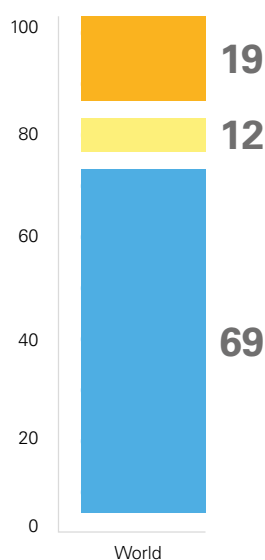
- Estimates for **101 countries**
- **66%** of schools had a **basic sanitation water** service
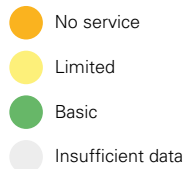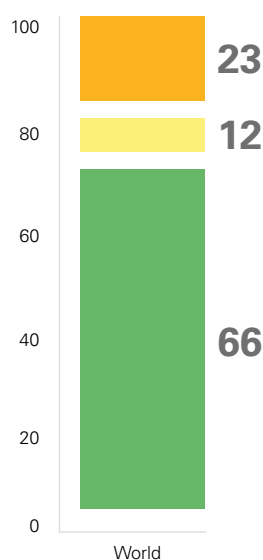
- Estimates for **81 countries**
- **53%** of schools had a **basic hygiene** service
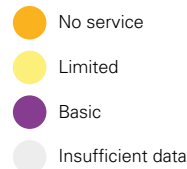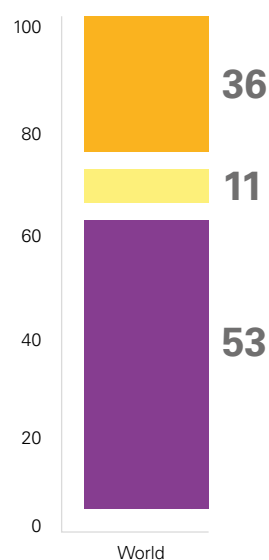
- 335 million girls went to schools without water and soap available

●	No service
●	Limited
●	Basic
●	Insufficient data

●	No service
●	Limited
●	Basic
●	Insufficient data

●	No service
●	Limited
●	Basic
●	Insufficient data

Source: WHO/UNICEF Joint Monitoring Programme, 2018

Equally important for programme design is qualitative research on MHH. In an increasing number of countries, formative studies have been completed to capture the range of girls' experiences, usually focused on MHH in schools. The quality and scope of such research varies, and requires careful consideration when being used to inform programme design. Where gaps exist, there may be a need for additional research to help build the evidence base (**see section 2.6**).

After taking stock of the evidence, the next step is to identify and analyse the barriers and bottlenecks that prevent girls and women from controlling their menstrual health and hygiene. In many countries around the world where MHH is a component of WASH in schools programmes, UNICEF country offices have analysed the situation using a simplified bottleneck analysis (Table 1). Many examples of these completed bottleneck analyses for WASH in schools can be found online, for example through a compendium of case studies from the WASH in schools course run by Emory University and developed in partnership with UNICEF[7] . An extensive list of criteria that could be used for a bottleneck analysis specifically for MHH is included in **Annex II**. Selected questions can be integrated into a WASH sector-wide bottleneck analysis using **WASH-BAT**.

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[7]UNICEF (2012a) WASH in Schools Distance-Learning Course: Learnings from the Field 2012. New York. UNICEF. Available at
https://www.unicef.org/wash/schools/files/WinS_Distance_Learning_Course_-_Learnings_from_the_Field.pdf

TABLE 1: TEN CRITICAL DETERMINANTS FOR ASSESSING BOTTLENECKS AND BARRIERS TO EQUITABLE OUTCOMES FOR CHILDREN[8]

CATEGORY	DETERMINANTS OF BOTTLENECKS AND BARRIERS	DESCRIPTION
ENABLING ENVIRONMENT	Social norms	Widely followed rules of social behavior
	Legislation / policy	Adequacy of laws and policy
	Budget / expenditure	Allocation and disbursement of required resources
	Management / coordination	Roles and accountability / coordination / partnerships
SUPPLY	Availability of essential commodities / inputs	Essential commodities / inputs required to deliver a service or adopt a practice
	Access to adequately staffed services, facilities and information	Physical access to services, facilities and information
DEMAND	Financial access	Direct and indirect costs for services / practices
	Social and cultural practices and beliefs	Individual / community beliefs, awareness, behaviours, practices, attitudes
	Continuity of use	Completion / continuity in service and practice
QUALITY	Quality	Adherence to required quality standards (national or international norms)

Source: UNICEF (2012b) Guidance on Conducting a Situation Analysis of Children's and Women's Rights

The analysis will identify the degree to which MHH is already included in education, health or WASH sector functions. Such functions are known as the enabling environment, and describe a set of conditions that support the effectiveness, scaling up, sustainability and replication of MHH interventions and outcomes. Different sectors may have different frameworks for analysing the enabling environment, and the preferred framework may depend on the lead ministry of the MHH working group. In the WASH sector, for example, the enabling environment is frequently thought of by using the five 'building blocks', defined by the Sanitation and Water for All partnership. These are: sector policy and strategy; institutional arrangements; sector financing; capacity development; and planning, monitoring, and review.

The final step is validating the analysis, together with girls and women themselves and partners from the MHH working group. This not only results in a more robust situation analysis, but also builds stakeholder commitment and facilitates agreement on the problem, therefore laying the groundwork for a shared way forward.

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[8]UNICEF (2012b) Guidance on Conducting a Situation Analysis of Children's and Women's Rights. Available at **http://www. unicefinemergencies.com/downloads/eresource/docs/rights%20based%20equity%20focused%20situation%20analysis%20guidance.pdf**

2.4 DEVELOPING A THEORY OF CHANGE

A theory of change (TOC) explains how a series of inputs or activities will produce a series of results that contribute to achieving the final goal or impact[9]. Developing a TOC for MHH will begin with the situation analysis, which will have defined the problem, and builds on this to outline the desired situation that the intervention is intended to produce. As with the situation analysis, the MHH working group can play a central role in the development of the TOC – so that all actors come to a shared understanding of the intervention design and why each aspect is important.

The TOC represents a plan of how to get from 'where we are' to 'where we want to be'. Some aspects of the problem will be addressed through the programme or intervention. Other aspects may not be addressed by it; these will instead either be classified as 'assumptions' (for instance, that another actor or intervention is or will be addressing those aspects) or 'risks' (for example, that those aspects will not be addressed at all) in the TOC. The TOC will outline the situational analysis, assumptions and risks together with the causal pathway.

During implementation, the TOC can be used to explain how the intervention works, to maintain focus as unanticipated opportunities arise, to identify the indicators that need to be monitored and to provide a framework for reporting. It is also a tool to manage and document adaptations to the intervention during implementation. In some contexts, there may not be good quality MHH information available for a thorough situation analysis. In this case, adaptive management – where learning from implementation is used to replace or reinforce intervention design – becomes an even more important strategy. If such a strategy is necessary, a robust learning component should be a central element of the TOC, allowing for the programme approach to be updated as the intervention progresses. A TOC is important not only for quality intervention design, but also for evaluation, allowing evaluators to check for success along the causal chain.

Based on global lessons from MHH programmes, UNICEF has developed a general TOC for MHH programmes (see next page). The TOC for MHH underpins the framework for MHH programming and sets out the key elements for change; it is not meant to be prescriptive or limiting and recognises that specific elements of a TOC will vary from country to country. Depending on the context, a TOC may be conceptualised or presented differently, for instance as a series of boxes or a matrix.

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[9]Rogers, P. (2014). Theory of Change: Methodological Briefs – Impact Evaluation No. 2. UNICEF Office of Research. Florence. Available at https://www.unicef-irc.org/publications/747-theory-of-change-methodological-briefs-impact-evaluation-no-2.html.

UNICEF THEORY OF CHANGE FOR MENSTRUAL HEALTH AND HYGIENE PROGRAMMES

Example of barriers outlined in a situational analysis[10] :

- Weak enabling environment, including a lack of political will, lack of policy framework, and lack of resource allocation.
- Insufficient knowledge, guidance and skills.
- Inadequate access to basic WASH services and MHH-supportive systems (e.g. waste disposal) in schools, households and health facilities.
- Inadequate access to affordable and appropriate menstrual materials.
- Unsupportive and patriarchical attitudes and social norms around menstruation leading to stigma, myths and taboos.

Ultimate goals

Improved adolescent health and wellbeing	Gender equality for girls and boys	Girls' education and skills development

Medium-term changes

An improved enabling environment nationally and globally, with strengthened political commitment, resources and knowledge to support MHH (social norm)	Boys and men, in their various roles, positively support girls and women in MHH (individual behaviour and social norm)	Girls and women manage their menstruation with safety and dignity using appropriate materials and facilities, at home and away from the household (individual behaviour)

Short-term changes

Greater evidence-based public discourse on MHH and gender equality	Education and health systems have the capacity to deliver MHH programmes	Girls, women, boys, and men improve individual knowledge and attitudes about MHH and related life	Girls and women access MHH-supportive facilities, services, materials and supplies

Inputs / activities

Coordination, advocacy and awareness raising	Knowledge generation and learning	Integration of MHH into strategies, guidelines, standards	Training and technical assistance to develop capacity	Social mobilisation and community dialogue	Teaching and learning on MHH in formal and non-formal education and health programmes	Provision and operation/ maintenance of MHH-responsive WASH facilities	Facilitation of access to menstrual materials and pain relief, directly or via market

An essential element of developing the TOC will be how it feeds into finalising the results framework; how the intervention's success will ultimately be measured. The final results framework should be accompanied by objectively verifiable indicators of achievement, sources and means of verification, and assumptions. Some MHH-related indicators, such as those for knowledge or access to facilities, are well-established in the education, health or WASH sectors. For other areas, such as self-efficacy or confidence, indicators and means of verification are still under development and lack common definition. For more guidance on programme monitoring, refer to **section 5**.

2.5 DESIGNING FOR SCALE

Programmes should have a pathway to scale in mind from the start. However, MHH programmes cannot always rely on robust evaluations of previous programmes to guide them, because few comprehensive, large scale MHH programmes have been designed and rigorously evaluated to date.

Instead, UNICEF can use its experience in related areas to model an evidence-based MHH intervention, for example through WASH in schools programmes, at sufficient scale to demonstrate its potential and relevance for a sub-national or national government. Such modelling can be effective and accurate for interventions that utilise systems for delivery that can be easily replicated at scale, so that costs and effectiveness can be realistically assessed. Small-scale interventions that have high unit costs with inputs that are not likely to be replicated at scale, are not a responsible investment of UNICEF resources.

In most cases, UNICEF supports 'area-wide' programming; programming that is delivered through government systems and covers an entire district, or several districts. Such programmes offer an opportunity to test and refine implementation strategies, build local capacity and monitoring systems, and learn lessons from successes and failures. For MHH, area-wide implementation can offer the opportunity to build on the scarce evidence base, and showcase the potential for MHH programming delivered at scale. In this way it can help to convince higher-level decision makers to develop enabling policies and strategies, and allocate resources and capacity for effective, large-scale implementation through the education or health system.

During a modelling phase, programme costs need careful estimation and tracking. At the end of a modelling phase, the actual programme delivery costs can be used to estimate the capacity, time and resources required for a scaled-up programme over a wider geographic area. A costing model for WinS programming is available for use through a tool developed by Temple University and UNICEF with input from other WinS partners. The tool guides the user in elements to consider at the planning phase, and can incorporate or be adapted for MHH programming. It explores the costs of different WinS programme options and can aid decision making for integrating WASH into education sector planning by providing estimated capital and recurring costs. The tool, guidance, and webinar are available through the WinS Network Yammer page[11].

During a modelling phase, output and outcome monitoring is critical to assess readiness for moving to a larger scale. Such monitoring must include all inputs and activities (to enable analysis of whether the intervention is being delivered as it was designed), as well as outputs and outcomes as per the TOC and results framework. Carrying out this monitoring will require dedicated resources and partnerships that should be included in the project design from the outset. For more information on monitoring, see **section 5**.

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[11] The WinS Network on Yammer is accessible here: https://yammer.com/washinschoolsnetwork/. A webinar was held on WinS costing in February 2017 and associated materials can be found here: **https://www.dropbox.com/sh/r7gzxhy51jzrjdu/ AAAVqsGJGXj7wTE3ZMib71Eja?dl=0**

2.6 BUILDING THE EVIDENCE BASE

In most countries, the evidence base for MHH is limited. Usually, there is a need to generate more and higher-quality evidence on the impact of MHH on girls' lives, and the effectiveness of MHH interventions. Even where previous studies exist on MHH, information may not be available for specific subpopulations, such as remote geographical areas, specific cultural or religious groups, girls with varying types of disabilities, or transgender boys.

It is therefore usually necessary to carry out a specific study as part of programme design. Existing tools and approaches can be used for developing new formative research on MHH. In 2014, Emory University, UNGEI, and UNICEF developed the WinS4Girls e-course on formative research for menstrual hygiene management in schools.

THE WINS4GIRLS E-COURSE IN FORMATIVE RESEARCH

The WinS4Girls e-course was developed and delivered as part of the WinS4Girls project, funded by the Government of Canada. Emory University, UNGEI, and UNICEF developed and delivered the course to strengthen capacity of national research partners, WASH practitioners and policymakers to carry out qualitative research on MHH.

The course was originally delivered as 13 web-based lectures over nine months, complemented by an online discussion board and country-level assignments. A total of 83 graduates from 13 countries completed their e-learning course by the end of 2015; the graduates included UNICEF Education and WASH officers, Government counterparts, local partners and researchers. Following the course, additional WinS4Girls country partners were trained in-country and benefitted from course materials.

The course content is available at http://washinschoolsmapping.com/the-wins4girls-e-course or at www.wins4girls.org

The e-course uses a socio-ecological framework to consider multiple factors that affect menstruating girls. The tools developed for the e-course can aid UNICEF and its partners in the identification of research questions, methods, and stakeholders, and in the documentation and dissemination of results.

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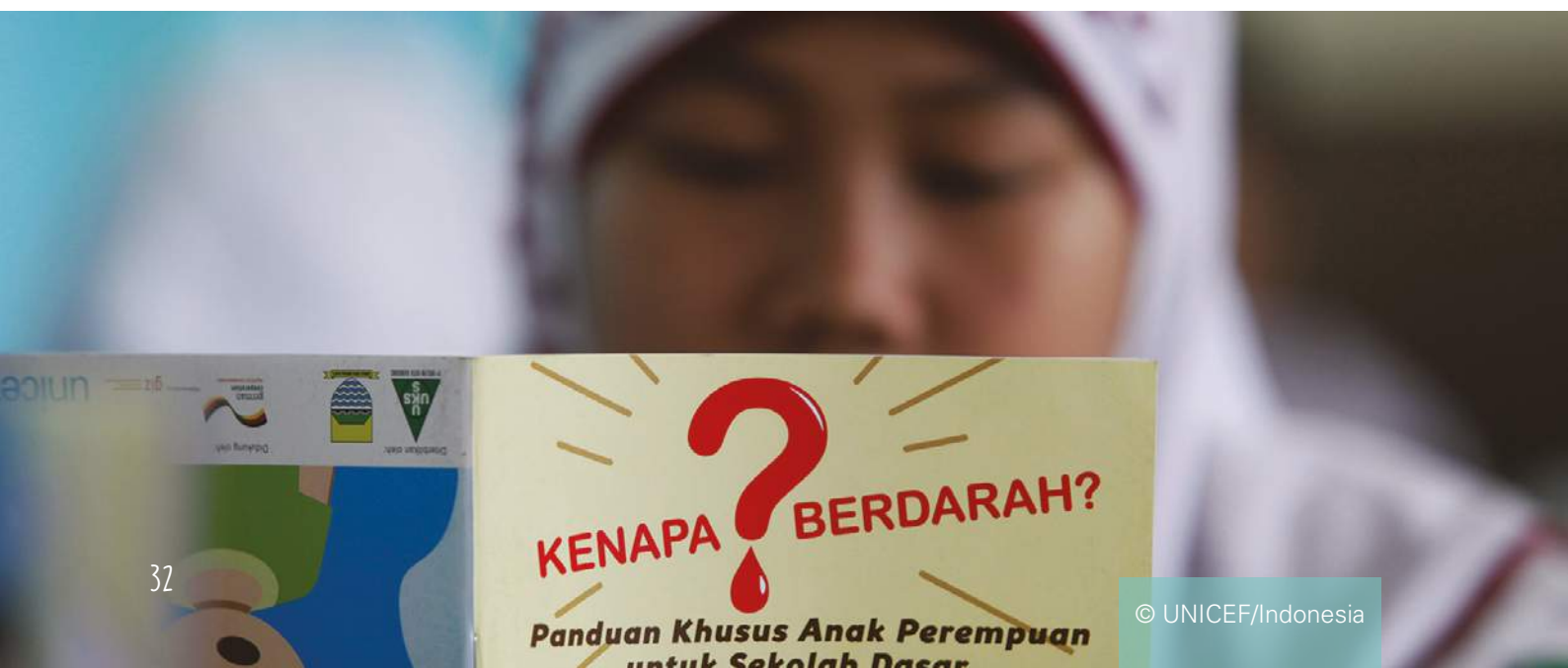
SOCIO–ECOLOGICAL FRAMEWORK FOR FRAMING RESEARCH ON MENSTRUAL HYGIENE MANAGEMENT IN SCHOOLS

SOCIETAL FACTORS: POLICY, TRADITION, CULTURAL BELIEFS
- **Desk review** : School/gender WASH policies; curriculum and teacher training standards; reports.
- **KIIs** : National and community-level government officials; UNICEF and non-governmental organization staff.
- **FGDs and IDLs** : Solicitation of norms, beliefs and local knowledge from girls, boys, teachers and mothers.

ENVIRONMENTAL FACTORS : WATER, SANITATION AND RESOURCE AVAILABILITY
- **Observations in schools and communities** : WASH conditions; availability and cost of MHM supplies.
- **KIIs with teachers** : Availability of resources and support for WASH; teachers' role in educating girls.
- **FGDs with girls** : Perceptions of school environment; use of Wash facilities.

INTERPERSONAL FACTORS : RELATIONSHIPS WITH FAMILY, TEACHERS, PEERS
- **FGDs with girls, boys and mothers** : Perceptions of changes in gender roles post-menarche; relationships with family, peers and teachers; access to support for information, practical guidance and supplies.
- KIIs with teachers : Role of teachers in supporting girls; changes in girls' interactions with others.

PERSONAL FACTORS: KNOWLEDGE, SKILLS, BELIEFS
- **FGDs and IDIs with girls** : Biological knowledge about menstruation and practical knowledge about menstrual hygiene management; coping mechanisms and behavioural adaptations; needs; attitudes and beliefs about menstruation; self-efficacy regarding management.

BIOLOGICAL FACTORS: AGE, INTENSITY OF MENSTRUATION, CYCLE
- **IDIs with girls** : Severity of pain, including headaches and cramps, and influence on behaviour and school experience; intensity of flow and ability to manage menstruation in school setting; weakness, ability to concentrate, fatigue.

Source: Emory University, UNGEI and UNICEF (2014). WASH in Schools for Girls E-Course. Available online at http://washinschoolsmapping.com/the-wins4girls-e-course

Formative or operational research on MHH is an opportunity to form new partnerships with – or expand existing ones to include – national academic and research institutes. Such partners would ideally be included in the partner mapping carried out by the MHH working group. In some cases, national academic partners might benefit from the support of an international academic partner, for capacity building on MHH and support in international publication. The partnerships formed during research can evolve into a lasting working relationship and, in the future, potentially expand to encompass project monitoring and operational research during implementation.

Practical tips for generating evidence on MHH:

- Ensure girls and women lead MHH research, as both researchers and participants. Include adolescent girls and boys in the research team and provide them with training and support to lead discussions with other adolescent girls and boys.
- Engage girls with disabilities, through schools or organizations of persons with disabilities that help to plan and carry out appropriate consultations. Resources such as the UNICEF Disability Orientation and Inclusive Communication modules can help to select appropriate research and communication methods.
- Include men and boys to gather information on interpersonal and societal factors, and to inform the design of targeted communication products to reduce the stigma or bullying.

- Ensure an ethical and confidential research process. This includes a clear justification for research, respectful engagement with participants to obtain informed consent, privacy in discussions, and a protocol for data security. Refer to the UNICEF Procedure on Ethics in Evidence Generation for further guidance.
- Invite as many partners as possible to be involved in MHH formative research through the MHH working group. This helps to develop a shared understanding of the challenges and opportunities, and helps to ensure more robust data.
- Validate your results with community members or members of the study population. This is a critical opportunity to ensure that the research findings are faithful to lived experiences, and a step for accountability to communities.
- Present research findings in education, health and WASH sector meetings. Seek out sub-national forums, teacher trainings, and other opportunities to share and discuss findings to have the maximum impact and therefore greater value for the resources spent in research.

2.7 ASSEMBLING A UNICEF TEAM

Within UNICEF, most MHH programmes have been developed or led by the WASH section, and therefore this guidance focuses primarily on WASH as an entry point for MHH programmes. WASH specialists typically play a lead role in MHH programme design and delivery, particularly when service delivery and hygiene promotion are highlighted as areas of focus by the situation analysis, or during humanitarian response.

However, the multi-sector nature of MHH and the diverse skills needed to effectively design and support a programme mean that WASH staff cannot design and deliver an MHH programme alone. Under the Gender Action Plan, UNICEF has committed to expand and scale up its work on MHM between 2018 and 2021, designing and implementing a scalable multi-sectoral programming package. The package will cover essential MHM information, support, services and facilities for adolescent girls in low resource settings; and will garner the necessary expertise from specialists in education, health, nutrition, social policy, gender, communication for development, disability inclusion, and adolescent development. Assembling a team from across UNICEF will also support internal advocacy for attention to MHH, such as inclusion of MHH in the development of new country programmes.

Education specialists are crucial partners or programme leads for many reasons. They support government to develop WASH in schools standards that respond to the needs of adolescent girls with an inclusive approach, and advocate for national education budgets to include funding for this work. The sector can integrate MHH into gender-responsive sector plans and school curricula, develop tools for teachers, parents, girls and boys on puberty and comprehensive sexuality education, and promote teacher and community training in MHH and puberty for girls and boys. Schools can address and respond to bullying, social stigma, and mental health issues associated with MHH as part of violence prevention programmes. Education colleagues can also advise on reaching children who are out of school, for example through non-formal education programmes. Data on MHH can be tracked through education management information systems, and schools and their communities provide an opportunity to further develop the evidence base on the impact of gender equitable WASH on educational outcomes (see **section 5**). The UNGEI and UNICEF gender responsive education sector plans can assist in planning for a systems-wide approach to MHH and education.

In the **health** sector, knowledge products and training on MHH can be integrated into maternal, newborn, child and adolescent health (MNCAH) services and outreach, such as adolescent health or HPV vaccination programmes, which support girls before and during puberty. In addition, pain management materials and medications for MHH can be built

into health supply chains and training. UNICEF's health and adolescent programming can learn from relevant WASH in schools' work, to integrate delivering MHH information, supplies, and facilities into their programming. UNICEF can also build the evidence base on the impact of menstruation on the mental health of girls. Data on adolescent health and MHH can be tracked through health information management systems, and health clinics and their communities provide an opportunity to further the evidence base on the impact of gender-sensitive WASH on health outcomes.

Engaging **nutrition** specialists may present opportunities to include adolescent girls' nutrition and support through fortified iron and folate supplements, as well as supporting the development of national strategies, programmes, and targets to address anaemia in adolescent girls. Nutrition clinics and their communities provide an opportunity to further the evidence base on the impact of gender equitable WASH on nutrition outcomes.

Social policy specialists can advise on funding or financing, supporting advocacy for dedicated budget lines into national plans and assisting with market analysis and research. Innovation specialists may contribute their expertise in digital platforms or other non-traditional ways of reaching young people.

Gender specialists can provide technical support on the barriers and opportunities within programming for girls and women across the sectors involved with MHH programming. Gender specialists can support MHH programming by providing a multi-sector platform for engagement through existing national, regional and global gender networks. Gender specialists or focal points also hold the responsibility for reporting on MHH global results under UNICEF's Gender Action Plan.

Communication for development (C4D) specialists are a key resource in implementing advocacy and social behaviour change programmes for MHH, particularly under the first pillar of the MHH framework (see **section 3.4**). In partnership with experts in gender, education and WASH, C4D specialists can facilitate opportunities and platforms that amplify the perspectives and voices of girls and women and their experience of menstruation, especially those from traditionally marginalised and excluded groups. UNICEF C4D specialists advocate to create an enabling policy and legislative environment for MHH that produces and sustains social transformation, influencing policy-makers, political and social leaders.

Child protection specialists can integrate MHH knowledge and skills into programming to end child marriage, GBV and child violence, and incorporate MHH advocacy into adolescent girl advocacy and communication. In emergencies where people are increasingly vulnerable and security risks may be heightened, it is even more important to include protection specialists as core team members or advisers.

Disability colleagues or focal points can advise the team on ensuring that girls and women with disabilities are engaged in all aspects of programme planning – from design to implementation and evaluation. They can recommend partners who specifically work with children with disabilities and help to make consultations and communication materials inclusive.

An increasing number of offices have **adolescent development and participation** specialists, who are also well-placed to support MHH by integrating it with other adolescent-specific services and platforms and facilitating opportunities and platforms that promote engagement by adolescent boys and girls. Adolescent development and participation specialists have specific expertise in engaging with adolescent girls and boys, helping to nuance messages or communication platforms that appeal to and are understood by adolescents and may also be able to reach new partners traditionally not included in WASH programme design.

RESOURCES FOR SECTION 2

AUTHOR, TITLE AND LINK	RELEVANCE
UNICEF Programme Policy and Procedure Manual (PPPM) (Internal link only)	The PPPM provides up-to-date guidance on UNICEF programme operations for use by UNICEF country offices, regional offices, and headquarter divisions as well as with other UN agencies, external partners and counterparts.
Guidance on Conducting a Situation Analysis of Children's and Women's Rights UNICEF (2012)	Guidance on conducting a rights-based, equity-focused situation analysis. Looks at a disaggregated assessment of the status of and trends in the realisation of children's and women's rights; an analysis of the immediate, underlying and structural causes of shortfalls and disparities across various groups; and policy and programmatic recommendations to address shortfalls. The document also gives guidance on bottleneck analysis.
Theory of Change: Methodological Briefs – Impact Evaluation No.2 UNICEF Office of Research (2014)	This methodological brief shares information, methods and recommendations on developing theories of change for projects, programmes, or organisations. The primary audience is UNICEF staff who conduct, commission or interpret research and evaluation findings to make decisions about programming, policy and advocacy.
Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world SHARE & WaterAid (2012) **Module & Toolkit 1 Menstrual hygiene – the basics**	This resource brings together knowledge and practice on MH programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene. Module 2 provides information on institutional and sector responsibilities, amongst other practical information.
WinS4Girls distance learning course book and materials Emory University, UNGEI and UNICEF (2015)	The WinS4Girls e-course was developed and delivered as part of the 14-country UNICEF project funded by the Government of Canada. The WinS4Girls e-course was designed by the Center for Global Safe WASH at Emory University, UNGEI and UNICEF to help strengthen the capacity of WASH practitioners and policymakers to carry out rigorous research that investigates local MHM practices and challenges. It includes step-by-step modules for planning formative research into MHM.
Tools for Assessing Menstrual Hygiene Management in Schools UNICEF and Emory University (2013)	In 2012, UNICEF and the Center for Global Safe Water at Emory University initiated a programme to support collaborative research focused on MHM in Bolivia, the Philippines, Rwanda and Sierra Leone. The assessment results are now published as a series of reports. All of the tools presented here are meant to be used and adapted for assessments around the world.

UNICEF Procedure for Vertical Standards in Research, Evaluation, Data Collection and Analysis

UNICEF (2015)

E-learning course available on Agora

Ethical Research Involving Children (ERIC)

In order to ensure the protection of, and respect for, human and child rights within all research, evaluation and data collection processes undertaken or commissioned by UNICEF, this guidance illustrates procedures designed to achieve the following objectives: to establish minimum and binding standards for ethical research, evaluation and data collection and analysis processes in UNICEF globally; and to ensure effective processes and accountability for ethical oversight of these processes.

Disability Orientation

UNICEF

A web-based training for staff which is open to UNICEF and external partners. It is a multi-media, 40-minute video that includes interesting and thought-provoking statements, resources and good practices from UNICEF and partners from across the globe. It strengthens an understanding of, and capacity to support, programming for children and women with disabilities. Available in English, Spanish, French with accessibility features.

Inclusive Communication Module

UNICEF

Based on the Disability Orientation training, and open to UNICEF and external partners. The Inclusive Communication Module is dynamic and engaging. The content is divided into three chapters of 15-20 minutes each, and contains examples from over 30 country offices. Upon completion of the module, it is expected that participants will be able to: use appropriate terminology when communicating about children with disabilities; confidently interact with persons with disabilities; and develop materials and organise meetings that are inclusive of and accessible to people with disabilities. Available in English with accessibility features.

WinS Costing Tool

Temple University and UNICEF (2016)

(UNICEF internal links only)
Costing tool (xls)
User's manual (doc)

The tool was developed to support costing of WinS programming options on a macro scale. The tool will help guide the user in what elements to consider when planning a WinS programme. The tool can help the user explore the costs of different WinS programme options that meet their context and needs. The tool can support decision making for integrating WASH into education sector planning, by providing estimated capital and recurring costs.

Save the Children Operational Guidelines on MHM

Save the Children (2016)

Accompanying documents

The Save the Children MHM Operational Guidelines consist of three written chapters with corresponding appendices that provide explicit and comprehensive guidance on: conducting an MHM situation analysis, designing an MHM programme and monitoring and evaluating an MHM programme. The MHM guidelines were reviewed and piloted internally by Save the Children and reviewed by external MHM stakeholders (including UNICEF).

SECTION 3:
CORE PACKAGE OF INTERVENTIONS

This section presents UNICEF's framework for MHH programming and the suggested package of interventions to achieve change. Ultimately, the goal is a validated intervention, modelled at a sub-national scale, that can be delivered through into government systems and programmes.

A core MHH intervention package addresses four areas, or 'pillars' for programming:

SOCIAL SUPPORT   KNOWLEDGE AND SKILLS   FACILITIES AND SERVICES   MATERIALS

The intervention package is further supported by working to improve and make changes to the enabling environment. When planning to implement MHH programmes, consider the partnerships or actions that UNICEF can take to support all four of the MHH programmatic pillars. Common characteristics of the most successful MHH programmes initiated by UNICEF country offices are that they:

- Address all four programmatic pillars, based on a robust situation analysis needs assessment;
- Strengthen the enabling environment for the integration of MHH into WASH and education sector policies, standards, and/or guidelines, financing plans, and/or monitoring systems;
- Consider scale from the start, modelling the programme at an area-wide scale and facilitating uptake through national education systems;
- Work through government systems to provide or improve WASH facilities and strengthen product availability, particularly in humanitarian crises.

3.1 WORKING THROUGH NATIONAL SYSTEMS

Using the UNICEF Strategic Plan (2018-2021) as a guide, there are opportunities to advance MHM through many different other goal areas and sectors. MHH is usually only one component of a national WASH, health or education sector programme. Working through an existing sector programme may be the most efficient route to achieving scale, sustainability, and equality: for example, a well-designed MHH intervention could be added to existing successful programmes in WASH in schools, skills development, sexual and reproductive health and rights, adolescent nutrition, or adolescent participation.

Programmes designed for national systems must have a clear TOC, results framework with regular output and outcome monitoring, and a calculation of the costs of going to scale while maintaining quality. UNICEF country offices may choose to concentrate efforts on a limited number of core, evidence-based interventions, focused in limited geographic areas, that have the potential to be scaled up. As discussed in **section 2.5**, area-wide implementation can provide a critical opportunity for evidence generation until higher-level decision makers are convinced to develop enabling policies and strategies, and allocate resources and capacity for effective, large-scale implementation through the education or health system.

It is important to support both the national (normative) and sub-national (service delivery) level, recognizing that the level of decentralization may vary between sectors. For instance,

a health system in a given country may be quite decentralized, while the education system in the same country might still be highly centralized. Such a scenario would require engagement and coordination at multiple levels.

RESOURCES FOR WORKING THROUGH NATIONAL SYSTEMS

AUTHOR, TITLE AND LINK	RELEVANCE
Strengthening Enabling Environment for Water, Sanitation and Hygiene UNICEF (2016)	This Guidance Note is designed to familiarize UNICEF WASH country staff with the concepts and importance of each enabling environment function, to aid understanding of the logic of addressing enabling environment, and to give sources of additional information.
Guidance for Developing Gender-Responsive Education Sector Plans Global Partnership for Education and UNGEI (2017)	These guidelines on developing gender-responsive education sector plans provide information and tools needed to take a fresh look at gender equality, and why it matters in education. It is intended to provide opportunities for readers to i) identify critical gender disparities and the factors contributing to them; ii) analyse and interpret gender disparities, channelling such insights into the education sector plan consultative process; and iii) evaluate the extent to which gender equality issues are understood and addressed in the education sector plan.
Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world SHARE & WaterAid (2012) **Module & Toolkit 2 Menstrual hygiene – getting started**	This resource brings together knowledge and practice on MH programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene. Module 2 provides information on institutional and sector responsibilities, amongst other practical information.

3.2 BUILDING SKILLS AND CAPACITY

Menstrual health and hygiene is an emerging area of work for many organisations, meaning that staff may well lack the knowledge and skills required to design and implement successful MHH programmes. Initiating work in MHH often begins with building capacity amongst colleagues from UNICEF and its partners- from the relevant ministry at a central level down to field staff- to effectively design and deliver MHH programmes. Training and facilitation resources such as those included in the 'Resources' section next page can equip programme managers to discuss in contexts where it remains an uncomfortable topic, even amongst health and education sector professionals.

The first step in setting capacity building priorities is understanding the beginning (existing capacity) and the end point (desired capacity). The MHH working group is platform for facilitating a participatory capacity assessment and goal setting. Through this process, working group members can assess their own strengths and weaknesses, such as gaps in knowledge or staff capacity that can be addressed as a component of an MHH programme.

At the national level, members of MHH working groups will need to understand the impact of MHH on health and education. Engaging these influencers in the process of formative

research on social beliefs and practices can equip them to carry out evidence-based advocacy on MHH with confidence.

In the field, local government, civil society organisations, schools, and other partners delivering programmes need training in basic facts about menstruation and ways of improving menstrual hygiene if they are to effectively deliver programmes or train others. Building these skills is a key step in UNICEF programmes.

Gender-balanced staffing of UNICEF and its implementing partners is critical to equality and programme success. As an agency with a mandate related to human rights, UNICEF must lead by example by enabling both women and men to lead MHH programmes. UNICEF also plays an important role in supporting implementing partners, such as CSOs, to ensure that a minimum of half of their staff active on MHH programmes is comprised of women, as in most cases, children will prefer to speak with others of their same gender about menstruation. For a similar reason, the involvement of men is important.

Some practical tips to build capacity and encourage learning and discussion about MHH:

- Design and deliver basic training on MHH for UNICEF and its partners at different levels of programme implementation depending on specific roles. Use participatory, interactive, and engaging training methods. Avoid messaging that merely attempts to merely 'teach', as it is likely to be ineffective.
- Hold dialogues with partners where men and women feel free to ask questions and discuss MHH without judgment. Encourage the safe exploration of personal values and biases that may affect programmes.
- Encourage staff to physically examine, compare, and discuss a range of menstrual hygiene materials available in the country or locally.
- Ask staff to document and share their experiences (if any), in implementing MHH programmes or conducting MHH research to facilitate sharing of best practices and learning.
- Document case studies and examples of good practice from other organisations and countries, and share them with staff to celebrate successes and learn from challenges.
- Join global webinars and discussions, such as those facilitated through the WASH in Schools Network and the Virtual Conference on MHM in Schools.

Many resources exist that can help design appropriate trainings and activities to build capacity. They are comprehensive works, the specific details of which are not repeated, but rather outlined as resources below.

RESOURCES FOR BUILDING SKILLS AND CAPACITY

AUTHOR, TITLE AND LINK	RELEVANCE
Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world SHARE & WaterAid (2012) **Training Guide**	This resource brings together knowledge and practice on MH programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene. The training guide provides resources for capacity development.
MHM in Emergencies Toolkit: training resources Columbia University and the IRC (2017)	The MHM in Emergencies Toolkit aims to provide streamlined guidance to support organisations and agencies seeking to rapidly integrate MHM into existing programming across sectors and phases. The training resources are aimed at humanitarian response situations.

3.3 PARTNERING WITH OTHERS

Partnerships and collaborative relationships are critical to UNICEF's ability to deliver results and to realise children's rights. To accomplish our mandate, UNICEF works with a broad range of partners all over the world at a global, regional and national level; for example, governments, civil society, private sector, media, and knowledge partners. Both formal and non-formal partnerships can be highly valuable. However, when the relationship is formalised (e.g., to provide a legal basis for transfer of resources), it should be governed by the relevant organisational procedures and guidelines.

At the global level, UNICEF is a member of worldwide and regional programme partnerships relevant to MHH that include governments, donors, UN agencies, international NGOs, and academic partners. Specifically focused on MHH, UNICEF co-convenes the MHM in Ten group of partners (see box below), while UNFPA coordinates an Africa Menstrual Health Coalition. In the WASH sector, the most relevant global partnership is Sanitation and Water for All. At the regional level, sanitation conferences (e.g., SacoSan, LatinoSan, AfricaSan) and their hosting organisations can provide an additional forum for the inclusion of MHH. In the education sector, UNICEF is a member of the Global Partnership for Education and the UN Girls' Education Initiative (UNGEI). UNICEF also has specific partnerships for protection and gender equality, such as the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage. In 2018, UNICEF helped to launch a new global partnership called Generation Unlimited, aimed at education and skills for young people.

At the country level, advancing MHH requires collaboration and often formal partnership with all actor groups, bringing all of their complementary skills to the table. Through the MHH working group or simply as a rapid first step, UNICEF can initiate or facilitate a partner mapping exercise to understand the key actors in MHH at a regional, national or sub-national level. UNICEF's **Toolkit for Working with Civil Society** (see 'Resources for partnership' section next page) includes sample tools for capacity assessments. In this process, it is important to include local civil society and grassroots organisations led by women and adolescent girls to ensure that programming is effective and advocacy efforts line up with relevant national movements. For inclusive programming, it is similarly important to include organisations serving people in vulnerable situations, and those who are traditionally excluded, such as organizations of persons with disabilities or those running programmes supporting out of school children.

BUILDING COMMUNITIES FOR LEARNING: THE VIRTUAL CONFERENCE ON MHM IN SCHOOLS AND MHM IN TEN

UNICEF supports global partnerships and learning through the **MHM in Ten** meeting and the **Virtual Conference on MHM in Schools**. Through both forums, global experts in MHH programming meet to document programming, share lessons learnt and set good practice and policy in MHH programming. The virtual conference gives online participants an opportunity to network, discuss key issues of relevance for advancing the agenda of MHH in schools, and identify potential future collaborations.

MHM in Ten, convened by Columbia University and UNICEF, was first convened in 2014 to launch a ten-year agenda for MHH in schools (leading to its name). MHM in Ten brings together a wide range of actors, including academics, donors, non-governmental organisations (NGOs), United Nations agencies and the private sector – and from a variety of policy areas, including water, sanitation and hygiene, education, gender, sexual and reproductive health and adolescent development.

For more information on both, visit www.mhmvirtualconference.com.

RESOURCES FOR PARTNERSHIP

AUTHOR, TITLE AND LINK	RELEVANCE
UNICEF Toolkit for Working with Civil Society Organizations **Public website** **Internal microsite** (UNICEF access only)	Provides all resources to explain and support UNICEF's procedure for working with civil society organisations. It explains the requirements for each stage of the partnership process: initiating; formalising; implementing, monitoring and reporting; concluding partnerships. The toolkit provides access to key reference documents for partnering with CSOs: The CSO Procedure and its annexes; roll-out materials; and training materials for UNICEF and CSO staff.
Virtual Conference on MHM in Schools Columbia University and UNICEF	The Virtual Conference on MHM in Schools is an annual event, first held in 2012, that brings together over 1,000 practitioners and researchers from around the world to review the latest research and programme examples on MHM in schools. Specific proceedings of the previous conferences are also available.
MHM in Ten Columbia University and UNICEF	This site provides reports from the meetings of the MHM in Ten collaboration of partners. MHM in Ten is a ten-year agenda for MHM in WASH in schools, developed by a wide range of actors, including academics, donors, non-governmental organisations (NGOs), United Nations agencies and the private sector, from a variety of sectors.

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3.4 A FRAMEWORK FOR SUPPORTING MHH

The framework for MHH outlines four pillars of programming underpinned by the programming principles (**section 2.1**). As cornerstones of an MHH intervention, the four pillars support results in four key areas that together can achieve UNICEF's objective: ensuring that girls and women have the confidence, knowledge and skills to manage their menstruation safely.

FRAMEWORK FOR MHM PROGRAMMING

ENABLING ENVIRONMENT

- Education, health and/or WASH sector policies, standards and guidelines include MHH
- National or local governments allocate resources for MHH
- Actors coordinate through government-led MHH working group
- MHH is included in sector planning, monitoring, and review systems and processes

PILLAR	SOCIAL SUPPORT	KNOWLEDGE AND SKILLS	FACILITIES AND SERVICES	MATERIALS
OBJECTIVE	**End to menstrual stigma and discrimination**	**Girls and women learn to manage menstruation**	**Girls and women use gender-responsive WASH facilities**	**Girls and women use appropriate and affordable menstrual materials**
ACTIVITIES	Public advocacy. Evidence-based advocacy to decision-makers. Social mobilisation through schools and communities. Interpersonal communication to change attitudes, beliefs and norms. Digital engagement and participation of young people. Evidence generation and monitoring.	Development of teaching and learning materials. Inclusion of MHH in education and health programmes to build knowledge and skills for girls and boys. Engagement of parents and community leaders. Training of teachers and health workers. Evidence generation and monitoring.	Set standards and develop guidelines for gender-responsive WASH services. Ensure gender-responsive WASH facilities in schools and health care facilities, in development and humanitarian contexts. Cost and allocate funds for operation and maintenance. Monitor access and evaluate intervention.	Assess preferences of girls and women. Assess product availability through markets. Develop national standards for menstrual materials. Support enterprises and entrepreneurs to respond to girls' needs and preferences. Supply materials in schools and health care facilities. Evaluate products and interventions.

PILLAR 1: SOCIAL SUPPORT

The social support pillar aims to end stigma and discrimination against menstruating girls and women by promoting positive support for menstruators. In most of the world, stigma surrounds menstruation, including banning menstruating women and girls from a variety of activities, preventing a factual discussion of menstruation and puberty. Without a supportive social environment, girls around the world have reported bullying and stress related to menstruating. Transgender men and non-binary persons face additional stigma when seeking MHH information, materials and services, as do people from other excluded or marginalized groups.

Garnering social support for menstruators requires advocacy on a range of levels. UNICEF defines advocacy as 'the deliberate process, based on demonstrated evidence, to directly and indirectly influence decision-makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfilment of children's and women's rights[12]. Advocacy requires continuous efforts to translate relevant information into clear arguments or justifications, and to communicate the arguments in an appropriate manner to decision-makers. The purpose of advocacy might be to promote policy changes, redefine social norms, or influence funding decisions.

DEVELOPING AN ADVOCACY STRATEGY

Creating an advocacy strategy helps to: understand the situation, stakeholders and their relative power, and how change happens; identify target audiences, the right messages, and the right messenger to deliver the message; identify processes, opportunities and entry points; recognise capacity and gaps; and finally set goals and interim outcomes, develop an action plan, and monitor and evaluate results.

The Advocacy Toolkit presents 'Nine Questions' developed by Jim Schultz, founder and executive director of The Democracy Center, for planning an advocacy strategy and provides tools and guidance:

1. What do we want?
2. Who can make it happen?
3. What do they need to hear?
4. Who do they need to hear it from?
5. How can we make sure they hear it?
6. What do we have?
7. What do we need?
8. How do we begin to take action?
9. How can we tell if it's working?

Source: UNICEF (2010) Advocacy Toolkit: A guide to influencing decisions that improve children's lives. New York. UNICEF.

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[12]UNICEF (2010) Advocacy Toolkit: A guide to influencing decisions that improve children's lives. New York. UNICEF.
Available at **https://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf**

Designing a successful advocacy strategy depends on knowing the local context, having the evidence, and setting clear goals. Formative research is a critical part of both knowing the context and having the evidence to back up your argument. It is the avenue through which you can identify harmful beliefs, attitudes, and practices, and identify the biggest influencers of girls' ability to manage their menstruation. Even more effective – though usually less available – is any evidence of effective programmes, which will inform advocacy with decision makers for specific policy changes or budget allocations.

Once as clear a picture as possible of the context is understood, programme planners can consider a range of advocacy activities to build a more supportive social environment for girls and women. These include:

- Awareness raising, campaigning and media engagement to mobilise the public around the advocacy issue, change perceptions, and build support to influence decision-makers and stakeholders. For example, UNICEF Ghana used the results of their formative research to inform a general campaign called 'Be Amazing! Period' that featured media celebrities speaking out about the major barriers to MHM in schools. Partners to consider for public advocacy and campaigns are social or traditional media, civil society groups, and faith-based organisations. International campaign days such as Menstrual Hygiene Day, World Water Day, International Women's Day, or International Day of the Girl provide useful milestones for public engagement and consistent messaging with partners.

- Evidence generation and dissemination through publications, conferences, and events. These can illustrate the underlying causes of girls' difficulty with MHH as well as potential solutions, drawing recommendations that can be addressed by decision-makers. Workshops or review meetings, focused on a report or strategy, can bring together stakeholders and decision-makers to review evidence and identify solutions. A key element of such fora is to ensure there are immediate and allocated follow-up actions or commitments, so that momentum is not lost. In addition to national forums, key regional opportunities include regional sanitation conferences (e.g., SacoSan, LatinoSan, AfricaSan) and the Asia international learning exchange on WASH in schools.

- Evidence-based advocacy to decision-makers for specific actions, based on robust evidence. Examples of such specific actions might be including MHH in WASH in schools guidelines, or allocating funds for implementation. Such advocacy must be based on evidence of successful and cost-effective MHH implementation delivered at scale (e.g., district-level programming delivered by government education or health systems). Key partners might be the national MHH working group, and decision-makers might include governments or donors.

- Social mobilisation to engage and motivate a wide range of partners at national and local levels in support of a common goal. This targets the rights-holders (girls, women, and other menstruators) to demand changes that will enable MHH; allies and partners must be mobilised if barriers to implementation of programmes are to be overcome. UNICEF therefore continues to forge strong partnerships with community networks, civic and religious groups, traditional leaderships, youth organisations and others, including those who are marginalised.

- Interpersonal communication to change knowledge, attitudes and practices related to MHH. Individual behaviours are shaped by social, cultural, economic and political contexts, and therefore require interactive approaches and a mix of communication channels in order to encourage and sustain positive and safe behaviours. To result in behaviour change, groups of individuals must be empowered through a participatory process, creating a platform to define their needs and giving them a voice to demand

their rights. To accomplish this, UNICEF works with implementing partners from civil society to engage students, teachers, school management committees, and parents towards a common MHH outcome.

- Digital engagement with young people. This can be extremely effective in many countries, where UNICEF can reach significant numbers of young people – in the thousands or millions – through digital platforms like Facebook, WhatsApp, Viber, or U-Report. These platforms can be accessed in private and used to access information or service providers. In many countries, however, adolescent girls' access to these platforms remains limited, particularly for the poorest or most marginalised girls (where interpersonal communication or social mobilization through non-digital communication channels will be more effective).

- Monitoring. Wherever advocacy, social mobilisation, and interpersonal communication are included in MHH interventions, it is crucial to measure the impact of these activities on attitudes, beliefs, behaviours and broader outcomes. This helps ascertain the impact of this element of the intervention on girls' lives – and provide future advocacy efforts with a richer evidence base to work from.

  C4D and gender specialists can bring their expertise and experience to MHH programming, in how to influence social norms through public and targeted advocacy, social mobilisation, and interpersonal communication. UNICEF cross-sector programming aimed specifically at the rights of adolescent girls such as ending FGM/C, child marriage and GBV, as well as other adolescent girls' strategies can include MHH in the advocacy and C4D elements of their planning and programmes.

  Coordinated advocacy will increase its impact. In the health and education sectors, for example, it is possible to incorporate messages on ensuring adequate sanitation facilities for teachers, students, medical professionals, and patients, as well as promoting links between MHH and national curricula, HPV vaccination campaigns, or iron and folic acid supplementation programmes.

SUCCESSFUL ADVOCACY WITH WOMEN PARLIAMENTARIANS FOR VAT REMOVAL ON SANITARY PADS IN TANZANIA

Through the Ministry of Finance and Planning, the Government of Tanzania undertook a major step in supporting MHH through the exemption of Value Added Tax (VAT) on all sanitary pads starting July 2018. The VAT exemption was the result of coordinated advocacy and multiple capacity development efforts since 2010 by WASH partners including UN Agencies, government officials, parliamentarians and CSOs.

A key factor in the success of this advocacy for VAT removal was a national MHH coalition that brings together key government ministries, UN agencies, CSOs, international NGOs and the private sector. The national MHH coalition organized the first high level advocacy event during the 2018 Menstrual Hygiene Day bringing together more than 50 Members of Parliament (MPs) and high-level government officials with development partners to deliberate on tax exemption for sanitary pads. The result was a statement pledging support to MHH by the government and MPs.

At the same time, the Water Supply and Sanitation Collaborative Council, UNICEF and other partners convened a national training-of-trainers workshop on MHH for women MPs who are members of the Tanzania Women's Parliamentary Group (TWPG). This training turned the TWPG into MHH champions. They launched a fundraising and community awareness campaign on MHH, and were at the forefront of championing MHH issues in parliament, which in turn enabled the passing of the VAT exemption bill on sanitary pads.
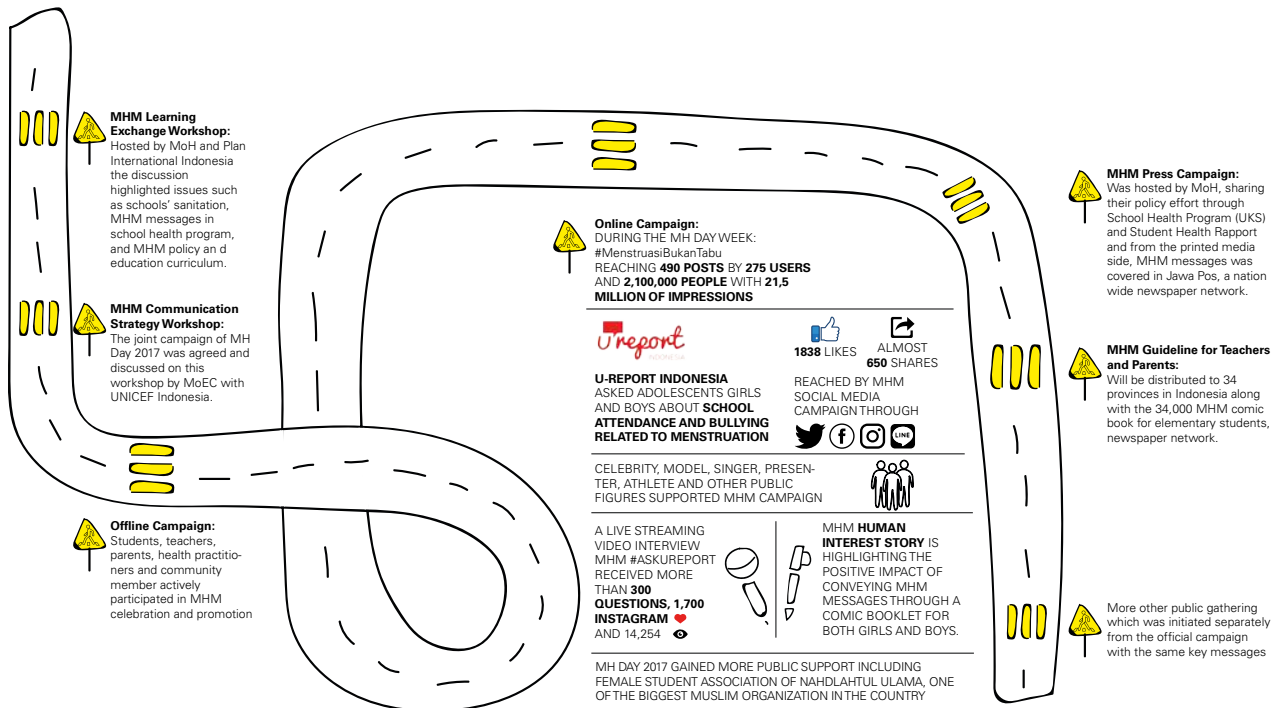
Source: UNICEF Tanzania.

COORDINATED ADVOCACY IN INDONESIA FOR MENSTRUAL HYGIENE DAY

Menstrual Hygiene Day, which falls on 28 May every year, is an invaluable public advocacy opportunity and can be used to launch national policies or partnerships. In Indonesia, UNICEF used its 'Roadmap of MH Day 2017' to build an advocacy coalition of organisations and government to promote MHH. Their roadmap, pictured below, shows the coordinated efforts of UNICEF and partners that led them to a campaign that garnered 21.5 million views.

To deliver this success, UNICEF teamed up with the Ministry of Education, the Ministry of Health, NGOs, public figures and celebrities, and national students' associations. Together, they engaged the public through social and traditional media, including U-Report and Facebook Live. During the campaign, they launched MHH guidelines for teachers and parents and the promoted their MHH comic books for girls and boys to learn about MHH. After a successful trial of the comics and teachers guide, UNICEF is now working with the Ministry of Education to incorporate it into the school curriculum.

The broad lesson is that Menstrual Hygiene Day can be used as a platform to start a process of engagement with partners around advocacy goals. Successful advocacy and communication campaigns can support social mobilisation and reinforce behavioural change elements of UNICEF programmes. There are many other opportunities that national and international days can present; for example, linking national campaign days to national systems strengthening work, or simply using such designated days to build alliances and partnerships will all provide results for girl and women beyond a solely 'awareness raising' objective.

ROADMAP OF MH DAY 2017

MHM Learning Exchange Workshop: Hosted by MoH and Plan International Indonesia the discussion highlighted issues such as schools' sanitation, MHM messages in school health program, and MHM policy and education curriculum.

MHM Communication Strategy Workshop: The joint campaign of MH Day 2017 was agreed and discussed on this workshop by MoEC with UNICEF Indonesia.

Offline Campaign: Students, teachers, parents, health practitioners and community member actively participated in MHM celebration and promotion

Online Campaign: DURING THE MH DAY WEEK: #MenstruasiBukanTabu REACHING **490 POSTS** BY **275 USERS** AND **2,100,000 PEOPLE** WITH **21,5 MILLION OF IMPRESSIONS**

u.report

1838 LIKES   ALMOST **650** SHARES

U-REPORT INDONESIA ASKED ADOLESCENTS GIRLS AND BOYS ABOUT **SCHOOL ATTENDANCE AND BULLYING RELATED TO MENSTRUATION**

REACHED BY MHM SOCIAL MEDIA CAMPAIGN THROUGH

CELEBRITY, MODEL, SINGER, PRESENTER, ATHLETE AND OTHER PUBLIC FIGURES SUPPORTED MHM CAMPAIGN

A LIVE STREAMING VIDEO INTERVIEW MHM #ASKUREPORT RECEIVED MORE THAN **300 QUESTIONS, 1,700 INSTAGRAM** ♥ AND 14,254 👁

MHM **HUMAN INTEREST STORY** IS HIGHLIGHTING THE POSITIVE IMPACT OF CONVEYING MHM MESSAGES THROUGH A COMIC BOOKLET FOR BOTH GIRLS AND BOYS.

MH DAY 2017 GAINED MORE PUBLIC SUPPORT INCLUDING FEMALE STUDENT ASSOCIATION OF NAHDLAHTUL ULAMA, ONE OF THE BIGGEST MUSLIM ORGANIZATION IN THE COUNTRY

MHM Press Campaign: Was hosted by MoH, sharing their policy effort through School Health Program (UKS) and Student Health Rapport and from the printed media side, MHM messages was covered in Jawa Pos, a nation wide newspaper network.

MHM Guideline for Teachers and Parents: Will be distributed to 34 provinces in Indonesia along with the 34,000 MHM comic book for elementary students, newspaper network.

More other public gathering which was initiated separately from the official campaign with the same key messages

Source: UNICEF Indonesia (2017) Menstrual Hygiene Day Report 2017. Jakarta. UNICEF.

RESOURCES FOR SOCIAL SUPPORT

AUTHOR, TITLE AND LINK	RELEVANCE
Advocacy toolkit: A guide to influencing decisions that improve children's lives UNICEF (2010) **Advocacy Toolkit** **Monitoring and evaluating advocacy**	The toolkit provides a broadly accepted definition of advocacy and underscores UNICEF's position and experience in advocacy work. The heart of the toolkit provides detailed steps, guidance and tools for developing and implementing an advocacy strategy. The toolkit also outlines 8 foundational areas that can help strengthen a team's capacity for advocacy, and covers several crosscutting aspects of advocacy, including monitoring and evaluating advocacy, managing knowledge in advocacy, managing risks in advocacy, building relationships and securing partnerships for advocacy, and working with children and young people in advocacy.
Menstrual Hygiene Day WASH United	Menstrual Hygiene Day is a global advocacy platform that brings together the voices and actions of non-profit organisations, government agencies, individuals, the private sector and the media to promote good MHH for all women and girls. The website provides campaign materials each year and a space to register your event.
Raising Even More Clean Hands: Advancing Health, Learning and Equity Through WASH in Schools WASH in Schools Network (2012)	Following the 2010 Call to Action on WASH in schools titled 'Raising Clean Hands', more than 60 organisations have joined together to renew their commitments and create a more cohesive group to support and advocate for WASH in schools, with this new call to action.
Putting Clean Hands Together Faith in Water and the WASH in Schools Network (2015)	Working with UNICEF and the WASH in Schools Network, Faith in Water has produced a new publication, Putting Clean Hands Together, on how to work more effectively with faith communities on water, sanitation and hygiene issues. The document makes the case for giving greater priority to working with faith schools. It offers tips to both secular groups and faith groups on how to work more effectively with each other and looks at the role of water and cleanliness in five major faiths: Buddhism, Christianity, Islam, Hinduism and Sikhism.

PILLAR 2: KNOWLEDGE AND SKILLS

Formative research from around the world shows that girls often lack accurate knowledge about menstruation and menstrual health and hygiene. Girls' influencers – such as parents, teachers, and health workers – may also have misinformation, which in turn prevents girls from obtaining knowledge and developing skills to keep themselves healthy. To address this barrier, UNICEF may work with ministries responsible for education and health to integrate MHH education packages into existing puberty or health curricula, or other systems for delivering this information to girls and boys.

Per the International Technical Guidelines on Sexuality Education[13], programmes focused on building knowledge and skills for MHH should be:

- **Scientifically accurate**, based on facts about menstruation and evidence related to menstrual health and related topics.

- **Age - and - developmentally - appropriate**, responding to the changing needs and capabilities of the child and the young person as they grow. Such an approach provides relevant topics when it is most timely (e.g., providing different areas of focus before and after menarche) and accommodates developmental diversity.

- **Curriculum-based**, included within a written curriculum that guides the support of student learning, that can be delivered in formal or non-formal education programmes.

- The primary audience for knowledge and skills building activities are **girls and women**. They must have the necessary set of facts and resources to support a safe and dignified menstruation, advocate for their rights, as well as gaining wider knowledge on related topics such as puberty and sexual and reproductive health. Again, formative research and qualitative surveys on knowledge, attitudes, beliefs, and practices will help to identify the priority information gaps to target.

The secondary audience will depend on the local context and is likely to include:

- **Peers, including pre-adolescent and adolescent boys**, so they understand the link between menstruation and changes to their own bodies during puberty and their own development, and to give them the tools to support MHH, puberty health and reproductive health more broadly;

- **Parents and caregivers**, who are direct influencers of girls and determinants of their experiences;

- **Community and religious leaders**, to work towards ending stigma and myths about menstruation, and support community action across the four pillars;

- **Public servants**, to build professional ability within governments to respond appropriately to MHH needs of their population, and support system-wide, at scale sectoral interventions;

- **Civil society organisations** implementing MHH programmes, to ensure staff are adequately skilled to lead programming, and to build an evidence and monitoring system for MHH programming; and

- **Research institutions**, to build empirical knowledge about MHH, and enable the sharing of good practice in MHH programming.

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[13]UNESCO (2018) International technical guidance on sexuality education: An evidence-informed approach (revised edition). UNESCO, Paris. Available online at https://unesdoc.unesco.org/ark:/48223/pf0000260770_eng

In many places, resources may already exist for teaching and learning about MHH for girls, and sometimes boys. The first step is an assessment to understand the MHH-related information already included in national curriculum, and identify gaps or opportunities for strengthening. Usually, MHH is included in science or biology classes, or curricular or extra-curricular health or life skills programmes. There is often an opportunity to strengthen the way that such programmes are delivered, either by building skills and confidence of teachers to teach the curriculum, or by providing supplemental materials or modes of engagement. Existing programmes that support out of school girls can be important in some contexts to reach the poorest or most marginalised girls. Girls' clubs in schools can be an extra-curricular opportunity to build knowledge of MHH as part of the clubs' aims to develop of life skills. Girls' clubs can also serve as a referral pathway to health services, counselling services and other support, where needed.

Once the target audiences for building knowledge and skills have been identified, there are a range of activities that might be considered as part of the intervention.

Development of teaching and learning materials, working with health and education sectors, is often a key area of work for UNICEF. Where materials do not already exist, UNICEF can work with partners to develop supplementary resources for MHH. Past examples have included puberty or MHH books or comics for girls and boys, that can be used as part of the curriculum, as a self-guided resource, or through extracurricular programmes. The materials developed often include biological facts and address prevalent harmful beliefs and behaviours such as bullying and stigma. In some contexts, self-guided resources are delivered through apps or online platforms. Some country offices have used human-centred design as a process to co-design learning materials with girls and boys. The UNICEF Supply Division maintains long-term arrangements, or LTAs, with institutions that can facilitate human-centred design.

Another priority is developing capacity and institutional support within the health and education systems to deliver MHH information to girls and boys. In many places, teachers or health workers may lack accurate information about menstruation and MHH themselves, or may perceive resistance to engaging with children around topics related to puberty. Furthermore, because teachers and health workers are influenced by the culture in which they live, and therefore may perpetuate non-factual beliefs about menstruation. UNICEF can support supplemental teacher and health worker trainings to be integrated into national professional training programmes. This may also include the integration of MHH information and care (such as how to manage complications like infections or menstrual pain) into Adolescent Friendly Health Services.

Lastly, ensuring a link to caregivers and community leaders as in pillar 1 above (**section 3.4**) is critical. In formative studies around the world, parents and other caregivers are cited as among the highest influencers and sources of information and support for girls regarding their period. In many contexts, community leaders – be they administrative, traditional, or religious – have influence over the social restrictions for menstruating girls. Similar to teachers or health workers, parents and community leaders may lack basic information about menstruation, or the confidence to initiate conversations with girls at menarche, or may promote harmful beliefs or practices. Within UNICEF, C4D, child protection, and gender colleagues can bring valuable expertise to this programme area. In some contexts, social media and digital platforms may be available and appropriate and can also be a very effective option for sharing information and increasing knowledge and skills.

UNICEF country offices have many good practice examples to share under the 'knowledge and skills' pillar; some examples of which are below:

- Teaching and learning materials created in **Bolivia** were designed through a highly participatory process to engage children and their influencers in an integrated manner. The materials provide a soft entry point for discussion of wide-ranging topics on puberty, gender equality, and sexual and reproductive health and rights. The programme was delivered through municipal governments and reached approximately 10,000 boys and girls in 100 schools by early 2017, with growing interest from other municipalities to replicate the intervention in their own regions, using their own financing. UNICEF is now supporting the integration of the materials into regional curricula.

- UNICEF **Indonesia**'s partnership with government used innovative communication techniques to develop an MHH comic, as well as a teachers' guide aimed at teaching both girls and boys, developed through a human-centred design process and now being considered for integration into the national school health programme. A similar book was developed with the Indonesian Council of Islamic Scholars to respond to specific questions and issues that arose in this majority Muslim country.

- UNICEF **Afghanistan** supported the development of guidelines for teachers on MHH, to promote hygiene behaviour change at school and community level. It was accompanied by a graphic novel format storybook for adolescents, and an audiobook on MHH for low literacy girls and women. The guidelines incorporated a speech from a high-level Islamic scholar and a note for men, to encourage to reduce the stigma surrounding menstruation.

- **Ghana** Education Service, UNICEF and other partners developed the 'Be Amazing! Period' campaign and materials, based on formative research. The campaign educates the public and specifically parents, teachers, boys, girls and community leaders on how to provide support to girls in managing their menstruation. Specific materials have been developed for girls and boys to learn in schools.

- UNICEF **Kyrgyzstan** carried out formative research on MHH to develop learning materials about MHH and puberty, which break the silence and taboos around menstruation and provide age-appropriate information. In 2018, these existing MHH materials were made accessible for girls with disabilities. UNICEF worked through working with schools for students with disabilities to design specific learning materials in Braille, audio formats and videos with audio description and sign language.

- UNICEF **China** supported the development of an innovative smartphone application on life-skills, using 'WeChat', one of China's largest social media applications. The app includes information on menstruation and sexual and reproductive health issues.

- UNICEF **East Asia and the Pacific Regional Office** is developing a 'period tracker' app that includes factual information on menstruation to dispel myths, as well as on hygiene, diet and sexual and reproductive health. Information is customised to local context; information is provided in local languages, and the app links to local services and websites.

RESOURCES FOR KNOWLEDGE AND SKILLS

AUTHOR, TITLE AND LINK	RELEVANCE
Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world SHARE & WaterAid (2012) **Module 5 Working with schools on menstrual hygiene Training Guide**	This resource brings together knowledge and practice on MH programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene. Module 5 provides information relevant to working with schools on MHM, while the training guide provides training curriculum and resources.
WASH in Schools for Girls Compendium UNICEF (2018)	This online resource includes examples of interventions, including teaching and learning materials, from 14 countries included in the WASH in Schools for Girls project, funded by the Government of Canada and implemented in partnership between UNICEF, governments and civil society around the world.
Virtual Conference on MHM in Schools Columbia University and UNICEF	The Virtual Conference for MHM in Schools is an annual event, first held in 2012, that brings together over 1,000 practitioners and researchers from around the world to review the latest research and programme examples on MHM in schools. Proceedings of the conference are available online.
International technical guidance on sexuality education: An evidence-informed approach (revised edition) UNESCO (2018)	The International technical guidance on sexuality education was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education programmes and materials.
As we grow up: a digital book on menstrual hygiene management **As We Grow Up: A Tactile Book on Menstrual Hygiene Management Facilitator's Manual** WSSCC (2018)	This book brought out by Saksham, Noida Deaf Society and WSSCC is in 5 different formats: 1) Universal book: this is a synchronized version of a video in Indian Sign Language (ISL) along with text and audio. 2) Video in Indian sign language with text and voice over (English and Hindi). 3) Epub in audio (MP3) format (in Hindi and English). 4) Epub in text-only format to be used with a screen reader, such as NVDA or JAWS (English and Hindi). 5) Epub in full-text full audio format. It is accompanied by a facilitator's guide.

PILLAR 3: FACILITIES AND SERVICES

Water and sanitation were recognised as human rights by the United Nations General Assembly on 28 July 2010, and universal basic water, sanitation, and hygiene services are the aspiration of Sustainable Development Goal 6. Basic water, sanitation and hygiene services are critical for MHH for girls and women around the world. Yet there is a long way to go for every girl and woman to access these crucial services – at the beginning of the SDG era in 2015, 32 per cent of the global population or 2.3 billion people still lacked a basic sanitation service.

The WHO/UNICEF Joint Monitoring Programme for Drinking Water, Sanitation, and Hygiene (JMP) provides data used for reporting progress on SDG 6 on WASH and SDG 4 on education. The JMP suggests that in 2016, 335 million girls went to school without access to water and soap for washing their hands, bodies and clothes. In addition, over 620 million girls and boys worldwide lacked a basic sanitation service at their school[14].

The scale of this deprivation calls for accelerated action. Depending on the context, the activities under this pillar may be delivered in different ways, but core areas of work are identified below.

Setting standards and developing guidelines for gender-responsive WASH services
UNICEF works with governments around the world to ensure that girls, boys and school staff have basic WASH services at schools. A key part of this work is supporting national education systems to set nation-wide standards and guidelines, budget for ongoing service delivery, and incorporate WinS into education monitoring systems. All of these actions can include specific attention to MHH. Key partners include the ministry of education, as well as other ministries, NGOs, civil society groups, donors, partnerships (e.g. Education Cannot Wait, Global Partnership for Education, UN Girls' Education Initiative) and other UN agencies (e.g. UNESCO), and are usually engaged through a national WinS or MHH working group,

Ensuring disability-inclusive and gender-responsive WASH facilities in schools and health care facilities, in development and humanitarian contexts
In development contexts, UNICEF often promotes the 'Three Star Approach' to WASH in schools, where communities and schools are engaged together to make incremental improvements and contribute to recurrent operations towards meeting national standards. In humanitarian contexts, UNICEF may be directly involved in funding facilities and services. Both provide opportunities for ensuring that such facilities and services are gender-responsive, by firstly ensuring meaningful participation of the users in their design.

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[14]UNICEF/WHO (2018) Drinking Water, Sanitation and Hygiene in Schools: Global Baseline Report 2018. New York. UNICEF.

THE THREE STAR APPROACH AND MHH

Under the **Three Star Approach to WASH** (TSA), schools are encouraged to take steps towards national standards for WASH in schools. The TSA aims to make WASH simple, scalable and sustainable. MHH can be incorporated into the approach, so that schools are able to improve their facilities, as well as the knowledge and practices of teachers, staff and students. TSA programmes are student led, require low investment, are scalable and sustained by teachers, staff, and students at the school.

In the TSA, schools take simple steps to make sure that all students wash their hands with soap, have access to drinking water, and are provided with clean, gender-segregated and child-friendly toilets at school every day. Once these 'one star' minimum standards are achieved, schools can progress to three stars by expanding hygiene promotion activities and improving infrastructure, especially for girls – ultimately meeting national standards for WASH in schools.

The Government of the Philippines, in collaboration with UNICEF and other development partners, developed a national WinS Three-Star rubric that specifically included MHM: availability of sanitary pads in schools and a set of gender-segregated toilets are non-negotiable requirements to meet the one star standard and progress.

The Philippines three-star monitoring system which includes MHM is now included in the education management information system. This enables SDG reporting on MHH and incorporates it into national policy and planning. This work was achieved via the formation of a technical working group on WASH in schools, which has been the platform for advocacy and technical support to the Department of Education on matters related to MHH, as well as building evidence through research, and advocacy based on that evidence. The work has resulted in a national WinS policy, systems building for MHH, and WinS and curriculum integration.

Source: UNICEF Philippines.

Services and facilities need to be inclusive, to meet the needs of women and girls with disabilities, as well as transgender and non-binary persons who menstruate, and other traditionally excluded groups, e.g. ethnic or religious minorities who have specific needs or preferences. It is also important to ensure accountability of service providers to adolescent girls and boys, by building regular feedback opportunities from them into monitoring systems.

In service delivery, the disposal of menstrual hygiene materials is often overlooked, to the detriment of both girls and the facilities. Where there are not alternative disposal options, girls and women often dispose of used menstrual materials in toilets. This may stop toilets from functioning, for example, or clog vacuum hoses during desludging of septic tanks. Building private, well-managed disposal options that consider local beliefs around disposal into facility planning and construction helps prevent operational problems in the future.

Taboos around menstruation are strong. Calling facilities 'menstruation rooms' or 'menstruation clubs', can mean girls are less likely to use them, due to stigma. Ensuring there are sex-segregated toilets which have adequate MHH facilities included, without

labelling the facility as a 'menstruation' facility can often be more effective. Using terms such as 'girls', 'hygiene' and 'puberty' can provide a more comfortable entry point.

UNICEF also has large programmes to strengthen WASH service delivery in communities and in health facilities. These programmes are planned and delivered with the ministries responsible for WASH and for health, or in the case of cities and towns, the relevant municipal authorities. MHH considerations for girls and women should be integrated into these service delivery programmes, informed by consultations and assessed by monitoring.

WHAT DOES AN MHH—RESPONSIVE TOILET LOOK LIKE?

The details of MHH-responsive toilet design vary according to local context, however in general, toilets in schools, health clinics, and public spaces should include:

- Sex-segregated, separate toilet blocks with private entrances, solid walls, and latches on internal doors;
- A greater number of toilet cubicles for female than males due to their different toileting needs; for instance in emergencies, SPHERE standards recommend a 3:1 ratio;
- Access to water and soap, preferably inside the toilet with at least one cubicle for privacy, as well as in bathroom;
- Disposal facilities inside the cubical – for example incinerators or sanitary bins, with regular disposal plan;
- Good lighting, hooks for belongings, and good ventilation;
- Where possible a mirror to check for stains;
- Accessibility for those with disabilities – e.g. ramps, handrails, long or lever-style door handles and tap fittings, bars and benches inside cubicles, wider toilet cubicles with space for circulation (1500mm by 1500 mm) adequate door widths for facilities and cubicles (at least 900 mm wide); and adapted toilet seats/squatting pads;
- Regular maintenance.
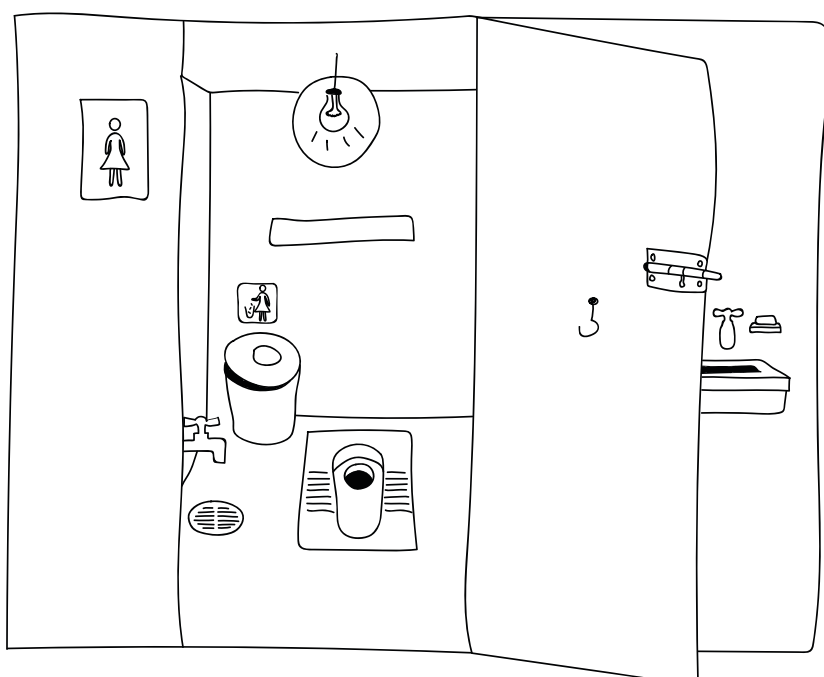
Adequate numbers of safely located toilets separated (with clear signage) from male facilities.

Safe and private toilets with inside door latch.

Clear signs instructing girls and women to dispose of menstrual waste in the trash bin.

A shelf and hook for hygienically storing belongings during usage.

Night time light source both inside and outside of the toilets.

Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials.

Trash bins (with lids) to dispose of used menstrual materials.

Walls, door and roof are made of non-transparent materials with no gaps or spaces.

Some units should be accessible to people with disabilities

Adapted from IRC and Columbia University (2017)

Costing and allocating funds for operation and maintenance
Where new school WASH facilities are constructed or existing facilities rehabilitated, recurrent budget allocation for operation and maintenance will safeguard the infrastructure investment and girls' ability to continue managing their menstruation at schools. During the project planning stage, UNICEF can support a detailed costing of WASH in schools programmes using the tools described in section 2.5. UNICEF can also support the government to identify sources of funding and financing for operation and maintenance.

Monitoring access and use
Ideally, MHH should be monitored through national education management information systems. The WHO/UNICEF JMP has produced Core Questions and Indicators for Monitoring WASH in Schools (see resources section), which include expanded indicators on MHH. Only 11 countries included indicators on MHH in their national education management information systems as of 2018, however UNICEF stands ready to support the integration of MHH into these systems to increase this number.

GOOD PRACTICES FROM THE FIELD

In Cambodia, UNICEF partnered with WaterAid to assess the accessibility, safety and MHH responsiveness across school WASH facilities. The findings showed that school WASH facilities were mostly inaccessible, that girls felt unsafe in using toilets due to a lack of privacy and security, that there was limited access to sanitary materials, and that availability of water in facilities was poor – as well as finding that girls and teachers had limited knowledge about MHH. The assessment resulted in UNICEF developing new toilet designs and standards. These were trialled, and updated through participatory feedback evaluations from girls, boys and teachers.

The ministry of education in Zambia integrated WASH and MHH into its relevant strategic policies and plans as part of wider efforts to keep girls in school. UNICEF worked with the Government to develop specific MHM National Guidelines and an accompanying Toolkit. Zambia's national latrine design for rural schools now provides for a private space within the girls' washrooms for MHM, including a water point. UNICEF has joined advocacy efforts to help ensure budgets are in place to deliver these MHH-responsive designs nationally. Zambia also now includes indicators on MHM in its national education management information system, meaning MHH data for Zambia now feeds into JMP reports.

RESOURCES FOR FACILITIES AND SERVICES

AUTHOR, TITLE AND LINK	RELEVANCE
WASH in Schools for Girls Compendium UNICEF (2018)	This online resource includes examples of interventions, including teaching and learning materials, from 14 countries included in the WASH in Schools for Girls project on MHM, funded by the Government of Canada and implemented in partnership between UNICEF, governments and civil society organisations around the world.
Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world SHARE & WaterAid (2012) **Modules and Toolkits 4, 5, and 6**	This resource brings together accurate, straightforward, non-judgmental knowledge and practice on menstrual hygiene programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene.
Female-friendly public and community toilets: A guide for planners and decision makers WaterAid, WSUP and UNICEF (2018)	Beyond the household toilet, public and community toilets often do not exist, and where they do they often fail to meet the needs of women and girls. This guide is designed primarily for use by local authorities in towns and cities who are responsible for public and community toilets. It is also useful for national governments, public and private service providers, NGOs, donors and civil society organisations who play a role in delivering these services.
The Three Star Approach for WASH in Schools UNICEF and GIZ (2013)	This guide describes the Three Star Approach to WASH in Schools, illustrating incremental steps towards national WASH in schools standards that communities and schools can take, including on MHH.
Core Questions and Indicators for Monitoring WASH in Schools WHO/UNICEF Joint Monitoring Programme (2016)	This document presents recommended Indicators to support harmonised monitoring of WinS, as part of the SDGs. Questions help standardise definitions of 'basic' WASH services and service ladders, to enable easier monitoring pf progress. They are intended for use in national or sub-national facility surveys and census questionnaires, and include expanded questions for MHM in schools.
Core Questions and Indicators for Monitoring WASH in Health Care Facilities WHO/UNICEF Joint Monitoring Programme (2018)	This document presents recommended core indicators to support harmonized monitoring of WASH in HCF in support of the 2030 Agenda. The indicators include definitions for "basic" water, sanitation, hygiene, health care waste management and environmental cleaning. Each indicator is supported with a set of recommended questions for use in data collection, which allow classification of facilities in relation to "service ladders" that can be used to monitor progress.

PILLAR 4: MENSTRUAL MATERIALS AND SUPPLIES

Menstrual materials are used to catch menstrual blood. Women and girls in often lack regular access to safe menstrual materials, and this lack of access is due to a series of systematic barriers that prevent them from having control of resources at the household and community levels, and from having a voice in the allocation of state resources.

Most women and girls in low- and middle-income countries use cloth to absorb menstrual flow. Cloth is frequently washed and reused, but sometimes disposed of as waste. These cloths are usually not purchased specifically for menstrual hygiene purposes, but rather cut from old pieces of clothing or other materials in the household.

Other menstrual material options are mostly supplied through the market. Disposable pads are the most common of these products, with great variation in quality and price. Commercially-produced reusable pads are also increasingly available, again at a range of qualities. Other menstrual materials include disposable tampons and menstrual cups, both of which are less commonly available for purchase in low- and middle-income countries. Other, less common materials usually confined to high-income countries include absorbent underwear and sponges.

TABLE 2: OVERVIEW OF MENSTRUAL MATERIALS

MENSTRUAL CLOTH	REUSABLE PAD	DISPOSABLE PAD	MENSTRUAL CUP	TAMPON
Reusable, affordable, already used in many contexts. Relies on privacy, clean water and soap, and time to wash and dry.	Reusable, can be home-made or produced locally, where good quality, comfortable. Relies on privacy, water soap and time to wash and dry.	Convenient, widely available, preferred by many women and girls, comfortable. Relies on disposal systems and access to markets.	Reusable, available in some countries. Relies on privacy, water and soap to clean, and hindered by cultural taboos on inserting and virginity.	Convenient, available in some countries. Relies on disposal systems and hindered by cultural taboos surrounding insertion and virginity.

UNICEF's objective is broadly to ensure that girls and women have access to a range of menstrual materials and supporting supplies that allow them to live their lives normally. In some cases, such as humanitarian response, UNICEF may be involved in procuring menstrual materials and providing them to affected populations. In other cases, UNICEF may play a market facilitation role to expand access to the type, quality, or affordability of products available for distribution (such as through a government-financed education programme) or purchase.

Whenever UNICEF is involved in facilitating access to menstrual materials, the foundation must be assessment of the preferences of girls and women. This begins, as in all aspects of MHH programming, with consultation and participation. Girls and women have individual preferences for menstrual materials so generalisation is difficult. Though girls' and women's preferences may be similar within a geographic area or income level, preference is personal.

In development programmes, UNICEF may be best placed to engage with government and the local private sector to ensure girls and women have access to a range of affordable and appropriate options rather than promoting any one option. Providing a range of products promotes freedom of choice and dignity, enabling girls and women to decide based on their own preferences and individual needs. UNICEF can also support government to set regulations for currently unregulated menstrual materials, model the impact of policy proposals such as free sanitary pads in schools, or analyse the taxation of menstrual materials.

In humanitarian response, the provision of menstrual materials should be informed by consultations with girls and women on their current practices and preferences, remembering that during an emergency – particularly for girls and women who have been displaced – their practices and preferences may have changed from prior to the emergency. Consultations can also inform preparation for an emergency; these are encouraged as part of country office preparedness strategies, though they will need to be revisited depending on the specifics of the actual emergency.

In addition to the materials themselves, girls and women also need supporting supplies to manage their menses safely and with dignity. These include undergarments to hold materials to the body; access to water, soap, and laundry facilities; disposal options; and drying supplies such as clothes lines. Supplies should be accessible through similar market and distribution channels as materials.

It is also important to consider pain relief for adolescent girls and women experiencing abdominal cramping associated with menstruation, to help them stay healthy and comfortable, and to increase their participation in daily life.

UNICEF has developed separate guidance on menstrual materials that should be read for details on options and considerations for procurement. These materials can range from good-quality disposable pads and tampons, to menstrual cups, to clean reusable pads or locally-produced cloth.

In both development and humanitarian programmes, UNICEF country offices frequently include one or more of the following activities on materials in their interventions:

- **Assessment of use and preference**. Assessments of preference for and current use of menstrual materials is highly variable and data are scarce. An assessment can be included as part of programme design, together with interested partners from MHH working groups. Information on preferences can be shared in open forums, with the private sector invited to learn and respond to the expressed preferences.

- **Assessment of product availability**. In some contexts, especially humanitarian response, UNICEF may carry out a market assessment to determine the availability, cost, and specifications of available menstrual materials. Key partners might be other development agencies, the private sector, business associations or chambers of commerce, and civil society organisations.

- **Development of national standards for menstrual materials**. In many low- and middle-income countries, standards for menstrual materials are missing or inadequate. Together with national working or other expert groups, UNICEF has played a role in supporting the development of national standards for materials like disposable or reusable pads, or menstrual cups.

- **Supporting enterprises and entrepreneurs to respond to girls' needs and preferences**. Within market systems, different actors play specific roles in expanding access. Expanding the supply of menstrual materials in a UNICEF programme area may require working with local enterprises – like small shops, pharmacies, or sales agents – to encourage them to add menstrual materials to their product offering. Depending on the context, there may be opportunities to support local production of materials in a way that keeps money in the community. Market participation can bring benefits to women and girls where UNICEF supports women-led organisations and businesses to access the market.

- **Supplying materials, particularly in schools, health care facilities, and humanitarian response**. An increasing number of governments are providing funding for supply of menstrual materials in schools, or other contexts like health care facilities. In these cases, UNICEF can play an advisory role using information on preferences, and can help to ensure that standards are applied to the selection of materials. In humanitarian response, UNICEF generally provides distribution of materials or vouchers.

- **Evaluating products and interventions**. UNICEF's supply division plays a global role in evaluating new products as they become available, and highlighting gaps in product development. UNICEF staff can contact their supply officers for more information.

EXPANDING THE MARKET FOR MENSTRUAL MATERIALS IN ETHIOPIA

UNICEF can participate in shaping sustainable markets for menstrual products, supporting local, environmentally friendly, and culturally appropriate materials, in response to the needs of girls and women. Building local markets can enable community empowerment, skills building, and knowledge sharing. In Ethiopia, UNICEF is working with the government to build markets for menstrual products so that girls and women can choose how they manage their periods. UNICEF co-chairs the MHH working group in Ethiopia, which developed national guidelines for health workers in local languages, to teach girls and women about menstruation and related health issues. The working group is also developing national standards for both disposable and non-disposable products, which will help create the policy environment in which businesses and government can develop and distribute menstrual products on a national scale. UNICEF is also working with local women to develop business plans for them that will encourage larger scale production and distribution of reusable pads. Along with their community engagement and girls' empowerment programmes, these national policy and commercial initiatives will result in accessible and affordable options for Ethiopian women and girls in managing their periods.

Source: UNICEF Ethiopia.

RESOURCES FOR MENSTRUAL MATERIALS

AUTHOR, TITLE AND LINK	RELEVANCE
Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world SHARE & WaterAid (2012) **Modules and Toolkits 3 Menstrual hygiene – sanitary protection**	This resource brings together accurate, straightforward, non-judgmental knowledge and practice on menstrual hygiene programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene. Module and toolkit 3 provide information on menstrual materials, supplies, and disposal.
Guide to menstrual hygiene materials UNICEF (2019)	The purpose of this guide is to familiarise UNICEF staff members with the key characteristics and requirements for the most common menstrual hygiene materials: menstrual cloths, reusable pads, disposable pads, menstrual cups and tampons. For each MHM material, the environmental, health, and economic aspects are highlighted in individual tables along with considerations of material availability, user experience, and standards and regulations – as well as technical specifications. The guide includes a summary of key attributes of each material.

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SECTION 4:
MHH FOR GIRLS AND WOMEN IN VULNERABLE SITUATIONS

Some menstruators face greater barriers or have specific vulnerabilities that need consideration in programme design and delivery. This section is not exhaustive and does not encompass the range of people who may be in vulnerable situations; rather, it provides an overview of strategies to reach three specific populations.

4.1 REACHING GIRLS AND WOMEN WITH DISABILITIES

More than 1 billion people worldwide are estimated to have a disability. This includes up to 10 per cent of children[15]. Children in LMICs are more likely to have disabilities than children in higher-income countries[16]. In a review of 15 LMICs, children with disabilities were 30 per cent less likely than their peers without disabilities to be in primary and secondary school; the same study found that only slightly more than 50 per cent of children with disabilities were attending school[17].

Inaccessible WASH facilities in communities, schools, health care facilities and public places add to the long list of barriers that prevent girls and women with disabilities from participating fully in social and economic life. Lack of accessible facilities can be another barrier to girls' with disabilities school attendance. MHH education and support is critical in both in- and out-of-school programming to reach girls with disabilities. It is often assumed that girls with disabilities do not menstruate, so education is needed to dispel menstruation and disability myths.

Menstruating girls and women with different disabilities may have different needs. Those with mobility limitations with their upper body and arms may have difficulties placing their sanitary protection materials in the correct position, and washing themselves, their clothes, and the material. Those with vision impairments (blind or low vision) may face challenges knowing if they have fully cleaned themselves, and those with intellectual and developmental impairments may need tailored support to learn about MHH.

Partnering with women and girls with disabilities and Organisations of Persons with Disabilities (DPOs) throughout the program cycle of MHH programming will help ensure those programmes are responsive to the needs of women and girls with disabilities.

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[15] UNICEF (2007) Promoting the rights of children with disabilities. Florence, Italy: Innocenti Research Centre.
[16] World Health Organization and World Bank (2011) World Report on Disability. Geneva: WHO.
[17] Mizunoya, Mitra and Yamasaki (2016). Towards Inclusive Education: The impact of disability on school attendance in developing countries. UNICEF. Available online at **https://www.unicef-irc.org/publications/pdf/IWP3%20-%20Towards%20Inclusive%20Education.pdf**

KEY CONSIDERATIONS FOR REACHING GIRLS WITH DISABILITIES:

SOCIAL SUPPORT

- Inclusive and special schools are included in MHH interventions.
- Outreach activities accompany school-based interventions to reach out of school girls.
- Reach out to DPOs and associations of parents of children with disabilities.

KNOWLEDGE AND SKILLS

- Knowledge materials are available in at least two different formats (e.g., audio/ Braille/sign language/ simplified words and pictures).
- Data is disaggregated by sex, age, and disability.
- Girls and women with disabilities are included in monitoring and feedback processes.

FACILITIES AND SERVICES

- Girls and women with disabilities participate in the design of WASH facilities and services.
- Design or adapt WASH facilities to be disability accessible and meet national or international accessibility standards.
- Girls and women with different types of disabilities are involved in facility audits for safety and suitability.

MATERIALS

- Girls and women with disabilities participate in choosing appropriate materials.
- Materials and supplies, such as soap, are placed at a height that can be reached by women and girls using wheelchairs.
- Girls and women with disabilities are involved in monitoring and evaluating the use of materials and supplies.

ENABLING ENVIRONMENT

- Ensure evidence generation and learning around MHH includes girls and women with disabilities.
- Include DPOs and agencies working with girls and women with disabilities in MHH working groups.
- Build capacity of health, education, and WASH professionals to communicate with girls and women with disabilities on MHH by including disability modules in WASH in schools and MHH trainings.
- WASH in schools sector standards and guidelines include provisions for children with disabilities.
- Agencies allocate resources for disability-inclusive MHH.

[18]Where national standards are not accessible, international standards can be used: International Organization for Standardization (ISO) (2011) *Building Construction: Accessibility and usability of the built environment.* International Standard ISO 21542.

ADDRESSING MHM FOR CHILDREN WITH DISABILITIES IN KYRGYZSTAN

In 2018, UNICEF and Plus Public Foundation partnered to produce education materials on menstrual hygiene, school safety and child rights in alternative formats for children with visual and hearing disabilities. This project represented an important first step towards more inclusive programming.

The project aimed to provide children with visual and hearing disabilities with access to critical information on child rights, girls hygiene and safety. Three MHM publications in Kyrgyz and Russian languages ('Growing up and Developing', and 'Akylai is Growing Up' which are puberty books for girls, and 'Talking to Daughter', a guide for parents) were reproduced in braille and audio formats. The Kyrgyz WASH in Schools Guidebook and a publication on safe behaviour for schoolchildren were reproduced in video format with subtitles and sign language interpretation.

Children and parents can access the materials through two specialised schools, located in Bishkek and Osh cities and through the Association of the Blind and Deaf of the Kyrgyz Republic. The materials will also be available for many more children with disabilities, as the audio and video materials will be made available online through the **wins4girls.org** website.

Source: UNICEF Kyrgyzstan.

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4.2 RESPONDING TO HUMANITARIAN CRISES

As of 2017, over 26 million menstruating girls and women were displaced due to conflict and disasters, while many millions more were affected without being displaced[19]. Emergency-affected and displaced women and girls face additional challenges to menstrual health and hygiene:

- They may lose their usual coping strategies for managing menstruation, such as access to their usual menstruation materials or products and a place to wash, dry or dispose of them. When displaced, they may have had to leave behind their clothes or possessions, such as sanitary cloths, soap, and underwear.

- They may have to live in close proximity to men and boys (both their relatives and strangers) reducing privacy.

- They may not control the family finances and therefore not have access to money for sanitary products, and because menstruation is a taboo subject it may not be easy to discuss the issue with men.

- In a natural disaster, such as cyclone or flooding, a girl or woman may be injured or acquire a disability and not be able to manage menstrual hygiene in the way she usually does.

- Assessment missions and first response teams (particularly if military) are often mostly male, making it difficult for girls and women to share concerns about menstruation.

- They may not receive distributions of non-food items (NFIs) directly but rather through a male intermediary, which may prevent them from accessing sanitary pads or cloth intended for MHM.

MHH is important during emergency response for reasons of health, protection, dignity, education, and in order to enable girls and women to access life-saving services. MHH's enabling role for these areas is outlined in the 'SPHERE Standards', as well as in UNICEF's 'Core Commitments for Children in Humanitarian Action, and can be summarised as:

- **Health**: MHM helps meet girls' and women's health and hygiene needs and prevents infection. The lack of basic knowledge about puberty and menstruation may contribute to early and unwanted pregnancy; the stress and shame associated with menstruation can negatively affect mental health; and unhygienic practices may make girls susceptible to reproductive tract infections.

- **Protection:** Dangers exist for adolescent girls and women not provided with adequate safe facilities due to risks of sexual and gender-based violence.

- **Access to lifesaving services and dignity:** Girls and women may have to queue for long periods for lifesaving food, water or other provisions for essential needs and may not be able to do this if they do not have appropriate sanitary protection materials. Girls and women must feel empowered to play their part in surviving a humanitarian crisis, as well as other daily activities; they should not be forced to hide away or have their movements limited due to menstruation.

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[19]Columbia University and IRC (2017) MHM in Emergencies Toolkit. Available at **https://www.mailman.columbia.edu/research/gate/menstrual-hygiene-management-emergencies**

- **Education:** The extra challenges of a humanitarian crisis can mean menstruation affects girls' school attendance even more than usual, as temporary learning centres may not be widely available and when they are, may lack any WASH facilities at all.

MHH is also an important element to consider as part of emergency preparedness, both for UNICEF itself and for the sectors or clusters that it supports. For example, pre-emergency information on girls' and women's preferences for the design of WASH facilities and menstrual materials, practices and beliefs around menstrual waste disposal, or usual hygiene practices during menstruation can direct the prepositioning of supplies and materials as part of emergency preparedness. Consultation, training, and coordination carried out prior to the onset of an emergency leads to a more effective response, and one more likely to uphold the rights of every girl and woman.

The MHM in Emergencies Toolkit produced by Columbia University and IRC in 2017 aims to provide streamlined guidance to support organisations and agencies seeking to rapidly integrate MHH into existing programming across sectors and phases. The toolkit provides tools for the entire humanitarian programme cycle including staff training materials, sectoral action points and checklists, and monitoring and evaluation tools. A consolidated version of the toolkit is summarised below. For further details, please refer directly to the toolkit.

UNICEF, as a cluster lead or co-lead agency for multiple sectors, can help to integrate support for MHH in multiple areas during emergencies. UNICEF can also facilitate inter-sector collaboration to ensure that girls and women access support from multiple providers, and that this support is mutually reinforcing. The contribution of different sectors to MHH in emergencies is summarised in Table 3.

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TABLE 3: SECTORAL CONTRIBUTION TO MHH IN EMERGENCIES

SECTOR	CONTRIBUTION TO MHH IN EMERGENCIES
WASH	• Ensure that education, health, protection and WASH cluster/sector standards and guidelines include MHH; • Provide female-friendly toilet design; • Provide appropriate menstrual materials (pads, cloths, underwear) and supportive supplies (e.g. soap, bucket, a torch, paracetamol) for storage, washing, drying and pain relief, using existing information on girls' and women's preferences; • Collaborate with non-food item (NFI) distribution, education, and protection actors to provide demonstrations on how to wash and dispose menstrual materials, and provide menstrual hygiene education; • Where or vouchers replace NFIs, ensure girls and women can access menstrual hygiene materials; • Visit institutional facilities (health, school or protection centre toilets or washrooms) regularly for maintenance or adjustment; • Provide basic menstrual hygiene and health education that is age- and context-appropriate in learning centres, adolescent spaces, women-friendly spaces, and health centres, and include menstrual health in community- or camp-level hygiene promotion sessions; • Provision and maintenance of menstrual waste management; • Work with protection or education actors to gather feedback from women and girls about the facilities; and • Share learning from monitoring data collected with relevant sectoral actors.
EDUCATION	• Provide female-friendly WASH facilities at schools, learning centres, and other places of education, equipped with soap, water and disposal options; • Provide basic menstrual hygiene and health education that is age- and context-appropriate in learning centres; • Train education staff to support girls before during and after menstruation, and ensure girls have knowledge of MHH; and • Ensure adequate emergency stocks of MHH materials, including underwear at education facilities.
PROTECTION	• Ensure private, safe and female-friendly WASH facilities in relevant facilities which have water, soap and disposal options; • Provide basic menstrual hygiene and health education that is age- and context-appropriate in adolescent spaces and women-friendly spaces; • Offer safe and private venues for the provision of basic education on MHH, including menstrual hygiene and menstrual health; and • Ensure adequate emergency stocks of MHH materials, including underwear at protection facilities.
HEALTH	• Provide female-friendly WASH facilities which have water, soap and disposal options in outpatient and inpatient settings; • Incorporate menstruation into routine health education activities; • Provide MHM materials and supplies demonstrations to patients; • Collaborate with education actors in providing basic menstrual health education to girls in schools; • Collaborate with protection actors in providing basic menstrual health education in women centres; child-friendly spaces or youth centres; and • Collaborate with non-food item and WASH actors in providing menstrual health education during MHH distributions.
NFI	• Consult girls and women to ensure that appropriate menstrual materials are selected; • Be sensitive when planning MHH distributions including ensuring there are private, safe locations, led by female staff; • Provide demonstrations on the use of MHH materials, as many girls and woman may not be familiar with the materials provided; and • Solicit feedback directly from girls and women to ensure that the materials and supplies are appropriate and being utilised.

Source: Adapted from IRC and Columbia University (2017) MHM in Emergencies Toolkit

4.3 TRANSGENDER AND NON-BINARY PERSONS

Some people may not identify with the gender binary of 'woman' or 'man' – or fit into sex categories of female or male. Transgender people identify themselves as a different gender than that the one that was assigned to them at birth, while intersex people are born with physical or biological sex characteristics which do not fit the 'typical' sex definitions of male or female. In some countries, there are recognised 'third gender' people with a non-binary gender identity. Because of their identity, transgender, intersex and other non-binary people are often marginalised and face exclusion, stigma, and violence that prevents them from accessing essential health and education services. In many countries where UNICEF works, transgender people lack any legal recognition of their identity, further contributing to their marginalisation.

A recent review in the WASH sector summarised that national and regional estimates for the population of transgender people could be between 0.3 to 1.2 per cent, putting a total figure at tens of millions of people around the world[20]. Discrimination means that data and information on the numbers and experience of transgender men who menstruate is usually not available in UNICEF programme countries. In general, data and information on transgender women, while scarce, is more prevalent than that of transgender men. Identifying transgender men and transgender boys to be involved in MHH programmes may therefore be difficult. Indeed, it may violate the principle of 'do no harm', by drawing attention to a person's gender identity which could expose them to discrimination or violence.

Transgender people face additional barriers to WASH facilities and services, particularly toilets. A 2012 report of the Special Rapporteur on the human right to safe drinking water and sanitation highlighted the exclusion, harassment, and abuse that transgender people often face when using public toilets[21]. In addition to such abuse, from a practical point transgender men who access men's toilets will also usually not have access to infrastructure and services for menstrual hygiene usually found in women's toilets. And in school education programmes, transgender boys may not be able to access appropriate menstrual health information. Another recent review by WaterAid and other partners also highlighted the lack of attention to the experiences and needs of transgender people in the WASH sector[22].

There are few good practice examples to draw from, but the common principles of inclusive and participatory situation analysis and programme design used throughout the rest of this document apply. Some specific tips for including non-binary people in MHH programmes are:

- Include organisations comprised of and serving transgender, intersex or non-binary people who menstruate in relevant coordination forums and as partners in programme design and delivery.

- Where possible, consult with transgender people to develop safe and desirable options for sanitation and MHH, avoiding generalisation by recognising the diversity of transgender experiences.

- Understand the terminology preferred by transgender people in the specific context, acknowledging that terms used by the general public may be inaccurate or offensive.

- Avoid further stigmatisation or exposure to vulnerability through the provision of services. For example, in some cases, transgender people may prefer gender-neutral toilets, while in other cases, gender-neutral toilets may expose them to harm and they may therefore prefer gender-segregated facilities. Safety audits are useful tools to facilitate participatory assessments and design.

- Where possible, work with education and health service providers to ensure they are adequately trained and sensitised, to enable transgender people to access MHH information, facilities, and supplies without harassment or discrimination.

[20]Boyce, P. et al. (2018) 'Transgender-inclusive sanitation: insights from South Asia.' In Waterlines, 37:2, 102–117 Available at **http://dx.doi.org/10.3362/1756-3488.18-00004**

[21]de Albuquerque, C. (2012) Stigma and the realization of the human rights to water and sanitation. Report of the Special Rapporteur on the human right to safe drinking water and sanitation. Available at: **http://daccess-ods.un.org/access.nsf/Get?Open&DS=A/HRC/21/42&Lang=E.**

[22]njamin, C. & Hueso, A. (2017) 'LGBTI and sanitation: what we know and what the gaps are.' 40th Annual WEDC Conference, Loughborough UK. Available at **https://wedc-knowledge.lboro.ac.uk/resources/conference/40/Benjamin-2649.pdf**

Resources for section 4

Author, title and link	Relevance
Take Us Seriously: Engaging Children with Disabilities in Decisions Affecting their Lives UNICEF (2013)	A guide to facilitating participation and engagement with children with different types of disabilities. The resource also provides practical tips on identifying children with disabilities and overcoming communication barriers. Available in English, Spanish, French and accessible formats (Easy to Read, EPUB, DAISY and HTML).
Disability Orientation UNICEF	A web-based training for staff which is open to UNICEF and external partners. It is a multi-media, 40-minute video that includes interesting and thought-provoking statements, resources and good practices from UNICEF and partners from across the globe. It strengthens an understanding of, and capacity to support, programming for children and women with disabilities. Available in English, Spanish, French with accessibility features.
Inclusive Communication Module UNICEF	Based on the Disability Orientation training, and open to UNICEF and external partners. The Inclusive Communication Module is dynamic and engaging. The content is divided into three chapters of 15-20 minutes each, and contains examples from over 30 country offices. Upon completion of the module, it is expected that participants will be able to: use appropriate terminology when communicating about children with disabilities; confidently interact with persons with disabilities; and develop materials and organise meetings that are inclusive of and accessible to people with disabilities. Available in English with accessibility features.
UNICEF webinar on MHM for girls with disabilities UNICEF (2017)	The recording and materials from this internal webinar held in 2017 are intended to provide UNICEF staff with an overview of key concepts and strategies for including girls with disabilities in MHH programmes.
MHM in Emergencies Toolkit: Full guide, mini-guide and training resources Columbia University and the IRC (2017)	The MHM in Emergencies Toolkit provides streamlined guidance to support organisations and agencies seeking to rapidly integrate MHM into existing programming across sectors and programme phases. This toolkit was informed by an extensive desk review, qualitative assessments with a range of humanitarian actors and organisations, and direct discussions with girls and women living in emergency contexts and directly affected by this issue.
Violence, Gender & WASH: A Practitioner's Toolkit – Making water, sanitation and hygiene safer through improved programming and services. House, S., Ferron, S., Sommer, M., Cavill, S. (2014)	This toolkit was developed in response to an acknowledgement that although the lack of access to appropriate WASH services is not the root cause of violence, it can lead to increased vulnerabilities to violence of varying forms. It includes tools like safety audits and transect walks that can be used with girls, women, and other menstruators.

UNICEF Guidance on WASH & Dignity Kits UNICEF (2018) (Available internally to UNICEF only)	This guidance is meant for WASH and Child Protection specialists who are procuring WASH & Dignity Kit – First Response (S9901153) through UNICEF Supply Division. The kit helps fulfil UNICEF's commitment to provide gender-specific 'non-food items' (NFIs) to women and adolescent girls in line with their rights to health, dignity and protection in emergencies.
Compendium of WASH in Schools Facilities in Emergencies UNICEF (2012)	A resource for coordination and management of WASH interventions in emergency preparedness, response and early recovery. The primary audience includes those who are implementing interventions in schools being used as emergency shelter and temporary learning spaces.
Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world SHARE & WaterAid (2012) **Module and Toolkit 6 Menstrual hygiene in emergencies Module and Toolkit 7 Supporting women and girls in vulnerable, marginalised or special circumstances**	This comprehensive resource brings together accurate, straightforward, non-judgmental knowledge and practice on menstrual hygiene programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene. Modules and toolkits 6 and 7 provide guidance for MH in emergencies and the most vulnerable.
Transgender-inclusive sanitation: Insights from South Asia Boy ce, P., Brown, S., Cavill, S., Chaukekar, S., Chisenga, B., Dash, M., Dasgupta, R. K., De La Brosse, N. Dhall, P., Fisher, J., Gutierrez-Patterson, M., Hemabati, O., Hueso, A., Khan, S., Khurai, S., Patkar, A., Nath, P., Snel, M. & Thapa, K. (2018)	This paper provides insights from initiatives to include transgender people in sanitation programming in South Asia, including three case studies. Practitioners are recommended to: engage with transgender people as partners at all stages of an initiative; recognise that the language of gender identity is not fixed, varying across cultures and between generations; and acknowledge that transgender people are not a single homogeneous group but rather have diverse identities, histories, and priorities.
LGBTI and sanitation: What we know and what the gaps are Benjamin, C., & Hueso, A. (2017)	Discussions on gender and WASH typically ignore non-normative gender identities. To address this, this report reviews the existing literature on the interrelation of LGBTI and sanitation. Overwhelmingly, the review reinforces how little is known about the challenges LGBTI people face in relation to sanitation.

SECTION 5:
LEARNING, MONITORING, REPORTING AND EVALUATION

5.1 A GLOBAL LEARNING AGENDA

As noted throughout this document, many formative studies have described how menstruation and a lack of an ability for girls to control MHH impact girls' dignity, well-being, and engagement, particularly in a school setting. But while MHH interventions have been designed and implemented in many countries, studies have yet to confirm the effectiveness of these interventions on education and health outcomes for girls. In 2016, a review of the evidence on the effect of MHH on health, development and empowerment outcomes found the evidence base to be 'scant, not statistically significant, and largely inconclusive[23] ', citing a combination of small sample sizes and an over-reliance on self-reported or anecdotal data.

For this reason, the first priority on the 2014-2024 MHM in Ten agenda is to build a strong cross-sectoral evidence base for MHH in schools, for prioritisation of policies, resources allocation, and programming at scale. UNICEF country and regional offices can support this global objective by ensuring robust monitoring of MHH interventions, and by focusing research efforts on the questions that remain on the global learning agenda – helping to prioritise scarce research funding for MHH on the areas where evidence is most needed.

A 2016 article published by leading MHM researchers and practitioners summarised priority areas for evidence generation on MHM in schools, as well as MHM outcome measures that need standardised definitions. These are reproduced below in Table 4[24]. UNICEF is in the process of developing indicators on adolescent mental health and participation, which will include attributes like self-efficacy, and bodily autonomy, and would therefore be relevant to MHH programmes.

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[23]SG (2016). An Opportunity to Address Menstrual Health and Gender Equity. Available at **https://www.fsg.org/publications/opportunity-address-menstrual-health-and-gender-equity**

[24]Phillips-Howard, P. A., Caruso, B., Torondel, B., Zulaika, G., Sahin, M., & Sommer, M. (2016). 'Menstrual hygiene management among adolescent schoolgirls in low-and middle-income countries: research priorities.' In Global health action, 9(1), 33032. Available at **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5148805/**

TABLE 4: EXEMPLAR TOPICS AND RESEARCH QUESTIONS AROUND MHM FOR ADOLESCENT GIRLS

TOPIC AREA	RESEARCH QUESTION
NEGLECT TO ADDRESS MHM ISSUES	• Why does menstrual need continue to be socially neglected? • What interventions are required to influence social norms across cultures and improve MHM worldwide?
ENVIRONMENTAL INFRASTRUCTURE	• Do WASH infrastructure improvements impact girls' ability to attain equitable educational outcomes with boys (with or without a specific menstrual product intervention)? • Do girls use the improved infrastructure provided for menstrual management? • Do WASH improvements ameliorate girls' MHM challenges in the school setting? • What are cost-effective menstrual waste disposal systems? • How can safe, hygienic, sustainable, and environmentally friendly disposal systems be developed?
HYGIENE PRODUCTS	• How can programmes improve access to menstrual products, such as sanitary pads, other absorbents, or menstrual cups, and availability of underwear? • Are certain MHM products only culturally acceptable in some countries? • How does culture or religion effect uptake? • Can acceptability and use be promoted globally? • How can programmes measure the benefits and risks of traditional hygiene materials (such as cloth) in low- and middle-income countries and support safe practices? • Can cluster-randomised controlled trials define the cost-effectiveness of MHM products on hard outcome measures?
SCHOOL–BASED PROGRAMMING	• What MHM programme delivery mechanisms effectively ensure provision for schoolgirls? • What is the effectiveness of psychosocial support programmes delivered through teachers, nurses, or counsellors? • Is MHM education in schools a global necessity regardless of measurable health or school outcomes?
DELIVERY CHANNELS	• What modes of MHM service delivery best ensure girls in greatest need are served? • What are the needs of girls with disabilities and what guidance is required to support them? • What is the design of an effective evidence-based community- or school-delivery and support programme for refugees, orphans, street kids, or girls not in school?

GIRLS' HEALTH	• What health impact would MHM products have on reproductive tract infections, vaginal discharge and odour, and urinary tract infections? • What impact would effective MHM products have in reducing transactional (or coerced) sex to obtain money for sanitary pads? • How is girls' psychosocial stress impacted by a lack of resources, guidance, and/or a non-supportive school environment for practicing MHM?
RESEARCH AND STRATEGIES TO STRENGTHEN ADVOCACY AND ACTION	• What MHM programmes have successfully implemented activities and what are lessons learned? • What added value can the Cochrane approach of systematic reviews and meta-analysis provide to aggregate and compare behaviours, impact, and cost-effectiveness of MHM interventions?
GIRLS' EMPOWERMENT AND CULTURAL NORMS	• What contribution does improved MHM have toward improving girls' lives and reducing gender inequity? • How will girls' self-efficacy in managing menstruation correlate to later decision-making about their bodies (i.e. age at first sex, sex negotiation, condom negotiation, and contraception use)? • What are the experiences of girls who do not experience regular menstruation and how does this impact their life prospects (social isolation, marriage, etc.)? • What effect do males have on girls' ability to independently manage their menstruation, and engage in safe, healthy, productive, and meaningful activities?

Source: Phillips-Howard, P.A., et al. (2016)

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5.2 MONITORING

When possible, monitoring should be done through national systems. However, for MHH interventions, the indicators and questions used in the Multiple Indicator Cluster Surveys, Demographic Health Surveys, and other national surveys (described **section 3.2**) may not be comprehensive enough to monitor all inputs, outputs, outcomes, and results in a given specific national or project-level theory of change. The above indicators and questions primarily measure wider WASH outputs and some outcomes on women's participation during menstruation, but project-level monitoring will require more specific information. Effective monitoring and evaluation of MHH interventions along a given theory of change remains a priority. Globally, researchers and practitioners have prioritised the development of standardised methods and tools for monitoring and evaluating MHH, but progress on this area will inevitably take time. Country offices can support efforts by making use of new measures in their programme design and monitoring as and when they become available, and by including knowledge partners such as research institutes in their project design.

Monitoring MHH may consider the impact on the lives of women and girls by assessing psychosocial outcomes such as stress, self-efficacy, and participation, as well as educational outcomes like the acquisition of knowledge and skills, and health outcomes like reduction in infection. In many of these areas, standard outcome measures have not been agreed. While this is a limitation, it is also an opportunity for UNICEF to form new partnerships with academic institutions, to test new indicators under development and contribute to the global evidence base. The same 2016 article summarised priority areas standardisation of MHM outcome measures, and is also reproduced in table 5[25].

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25 Phillips-Howard, P. A., et al. (2016)

TABLE 5: MHM OUTCOME MEASURES THAT NEED STANDARDISED DEFINITIONS

OUTCOME MEASURE	OUTCOME TARGETS
MHM OUTCOME MEASURES	• Measuring girls' MHM self-efficacy. • Measuring girls' ability to comfortably participate in class, their self-confidence, and ability to manage pain. • Defining a quantifiable measure of 'good menstrual hygiene'.
SCHOOL OUTCOME MEASURES	• Defining measures of improved engagement/concentration in school lessons. • Defining how to measure 'school absence' as a quantifiable effect of poor menstruation while accounting for other factors to ensure accuracy. • Defining dropout and reasons for dropout, enrolment and re-enrolment, grade repetition, gender-adjusted (parity) index, etc.
HEALTH OUTCOME MEASURES	• Measuring menstrual hygiene practice impacts and MHM product effectiveness on urogenital tract infection. • Measuring sexual risk among girls receiving menstrual products through coerced. • Measuring violence associated with MHM in the absence of WASH facilities sex.
ECONOMIC OUTCOME MEASURES	• Measuring cost outcomes (cost-effectiveness, return on investments, costs of 'case' averted, estimate of full productivity due to completion of education, etc.).
QUALITY OF LIFE/ WELL–BEING OUTCOME MEASURES	• Identifying appropriate measures of psychosocial health for girls, (e.g. mental distress, anxiety, and depression). • Defining 'well-being'/'quality of life' indicators, that is, testing Pediatric Quality of Life InventoryTM (PEDSQL or 7 and 23 items measuring physical, emotional, schooling, and social indices, respectively) and EuroQoL (EQ-5D-3L measuring mobility, self-care, usual activities, pain/discomfort, and anxiety/depression). UNICEF is developing of measurement tools and modules to measure adolescent mental health, including depression and anxiety, which may be relevant in this area.
PROGRAMME OUTCOME MEASURES	• Evaluating successful implementation of MHM-friendly WASH programmes in schools. • Monitoring the impact of guidelines and education materials. • Identifying and validating MHM-related indicators to be included in multi-country national-level surveys to assess changes in trends and outcomes over time and correlation with other already measured indicators (facility access, type of materials used, etc.).

Source: Phillips-Howard, P.A., et al, (2016)

To improve the quality of monitoring and evaluation and to contribute to the global evidence base, UNICEF country and regional offices may partner with academic institutions. Together, practitioners and researchers can carry out operational research that monitors not only the outputs and outcomes of the intervention, but also whether the intervention is being implemented as planned. This process monitoring is an essential part of adaptive programme management, as the results inform rapid course-correction when the desired outcomes are not being achieved.

Many UNICEF offices rely on knowledge, attitudes, and practice (KAP) surveys administered to children in schools to monitor MHH programmes. While this is an important first step and can yield useful results, the reliability will depend on the design and interpretation of the survey, and on the study population. The results of a KAP might differ depending on the method of administration (e.g., self-administered, interview, focus group), design of the questions (e.g., open versus closed) and measurement scale used to classify the responses into levels. For an often-sensitive subject like MHH, responses to knowledge, attitude and practice questions may be affected by desirability bias. The design must consider the characteristics of the study population, including literacy level, and care is needed to formulate acceptable and easily understood language. For details and good practices on KAP surveys, refer to the Save the Children Operational Guidance on MHM (see resources section below).

Principles to remember when monitoring an MHH programme include:

- **Inclusion and participation**: Ensure that all menstruators have opportunities to give feedback on the programme, and that they are involved in the monitoring process.

- **Triangulation**: Use a combination of quantitative and qualitative data collection methods to assess and reinforce the reliability of monitoring results.

- **National systems**: Where possible, build MHH monitoring into existing government monitoring systems such as the education management information system (EMIS). The JMP's Core questions and Indicators for WASH in Schools includes an expanded indicator set that can be used for discussion with ministries responsible for education.

- **Documenting and sharing results**: To advance the global learning agenda, monitoring results can be most useful when they are documented, published, and disseminated to affected communities, and partners and used to adapt and scale up the programme. The MHM Virtual Conference is one dedicated forum to share results with a wider audience.

5.3 Reporting results within UNICEF

Outside of national monitoring systems, UNICEF has internal reporting requirements as part of our accountability for results. Under the UNICEF Strategic Plan and Gender Action Plan for 2018-2021, MHH results are tracked and reported in schools and in humanitarian response. The indicators used are in Table 7 below and are captured in the results framework of the Strategic Plan. MHH results are reported under Goal Area 4: Safe and clean environment, which includes WASH and other programme areas. In addition, UNICEF's internal monitoring systems includes 'strategic monitoring questions' (SMQs) that provide an opportunity to report further data on MHH, such as whether national WinS policies, standards, or guidelines include MHH, and the number of girls and women reached with MHH services in humanitarian settings.

UNICEF's results framework reflects the UNICEF commitment to realising the rights of all children, everywhere, and to achieving the vision of the 2030 Agenda, a world where no child is left behind. Equity considerations mean that MHH and other data collection should be tracked at disaggregated levels – by sex, age, disability, geography (rural/urban, region) and by countries in humanitarian crises, where possible.

TABLE 6: MHH IN UNICEF'S STRATEGIC PLAN RESULTS FRAMEWORK

OUTCOME STATEMENT 4: Sustained use of safe water and sanitation services and adoption of hygiene practices and strengthened systems for a clean and safe environment for all children, women, girls and boys, particularly the most disadvantaged and those affected by humanitarian situations.

OUTPUT STATEMENT 4.B: Countries have implemented programmes to increase equitable access to sanitation and hygiene and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

OUTPUT INDICATOR 4.B.1.	Number of institutions (through UNICEF-supported programmes): (a) Schools with separate sanitation facilities for girls and boys; (b) Schools with menstrual hygiene management services; and (c) Health centres that have basic WASH facilities.
OUTPUT INDICATOR 4.B.4. (HUMANITARIAN)	Number of institutions (through UNICEF-supported programmes): (a) Schools with separate sanitation facilities for girls and boys; (b) Schools with menstrual hygiene management services; and (c) Health centres that have basic WASH facilities.

To monitor the specific situation of adolescents at the national level, UNICEF and its partners have developed an **Adolescent Country Tracker** (ACT). The ACT, which is currently being populated with country data by UNICEF's data team, includes five indicators across five domains that have globally comparable data and are grounded in the SDGs. Currently, MHH is not included in the ACT, but there is an opportunity to include MHH indicators in the 'Country Specific Indicator' list at the bottom of the ACT matrix. It is strongly recommended that countries select an indicator related to MHH for inclusion in the ACT, given the significant impact the experience of menstruating has on all adolescent girls.

5.4 EVALUATION

Across UNICEF, various kinds of evaluation are carried out to assess programme and institutional performance in both humanitarian and development settings. Within UNICEF, the Evaluation Office is responsible for maintaining the evaluation function of the organisation. Evaluation is an exercise to determine as systematically and objectively as possible the worth or significance of an intervention, strategy or policy. By providing this information to programmes, evaluations help UNICEF to continually to improve performance and results, by supporting organisational learning and accountability.

Evaluation can be built into MHH projects, as a component of WinS, education, and health programming where possible, but requires foresight to ensure adequate investment of both human and financial resources and the application of relevant policy and guidance:

• Human resources: Adequately skilled staff and external consultants and sound technical and management skills. In MHH, this includes include gender and WASH expertise, and expertise in adolescent development and participation.

• Financial resources: UNICEF is committed to allocate a minimum of 1 per cent of its overall programme expenditure to evaluation.

• Application of policy and guidance: Use of UNICEF policy, norms & standards, and the guidance and tools for WASH evaluations.

MHH is often a gap in WASH in schools and education evaluations. Partially, this stems from the lack of a clear theory of change for MHH during programme design, as explained in **section 2.4**. When a clear theory of change is available for an MHH intervention, the next step is incorporating key MHH questions for qualitative and quantitative assessment during an evaluation. As MHH access is closely associated with gender power dynamics, during the evaluation phase, the programme impact on gender norms and relations should also be considered.

For staff who would like to conduct an evaluation, consider the following recommendations:

- Carry out programme design with evaluation in mind, to generate more evidence of the impact of different types of programmes. Implementing and evaluating different approaches to MHH enables comparison and informed decision making by governments as duty bearers and UNICEF as a support agency.

- Promote joint evaluations with other development partners and put the government in the driver's seat to generate lessons useful for policies and the entire sector. Joint evaluations are a more valuable use of resource than conducting an evaluation limited to a UNICEF-supported project and managed in isolation by UNICEF or its donors.

- Assess the scalability of the programme, as addressed in **section 2.5.** Small pilot projects may be undoubtedly successful, but too resource-intensive to be successfully integrated into national systems, which might limit the overall relevance of the programme as a model.

- Assess the quality of MHH skills and knowledge building in schools, health centres and communities, and the degree of integration between the three different delivery platforms.

- Conduct timely evaluations throughout the programme cycle, so that the results can be used for adaptive programme management. For example, a first 'real-time evaluation' might be carried out after the first year of programme implementation or at mid-term to inform course correction.

RESOURCES FOR SECTION 5

AUTHOR, TITLE AND LINK	RELEVANCE
Core Questions and Indicators for Monitoring WASH in Schools WHO/UNICEF Joint Monitoring Programme (2016)	This document presents recommended Indicators to support harmonised monitoring of WinS, as part of the SDGs. Questions help standardise definitions of 'basic' WASH services and service ladders, to enable easier monitoring pf progress. They are intended for use in national or sub-national facility surveys and census questionnaires, and include expanded questions for MHM in schools.
Core Questions and Indicators for Monitoring WASH in Health Care Facilities WHO/UNICEF Joint Monitoring Programme (2018)	This document presents recommended core indicators to support harmonized monitoring of WASH in HCF in support of the 2030 Agenda. The indicators include definitions for "basic" water, sanitation, hygiene, health care waste management and environmental cleaning. Each indicator is supported with a set of recommended questions for use in data collection, which allow classification of facilities in relation to "service ladders" that can be used to monitor progress.

UNICEF Guidance Note: Adolescent participation in UNICEF monitoring and evaluation.

UNICEF (2018)

Online forthcoming

This guidance note is designed to help UNICEF staff and partners understand and explore:

- What adolescent participation in M&E is and how adolescent participation can add value to monitoring and evaluation processes;
- If, why and how adolescents can be involved in monitoring and/ or evaluation activities in different contexts;
- The most important issues to consider when designing, planning and implementing adolescent participation in M&E;
- Existing tools and resources that can be used to support the realisation of meaningful adolescent participation in M&E.
- This guidance note is grounded in UNICEF's approaches to programme planning, monitoring, evaluation and adolescent participation.

Save the Children Operational Guidelines on MHM

Save the Children (2016)

(link) and accompanying documents (link)

The Save the Children MHM Operational Guidelines consist of three written chapters with corresponding appendices that provide explicit and comprehensive guidance on conducting an MHM situation analysis, designing an MHM programme and monitoring and evaluating an MHM programme. The MHM Guidelines were reviewed and piloted internally by Save the Children and reviewed by external MHM stakeholders (including UNICEF).

Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world

SHARE & WaterAid (2012)

Module 9 Research, monitoring and advocacy and all checklists in all toolkits

This resource brings together knowledge and practice on MH programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene.

Module 9 provides information on research, monitoring, and advocacy. In addition, all Toolkits provide checklists that can be valuable tools for monitoring.

Performance Monitoring and Accountability 2020

Johns Hopkins University

Performance Monitoring and Accountability 2020 (PMA2020) uses innovative mobile technology to support low-cost, rapid-turnaround surveys monitoring key health and development indicators, including WASH, MHM, and family planning. PMA2020 is currently active in 11 countries and has sub-national data sets on MHH in some countries, with an expanded set of questions.

Multiple Indicator Cluster Surveys

UNICEF

Since its inception in 1995, the Multiple Indicator Cluster Surveys, known as MICS, has become the largest source of statistically sound and internationally comparable data on women and children worldwide. The current version of the MICS 6 women's individual questionnaire includes 3 questions on MHH, meaning that data on MHH are starting to become available for some countries.

UNICEF Office of Evaluation
Internal **microsite**
Use of **UNICEF policy, norms & standards,** and **the guidance and tools for WASH evaluations.**

The Office of Evaluation microsite provides information and resources on the evaluation function at UNICEF.

ANNEX 1: KEY INFORMANTS

Sincere thanks to all of the key informants for the generosity in sharing their time and knowledge with us during interviews, responding to information and resource requests, and more broadly for their continued partnership with UNICEF on topics related to menstrual health and hygiene.

PARTNER AGENCIES	
BILL & MELINDA GATES FOUNDATION	Alyse Schrecongost, Program Officer, Urban Sanitation Markets
THE CASE FOR HER	Cristina Ljungberg, Co-founder
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JOHNS HOPKINS UNIVERSITY	Julie Hennegan, Research Associate in the Department of Environmental Health and Engineering
SAVE THE CHILDREN	Jacqueline Haver, Senior Specialist, School Health and Nutrition
UNFPA	Sylvia Wong, Technical Specialist on Adolescents and Youth
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WHO/UNICEF JOINT MONITORING PROGRAMME	Tom Slaymaker, Senior Statistics and Monitoring Specialist, WHO/UNICEF Joint Monitoring Programme for Drinking Water, Sanitation, and Hygiene
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ANNEX II: EXAMPLE MHH ASSESSMENT CHECKLIST

The following checklist has been adapted from the bottleneck analysis tool and the assessment questionnaire used for the 2016 East Asia & Pacific regional MHM assessment.

CATEGORY	CRITERIA	OBSERVATIONS & OPPORTUNITIES
Enabling environment		
Government leadership and commitment	☐ The ministry of education shows clear leadership for, and is engaged in, the area of MHH in schools ☐ The ministry responsible for sanitation and hygiene is engaged in MHH ☐ The Ministry departments responsible for adolescent development, health and wellbeing, sexual and reproductive health and rights and HIV/AIDS prevention incorporate MHH into their work ☐ Opportunities exist for professionals in country to learn about and gain confidence in supporting MHH	
Policy and targets	☐ Education policy, strategies and guidelines include MHH, including community-based programmes for out of school girls ☐ WASH policy, strategies and guidelines include MHH ☐ Health / HIV policy, strategies and or guidelines include MHH ☐ Three-star approach to WASH in schools includes MHH ☐ MHH references specify actions for reaching girls with disabilities, out of school girls, and transgender or non-binary persons ☐ Gender-related data is used for decision-making and programme prioritisation	
Budget and expenditure	☐ Costing done for MHH to inform budget allocation ☐ Public sector budget line at national, regional or district level earmarked for WinS ☐ Sector budgets include an (adequate) allocation to support MHH	
Coordination	☐ Lead agency identified with clear accountabilities, clear roles and responsibilities for each level (national, regional, district and local) ☐ Responsibility for MHH clearly allocated at each level between health and education ☐ Stakeholder mapping exists for MHH ☐ Some form of working group on MHH exists ☐ Religious groups involved in MHH	
Advocacy	☐ Co-ordination mechanisms for WinS or school health advocate for MHH ☐ Specific MHH-related advocacy events held (such as participating in Menstrual Hygiene Day)	

Monitoring and evaluation	☐ Expanded indicators on MHH are monitored through education management information systems, and this EMIS data is gender disaggregated ☐ Education system incentives/recognition structure includes gender outcomes ☐ Formative research or other studies have been undertaken to establish MHH taboos, norms and practices and the priorities of girls and women ☐ A monitoring mechanism exists for tracking progress of good MHH practice at the different levels ☐ Evaluations of WinS programmes consider MHH	

Supply

Supply	☐ There are arrangements for the procurement and distribution of WinS / MHH supplies and services, including rural schools ☐ A range of affordable sanitary protection products are available in the local market (re-usable and disposable options) ☐ Knowledge commonly exists on how to make home-made re-usable sanitary pads ☐ MHH supplies are easily available, culturally appropriate and affordable ☐ The poorest girls can access sanitary protection materials and associated items ☐ Schools keep a supply of sanitary protection materials for emergencies and girls know where they can access them	
Facilities	☐ Day school and boarding school facilities allow girls to manage their menstruation, for all religions and disability status ☐ Boarding school facilities incorporate extra design features for the MHM needs of girls throughout the day and night ☐ Facilities include a private place to change and bathe/wash ☐ Facilities include safe, hygienic and discrete locations to wash, dry or dispose of sanitary protection materials ☐ WASH facilities are culturally appropriate, disability accessible and well-maintained ☐ A sustainable and safe waste disposal chain exists for the collection and end disposal of sanitary protection materials	
Learning	☐ Learning and teaching materials on MHH are available in country and in different formats to be accessible for girls with different types of disabilities and girls with low literacy ☐ MHH is taught in the school curriculum to girls and boys ☐ School health clubs or other out-of-classroom activities for girls and boys incorporate MHH	

Programme quality

Standards and guidelines	☐ National WinS standards include MHH and are made available at every level (e.g., sub-national, school, community) ☐ MHH implementation guidelines and instructional materials have been developed and made available at every level ☐ Standards and guidelines address vulnerable girls, including out of school girls and girls with disabilities	
School-based management	☐ MHH is included in school management documents (e.g. school improvement plan, annual plan) ☐ MHH is included in school budgets ☐ MHH is included in school rules or norms	

Curriculum and activities	☐ School curriculum includes MHH (integrated into subjects such as biology, life-skills, health, HIV prevention) ☐ Community-based education or health programmes include MHH ☐ National guidance is provided for school health clubs or other out-of-classroom activities to incorporate MHH	
Quality of teaching	☐ Standard teacher training includes MHH and how to support female students in MHH ☐ Training is available on MHH for teachers through stand-alone professional development short courses	
Parental involvement	☐ MHH is discussed at the Parents and Teachers Association meetings ☐ Parents have the opportunity to learn about MHH and how to support their children	

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Country office commitment to MHM	☐ UNICEF country office recognises MHH as an important issue in its country context and programmes ☐ UNICEF Country Programme Document specifically mentions MHH ☐ UNICEF section strategies mention MHH (education, WASH, health, protection) ☐ UNICEF coordinates across sections on MHH	
Country office monitoring of MHH results	☐ UNICEF monitors MHH or sanitation/hygiene through the Adolescent Country Tracker ☐ Country office report son MHH is in country office results reporting, such as Results Assessment Module (RAM), ☐ Strategic Monitoring Questions (SMQs), and Country Office Annual Report (COAR)	
UNICEF-funded programmes include MHM	☐ UNICEF has prepared WASH, education, or health funding proposals that include MHH ☐ UNICEF requires partners working on WinS to integrate MHH into their programmes ☐ MHM studies or evaluations have been undertaken with UNICEF funding or inputs	
Country office support to enabling environment	☐ UNICEF has provided support (resources, advice, encouragement) to government to strengthen the enabling environment related to MHH ☐ UNICEF advocates for the inclusion of MHH in WinS coordination mechanisms in country	
Country office support to humanitarian response	☐ UNICEF prepositions MHH supplies for emergencies or has long-term agreements (LTAs) with suppliers ☐ UNICEF contingency Programme Cooperation Agreements (PCAs) for WASH and education that include MHH WASH cluster has agreed standards for MHH ☐ UNICEF coordinates with health, gender, education, and protection clusters (as established in the country) on MHH preparedness and response ☐ WASH consultation processes include guidance on consulting girls and women ☐ WASH assessment forms include questions related to protection and MHH	

ANNEX III: JMP CORE QUESTIONS AND INDICATORS FOR MONITORING WASH IN SCHOOLS RELEVANT TO MHM

The following is extracted from the JMP's Core questions and indicators for monitoring WASH in schools in the Sustainable Development Goals, and was prepared as background to the November 2016 International Learning Exchange on WASH in schools held in Jakarta, Indonesia.

The JMP service ladder for WASH in schools defines a basic service level for drinking water, sanitation and hygiene in schools. Multi-level service ladders for monitoring WinS enable countries at different stages of development to track and compare progress in reducing inequities. There are separate ladders for drinking water, sanitation and hygiene[26]. Within each category, the core service ladder includes three levels: no service, limited service, and basic service, where the 'basic' service threshold corresponds to the SDG indicator for Target 4.a[27].

DRINKING WATER	SANITATION	HYGIENE
Advanced service: Additional criteria may include quality, quantity, continuity, and accessibility to all users	**Advanced service:** Additional criteria may include student per toilet ratios, menstrual hygiene facilities, cleanliness, accessibility to all users, and excreta management systems	**Advanced service:** Additional criteria may include hygiene education, group handwashing, menstrual hygiene materials, and accessibility to all users
Basic service: Drinking water from an improved source and water is available at the school at the time of the survey	**Basic service:** Improved sanitation facilities at the school that are single-sex and usable (available, functional and private) at the time of the survey	**Basic service:** Handwashing facilities with water and soap available at the school at the time of the survey
Limited service: Drinking water from an improved source but water is unavailable at the school at the time of the survey	**Limited service:** Improved sanitation facilities at the school that are either not single-sex or not usable at the time of the survey	**Limited service:** Handwashing facilities with water but no soap available at the school at the time of the survey
Limited service: Drinking water from an unimproved source or no water source at the school	**Limited service:** Unimproved sanitation facilities or no sanitation facilities at the school	**Limited service:** No handwashing facilities available or no water available at the school
Note: Improved sources include piped water, boreholes or tubewells, protected dug wells, protected springs and packaged or delivered water. Unimproved sources include unprotected wells, unprotected springs and surface water.	Note: Improved facilities include flush/pour flush toilets, ventilated improved pit latrines, composting toilets and pit latrines with a slab or platform. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.	Note: Handwashing facilities may be fixed or mobile, and include a sink with tap water, buckets with taps, tippy-taps and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent and soapy water but does not include ash, soil, sand or other handwashing agents.

[26]The service ladder associated with handwashing facilities is under 'hygiene', to allow for greater breadth within the 'advanced' service level, including menstrual hygiene education and products.

[27]SDG Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

Core indicators relevant to MHM:

Indicator 2: Proportion of schools with single-sex basic sanitation
Definition: Proportion of schools (including pre-primary, primary and secondary) with **improved** *sanitation facilities at the school, which are* **single-sex** *and* **usable**

Indicator 3: Proportion of schools with basic handwashing
Definition: Proportion of schools (including pre-primary, primary and secondary) with **handwashing facilities***, which have* **soap and water available**

Core sanitation questions relevant to MHM:
Question **S3** solicits information about single-sex toilets. An alternative to questions S2 and S3 is provided for countries or surveys with capacity for matrix style questions and interest in toilet quantities by sex and/or usability:

S3. Are the toilets/latrines separate for girls and boys?	Note
Yes	Single-sex toilets means that separate girls' and boys' toilets are available at the school, or that it is a single-sex school and has toilets[28]. To be considered separate, facilities should provide privacy from students of the opposite sex, but this definition should be further defined based on local context, as needed. For schools that have separate shifts for girls and boys (i.e. girls attend the school at a separate time from boys), pending local culture, the response could be 'Yes' since at the time of use, the toilets are only for girls. This question may not be applicable in pre-primary schools.
No	

Core hygiene questions relevant to MHM:
To date, WASH in schools monitoring has focused on water and sanitation coverage, despite evidence that handwashing with soap may provide an even greater health impac[29]. This focus has been changing recently, with the inclusion of handwashing facilities within the indicator definition for WinS in the SDGs, and a small number of countries already including questions about handwashing facilities in their EMIS questionnaires. The core hygiene questions support increased monitoring of this important aspect of WinS, including not only the presence of infrastructure (Question H1), but also the provision of soap and water (Question H2).

H1. Are there handwashing facilities at the school?	Note
Yes	A handwashing facility is any device or infrastructure that enables students to wash their hands effectively using running water, such as a sink with tap, water tank with tap, bucket with tap, tippy tap, or other similar device. Note: a shared bucket used for dipping hands is not considered an effective handwashing facility.
No	

H2. Are both soap and water currently available at the handwashing facilities?	Note
Yes, water and soap	To be considered available, water and soap must be available at one or more of the handwashing facilities at the time of the survey or questionnaire. If girls and boys have separate facilities, soap and water should be at both. Soapy water (a prepared solution of detergent suspended in water) can be considered as an alternative for soap, but not for water, as non-soapy water is needed for rinsing. Surveys may choose to add other response categories for ash or alcohol hand rub, but these should be kept as separate categories from soap to support SDG monitoring.
Water only	
Soap only	
Neither water or soap	

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[28]Based on the UNESCO-UIS definition

[29]Cairncross, S. et al. (2010) 'Water, sanitation and hygiene for the prevention of diarrhea.' In International Journal of Epidemiology. 39(1):i193-i205. Available at **https://academic.oup.com/ije/article/39/suppl_1/i193/703351.**

Where these questions do not address all national priorities for WinS and there are additional monitoring capacities, relevant questions from the expanded set could be added, such as questions regarding menstrual hygiene management (MHM) or accessibility for those with limited mobility (see Annex A).

Expanded sanitation indicators specific to MHM:
While usability of facilities, including availability, functionality and privacy, is included in the core question set **(S2)**, the expanded questions include aspects of acceptability that may be more challenging to monitor, such as cleanliness and facilities for menstrual hygiene management (questions **XS1-5**).

Acceptability

XS1. Is water and soap available in the girls' toilet cubicles for menstrual hygiene management?	
Yes, water and soap	
Water only	
Soap only	
Neither water or soap	

Note
Check yes if water and soap are available for discrete personal hygiene (hand and body washing), cleaning clothes/uniform, and washing reusable menstrual hygiene products (as applicable). This question is not applicable in pre-primary schools.

XS2. Are there covered bins for disposal of menstrual hygiene materials in girls' toilets?	
Yes	
No	

Note
This question is not applicable in pre-primary schools.

XS3. Are there disposal mechanisms for menstrual hygiene waste at the school?	
Yes	
No	

Note
Disposal mechanisms can include incineration or another safe method on-site, or safe storage and collection via a municipal waste system, as appropriate. This question is not applicable in pre-primary schools.

Expanded hygiene questions specific to MHM:

The quality of hygiene services, including group handwashing, products and education related to menstrual hygiene management, and solid waste management, are captured in questions XH5-7, which may be more applicable in some contexts than others. In addition to these, questions are provided that relate to bathing and washing areas, which are mostly specific to the current global norms for boarding schools, but may be applicable in day schools, in some contexts.

Availability

XH6. Which of the following provisions for menstrual hygiene management (MHM) are available at the school?	
Bathin areas	
MHM materials (e.g. pads)	
MHM education	

Note

Bathing areas are separate from latrines and toilets. The design may vary based on local context, but at minimum should have water and soap inside and be private (have closable doors that lock from the inside, and no holes, cracks, windows or low walls that would permit others to see in). **MHM material** types may vary based on local context. Availability may be via free distribution or for purchase. **MHM education** should be institutionalised (i.e. regularly taught in class or through a regular school program) to be considered as a response for this question.

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