



# Menstrual hygiene management in schools in South Asia

## Synthesis report





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Written by Tracey Keatman, Sue Cavill, and Thérèse Mahon

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## Acronyms

**CBE** Community based education; **CFS** Child-friendly schools; **DISE** District Information System for Education, India; **EMIS** Education Management Information System; **GPE** Global Partnership for Education; **ILE** International Learning Exchange; **JMP** Joint Monitoring Programme; **KAP** Knowledge, attitude, practice (and behaviour); **MH** Menstrual health; **MHM** Menstrual Hygiene Management; **MHM-PA** MHM Practitioners' Alliance, Nepal; **MoE** Ministry of Education; **MoH** Ministry of Health; **NGO** Non-governmental organisation; **O&M** Operations and maintenance; **P&G** Procter and Gamble; **ROSA** Regional Office – South Asia (UNICEF); **SACOSAN** South Asian Conference on Sanitation; **SB:SV** Swachh Bharat: Swachh Vidyalaya, India; **SDG(s)** Sustainable Development Goal(s); **SH&NSs** School health and nutrition supervisors; **SMC** School management committees; **SRH** Sexual and reproductive health; **UNICEF** United Nations Children's Fund; **WASH** Water supply, sanitation and hygiene; **WHO** World Health Organization; **WinS** WASH in schools; **WSSCC** Water Supply and Sanitation Collaborative Council.

# Summary

## Progress

### Enabling environment

Several governments have started to integrate good menstrual hygiene management (MHM) practices into national norms, standards or guidelines related to water, sanitation and hygiene (WASH) in schools (WinS). Many national education, WASH and sexual reproductive health (SRH)-related policies and strategies recognise the importance of MHM in WinS.

### MHM-friendly WASH facilities

Significant progress has been made on ensuring that separate toilets are available for girls and boys; and, in some cases, there are additional spaces for managing MHM.

### Accurate, age-appropriate, pragmatic information

To address the lack of appropriate MHM educational materials, efforts have been made to improve teachers' capacity and resources. Another approach encourages peer-to-peer MHM learning. The use of IT and social media has helped accelerate outreach.

### Social support

School management, teachers and parents are increasingly aware of the MHM needs of girls and female staff. School-based health and nutrition services or counselling services support girls to get advice on menstruation, request painkillers or sanitary materials, or find space to rest.

## Materials and their effective disposal

Cloth remains most common, particularly in rural areas. There are many initiatives to promote locally made, reusable sanitary materials. Brands of sanitary pads are widely available across the region, but in many places the supply chain is weak.

## Gaps and challenges

### Enabling environment

National government engagement and leadership on MHM varies across the region. There are a number of activities at pilot scale, rather than a comprehensive response. Few countries monitor MHM in national monitoring systems. Hard-to-reach women and girls face multiple MHM challenges in school, especially those marginalised by geography, caste or ethnicity, disability, disasters, and the ultra-poor.

### MHM-friendly WASH facilities

Effective operation and maintenance (O&M) of school WASH facilities remains a major challenge. Where facilities exist, they may not be MHM-friendly. In some countries, O&M is chronically under-funded. Some of the greatest MHM challenges relate to the lack of systems and supply chains for hygiene 'software'.

### Accurate, age-appropriate, pragmatic information

A wide range of myths, taboos, norms and traditional beliefs and practices around menstruation persist across South Asia, affecting the ability of girls and women to manage their periods. Integrating MHM into the school curriculum remains a challenge, alongside teachers' confidence to teach the subject.



## Social support

There is a need to build the capacity of parents, other relatives and the community to ensure MHM in schools has traction and efforts are sustainable.

## Materials and their effective disposal

Widespread adoption of disposable sanitary pads varies, due to the cost and lack of disposal options in schools, which remains an underdeveloped aspect of most MHM services. A long-term view is needed across the entire service chain for supply and disposal.

## Opportunities

**Cross-sectoral integration and coordination:** Regionally, there is a shift to consider menstrual health more broadly. This requires better cross-sector collaboration, particularly between WASH, health and education to build national convergence.

**Materials and supply chains:** Wider engagement with the private sector may accelerate progress, including linking with waste management service providers and encouraging social responsibility among commercial pad suppliers around disposal.

**Quality programme design and monitoring:** A better understanding of programme costs and outcomes to determine what programme elements can work at scale is needed. Sustainable Development Goals (SDGs) monitoring offers an opportunity to get an MHM indicator in national Education Management Information Systems (EMIS) and incentivise action.

## Information and communication platforms:

Efforts to ensure MHM is included in the curriculum are underway in several countries. MHM actors are also beginning to emphasise girls' voices to challenge social norms around menstruation and demand accountability for better facilities in schools.

**Equity:** Efforts aimed at 'leaving no one behind' are underway, including safer and more accessible school facilities, especially for girls with disabilities; however, this remains a gap. Reaching girls in remote or inaccessible regions that lie beyond normal supply chains requires more attention.

# 1. Background to the report

## Menstrual hygiene management – a definition

The Joint Monitoring Programme (JMP) of WHO and UNICEF, has proposed the following definition of menstrual hygiene management (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.”*

There is increasing recognition that menstrual hygiene is a multi-sectoral issue that requires integrated action particularly from the WASH, education, health, adolescents, protection and gender sectors. As the body of research on the importance of MH for girls expands, there is a growing interest in addressing it, especially through WASH in Schools (WinS) programmes. Numerous studies have shown that the lack of MHM-friendly facilities, information, MH materials and social support for schoolgirls and female teachers is a barrier to their full participation in school and thus to quality education.

The South Asia region has been at the forefront of innovation in policy and practice to ensure that WASH services, including those in schools, pay attention to the needs of menstruating girls and women. Government bodies, development agencies, academic institutions, civil society organisations and social enterprises have all been active in generating evidence and pioneering approaches for MHM. The South Asian Conference on Sanitation (SACOSAN) series

and WinS International Learning Exchange (ILE) platforms have played a significant role in mobilising action on this critical issue.

UNICEF and WaterAid are among the organisations that have incorporated MH and MHM into WinS programmes in order to help girls and women overcome the associated stigma and marginalisation. Integrating MHM into WinS has the potential to empower students and teachers, and especially encourages girls and female teachers. The importance of MHM at school has been acknowledged through the inclusion of related indicators in the monitoring guidance for WinS that relates to the Sustainable Development Goal for education (SDG4) and various national policies, guidance and plans.

Significant experience of developing effective WinS programmes has been amassed and several countries in the South Asia region have undertaken formative research to better understand current MHM practices and the barriers girls face in schools. The findings have shaped the inclusion of gender-sensitive MHM into existing national WinS programmes,

as well as informing advocacy actions for increased national leadership by Ministries of Education on MHM to ensure that MHM gets much-needed attention in planning, monitoring and evaluation. Mechanisms have also been tested to hold duty bearers accountable to provide MHM-friendly WASH services.

Despite this progress, critical gaps remain: ensuring more inclusive MHM programming that effectively targets hard-to-reach women and girls, for example those marginalised by geography, caste or ethnicity, disability, disasters and the ultra-poor; better national monitoring of MHM services in schools; and more effective approaches for safe disposal of menstrual waste.

## Purpose of this analysis

Across South Asia, UNICEF, WaterAid and many others have been generating evidence on WinS programmes that address MHM. To drive change on the ground it is essential to review progress, identify successful approaches and innovations that can be scaled up, and to ensure that the voices of women and girls are heard, so that solutions effectively address their needs and promote their rights. This review has conducted a comparative analysis and synthesised country level experiences from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka to assess the regional status of MHM in WinS and identify progress, gaps and priorities, as well as disseminate country-level information, lessons and good practices. The analysis has mainly focused on understanding the MHM situation in government schools, but also refers to private, residential or boarding schools, and religious schools including nunneries.

## Methodology and limitations

The analytical framework for this analysis incorporated elements of the following: MHM in Ten<sup>1</sup> global priorities – each of the five priorities (see below) were coded and mapped in the analytical framework; UNICEF Bottleneck Analysis<sup>2</sup>; and WaterAid's School WASH Guidelines.<sup>3</sup> The authors also reviewed other recent WinS and MHM research and analysis frameworks<sup>4</sup> to assess latest thinking on how to improve programming and enhance advocacy and policy influencing on both topics.

Qualitative methods were used; these included a wide-ranging literature review and interviews with MHM practitioners and advocates in each country and with those working at the regional or global level. Given UNICEF's and WaterAid's lead on the analysis, initial interviews were conducted with each organisation's WinS and MHM staff members who then identified other interviewees at national and regional levels, including government, national MHM working groups, INGOs and donor partners.

The analysis was conducted relatively quickly (over three months) and several limitations were faced. Given the time frame, it was not possible to conduct an exhaustive review of the context and situation in each country – the aim has been to provide a brief overview of the status and journey of MHM in WinS in each to contribute to national analyses and help the drive towards widespread MHM in schools. Any gaps in the analysis or interpretation should be attributed to the authors and not to in-country stakeholders.

## MHM in Ten: Priorities for Menstrual Hygiene Management in Schools, 2014-2024

**Priority 1:** Build a strong cross-sectoral evidence base for MHM in schools for prioritisation of policies, resource allocation and programming at scale.

**Priority 2:** Develop and disseminate global guidelines for MHM in schools with minimum standards, indicators and illustrative strategies for adaptation, adoption and implementation at national and sub-national levels.

**Priority 3:** Advance the MHM in schools movement through a comprehensive, evidence-based advocacy platform that generates policies, funding and action across sectors and at all levels of government.

**Priority 4:** National governments will have allocated responsibility for the provision of MHM in schools to specific government entities, including adequate budget and M&E; and will report through global channels and to constituents.

**Priority 5:** Integrate MHM and the capacity and resources to deliver inclusive MHM into the education system.

Ref: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001962>

## Structure of the report

The following report firstly explores the current **situation of MHM in WinS programmes in South Asia** reflecting on some of the recent progress made and prevailing challenges (sections 2 and 3). The subsequent three sections consider MHM in schools through the lens of three inter-linking themes from the analytical framework: **the policy/legal frameworks** and the **educational context for MHM in schools** (section 4); the effective **implementation of WinS MHM programmes** including both provision of services (facilities and hygiene education/behaviour change) and related advocacy and monitoring (section 5); and finally, efforts to ensure **sustainable management of MHM services in schools** (section 6). The final section of the report (section 7) draws together opportunities for further promoting and mainstreaming of MHM in schools in South Asia.



## 2. Overview of education and adolescence in South Asia

In absolute numbers, South Asia is home to more adolescents – around 340 million – than any other region (UNICEF, 2016)<sup>5</sup> and India has the world's highest number of 10-24-year-olds, with an estimated 356 million.<sup>6</sup> Clearly, around half of these adolescents are female.

Menarche is a critical marker of adolescence for girls. At adolescence, gender differences become more visible and gender inequalities may also take hold, thus “puberty can mark an accelerating trajectory into inequality”.<sup>7</sup>

“It felt like we are not allowed to do anything now... When we did not have our menstruation, we were allowed to go anywhere but now they say that we must not go anywhere.” (Schoolgirl in Nepal)<sup>8</sup>

However, adolescence is also a point in life where it is possible to effect change – educating adolescent girls is reported to bring substantial returns, including faster economic growth, reduced child marriage, delayed pregnancy, increased well-being, fostering democracy and improving women's political participation.<sup>9</sup>

MHM services in schools seek to address practical needs, by supporting girls to manage blood flow and maintain bodily hygiene while at school as well as to challenge social norms that restrict their opportunities, self-efficacy (power) and life chances.

### Universal education

Efforts to achieve universal education are typically enshrined in many countries' constitutions and education policies; these are also informed by the SDGs and the Global Partnership for Education's goals. With the adoption of the SDGs, there is a clear focus on institutional water, sanitation and hygiene

(WASH), including in school settings. The SDG framework offers opportunities to work more closely with other sectors on delivering target 4.a of SDG4 – the Global Education Goal: “Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all”. Recognition of the importance of inclusive school WASH to educational achievement has been specifically expressed in the SDG indicator 4.a.1.<sup>10</sup>

### MHM global impact

MHM is essential for the attainment of targets within several of the SDGs:

**SDG 6 (water and sanitation)** “hygiene and the specific needs of women”.

**SDG 4 (quality education)** “including gender sensitive infrastructure”.

**SDG 3 (good health and well-being)** “including reproductive health”.

**SDG 5 (gender equality)** “end all forms of discrimination and empower all girls”.

MHM can contribute to the achievement of two out three goals of the Global Partnership for Education strategy:

**Goal 1** – Improved and more equitable learning outcomes

**Goal 2** – Increased equity, gender equality, and inclusion

MHM requires a cross sectoral response involving education, reproductive health, gender and WASH, to reach all girls.

## Girls' access to school

In some countries in South Asia **access to schools** is compromised by there being too few schools to meet demand, a lack of nearby schools for girls to safely travel to (especially in distant rural or hard-to-reach locations) and post-conflict or humanitarian response situations. In Afghanistan for example, 44% of the population are under 15.<sup>11</sup> In 2015, 39% of children enrolled were girls,<sup>12</sup> however, this figure conceals provincial disparities where girls' enrolment varies between 14-47%.<sup>13</sup> In contrast, in the Maldives, where some 40% of the population are under 14, 49% of school-age children enrolled in school were girls.<sup>14</sup>

In terms of **regular attendance** at school, insecurity, poverty, social norms and practices, and a lack of trained female teachers exacerbate girls' drop-out rates. Supporting adolescent girls to stay in school once they start menstruating is challenging in many country contexts. Many girls report not attending school (or their parents keep them at home), at least for some of the time, when menstruating – a growing body of mostly qualitative research from across the region<sup>15</sup> suggest that more than a third of girls miss school for 1-3 days per month during their period.

Although it is hard to robustly measure and assess the true impact of menstruation on school attendance, the evidence generated through various formative analyses and knowledge, attitude and practice (KAP) studies shows a link. Such research also highlighted that there are other voiced and/or measured impacts of poor MHM services in schools, whereby girls report lower participation in school activities, reduced levels of concentration and confidence, and poorer mental and social well-being. For example, 31% girls in Bangladesh reported that menstruation affected their school performance.<sup>16</sup>



WaterAid/Sushma Diyali

"I don't feel like going to school during my menstruation because of various reasons, such as hygiene and unavailability of pads and rooms for changing them. If we have girls-friendly toilets in our schools, I along with my friends would be really happy, and we would not have to miss out on our classes."  
Sushma, 15, Sindhuli, Nepal.

## 3. Overview of MHM services in school settings in South Asia

MHM services in schools refers to **WASH facilities and supplies, support and information**. Girls' attendance and retention in schools drops in the transition between primary and secondary school, and is further compromised by inadequate WinS and MHM services.

### What is needed for MHM services in schools?

**MHM-friendly WASH facilities:** adequate number, in a safe location, age specific, gender-segregated, clean and provide privacy, with features such as doors, internal locks, easy access to water supply for washing hands, body and stains from clothes, lighting and rubbish bin with lid inside toilet cubicles for disposal and associated waste disposal chains, handwashing stations with soap and water, and mirrors. Management and accountability mechanisms should be in place to ensure MHM services are provided in a sustainable manner.

**Accurate, age-appropriate and pragmatic information:** text books that provide practical MHM guidance as well as the biology. Girls report preferring to receive information before menarche, as well as afterwards.

**Social support:** Girls do not want to be teased or subject to restrictions and taboos while menstruating. Practical and emotional support is required from peers (e.g. forums where girls can talk and exchange experiences), men, boys, teachers and parents. This includes ensuring everyone receives information about MHM so they can understand what girls are experiencing and can provide support (e.g. resources, guidance, patience, etc.) to help break down barriers.

[Continued >](#)

**Materials and their effective disposal:** Girls want to use (and dispose of) their preferred materials for sanitary protection and have the possibility of accessing emergency supplies in school if needed. Access to pain relief could also help improve concentration in class.

Good progress has been made in the region on improving the availability of WASH facilities in schools in recent years and many countries have included WinS standards into their policy and programming guidelines (see section 4). For school sanitation, there was a 21% reported increase in coverage from 2008-2013 in South Asia (UNICEF, 2015).<sup>17</sup> South Asia has the reputation as a region that has championed MHM in WinS as well as leading innovation in the approach.

### MHM-friendly WASH facilities in schools

The Colombo Declaration from the fourth SACOSAN in 2011 included a commitment by the delegations from all eight countries to: "raise the profile of WASH in schools with the objective of ensuring that every new and existing school at every educational level has functioning, child-friendly toilets, separate for girls and boys, with facilities for menstrual hygiene management."<sup>18</sup> In Sri Lanka, for example, the Colombo Declaration commitment drew increased attention from the MoE and donors and there is now a Sri Lankan Government goal to reach universal sanitation coverage by 2020 and to mainstream MHM in schools.

## WinS service levels and girls' access to sanitation

The WHO standard ratio for gender-separated toilets to girls in school is 1:25. Many countries in the region aim to reach this standard and include it in their WinS policies or guidelines (e.g. Bhutan). Other countries' standards range between 1:20-1:67. Several assessments, varying in their sample sizes and rigour, demonstrate that few countries are meeting their own standards. Although these figures are often not very comparable across countries as data collected varies widely, they do provide an indication of the challenge faced by many schoolgirls in the region. Some countries report good progress towards meeting standards, such as the Maldives where an assessment of 41 schools found a ratio of 1:39 (2013). Others are progressing less well: in Bangladesh, the National Hygiene Baseline Survey found a ratio 1:187 children, and in Nepal, EMIS (2014/15) reported 1:69, although a WaterAid study (2016) found that the ratio of gender separate toilets was 1:115 in Sindhuli, 1:170 in Udaypur and 1:74 in Siraha.

## Afghanistan

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**69%** of schools have drinking water

**67%** of schools have functional sanitation facilities (MoE, EMIS 2015)

## Bangladesh

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**94%** of secondary schools have access to water

**98%** of secondary schools have improved toilet facilities (BNHBS, 2014)

## Bhutan

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**94%** of schools have access to improved water

**97%** of schools have toilets (<http://washinschoolsmapping.com/projects/bhutan.html>)

## India

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**74%** of schools have drinking water

**61.9%** of schools have separate toilets for girls (ASER Report 2016)



## Maldives

85% have a functioning water system

97% have functioning sanitation facilities (MOE, 2013)

## Nepal

78% have water supply facilities

82% access to toilets (DoE, EMIS, 2015/16)

## Pakistan

86% of high schools have drinking water

89% of high schools have sanitation (EMIS 2015/16)

## Sri Lanka

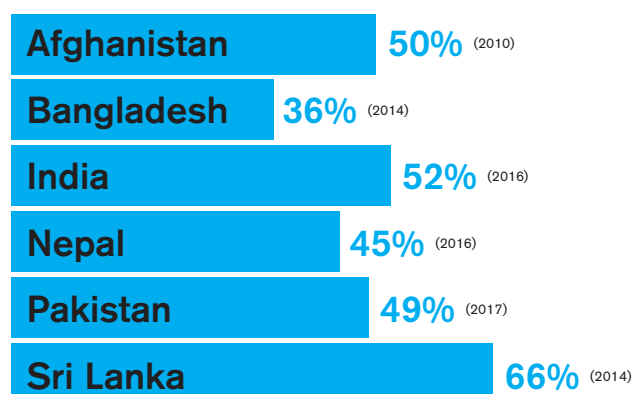
88% have water

98% have adequate sanitation facilities (MoE, 2017)

High school/secondary school services levels are quoted (where data has been collected and differentiated); definitions vary across countries, e.g. access, improved, adequate; data may not include non-government schools, e.g. in some countries, private schools are not included although they may often be in a worse condition.

Increasing MHM in WinS and expanding WinS coverage in general remains vital, but the sustainability and quality of services should now be prioritised. If facilities are inadequate, non-functional, insecure and dirty, girls will not use them to address their sanitation or MHM needs.

## Percentage of girls who do not receive information about periods before menarche<sup>19</sup>



Where girls do learn practical ways of managing MH, this is sometimes compromised by taboos or cultural restrictions (e.g. body washing being prohibited during periods) or a lack of facilities, materials and disposal options. A wide range of **myths, taboos, norms and traditional beliefs and practices around menstruation** persist across South Asia<sup>20</sup> which impact on girls' and women's ability to manage their periods. In many countries, there are restrictions on girls' activities during menstruation – particularly related to religious activity, food and social participation.

## MHM taboos, restrictions and norms

Recent formative research and KAP analyses, some of which were limited in their reach and may not be generalisable to the whole country concerned, found that common myths and restrictive practices include:

### Taboos regarding menstrual blood

70% of girls do not bathe during menstruation for fear of infertility (Afghanistan). Drinking water, bathing or washing your hair during menstruation increases flow (Sri Lanka). Girls often turn to their mothers for information and support, but 70% of mothers consider menstruation “dirty,” further perpetuating taboos (India) (UNICEF, 2015).

### Restrictions around food

In Bangladesh, 59% of girls avoided white foods such as (banana, egg, milk) and 53% avoided sour foods such as (fruits, olive, tamarind) (Ritu Baseline, 2017); in Pakistan there are dietary restrictions around drinking cold water, not eating spicy food, eggs, beef and fish. The food restrictions on girls may have implications for their nutritional status – particularly where girls are already undernourished or at risk of anaemia.

### Constraints on freedom of movement

In Bangladesh, the Ritu Baseline Study (2017) found that 76% of girls avoided physical exercise during menstruation; 68% of girls also refrained from being near men and boys; 96% of girls avoided being in a sacred space or conducting religious activities. In the mid- and far west region of Nepal, chhaupadi (a social tradition of seclusion outside the home during menstruation) persists. (PSI, 2017).

### Religious observance

A recent KAP study on MHM in Bhutan (2017) found that 64% of school girls thought that a woman must not enter a shrine or temple and 21% thought that women are susceptible to possession by an evil spirit during menstruation. Studies from Maharashtra and Tamil Nadu in India have shown that during menstruation, girls are asked to stay away from religious spaces, kept in isolation, not allowed to play outside, or go to school. In Pakistan and Maldives, relaxation of religious observances such as prayer were noted.

Where information and hygiene education is provided at school it is typically physiological in nature rather than referring to sexual and reproductive health (SRH) or hygiene management. In some cases, even this biological information is reportedly vague or insufficiently explained, with girls often not actively taught the details but left to read information on their own.

“In qualitative data, we found that girls had a vague idea about the cause of menstruation, but only a few were able to be specific. Girls, mothers, and teachers commonly told us that menstruation was the body disposing of bad or ‘impure’ blood.”<sup>21</sup>

Due to the lack of information, support and guidance, girls often try to hide their period to avoid shame and embarrassment. For example, in Sri Lanka, a KAP analysis<sup>22</sup> highlighted that only 41% of girls had good overall knowledge of MHM. Girls require information that focuses more on personal management strategies including the safe management of sanitary materials and their safe reuse/disposal.

## Social support

Women can play a role in challenging restrictions and practices that limit girls ability to stay in school after menarche. In Nepal, Pakistan and India, for example, mothers are the most immediate source of information and support during menstruation. However, without the right information, female relatives and teachers can play a role in perpetuating cultural and religious taboos around menstruation. In Sri Lanka, a KAP study<sup>23</sup> of over 1,000 students found that a reported 60% of parents do not allow their daughters to go to school during their period. There is a clear need build the capacity of parents and other relatives to support MHM as well as link with the wider school community (e.g. through girls/peer support groups) to ensure that MHM is supported in schools and that efforts are sustainable.

WaterAid/Abir Abdullah



“Before, if I played football during menstruation my family would say maybe you shouldn’t go out now. But IDEA taught us how to take care of ourselves so now I can play even during menstruation. My mother has always encouraged me. She wants me to follow my dreams in life.” Shamoli, 14, with her mother, Sugha, Sylhet district, Bangladesh.

## Putting the men in menstruation: the role of men and boys in community MHM

WaterAid India and Vatsalya’s *Breaking the Silence* programme in Uttar Pradesh is working with the whole school community and service providers to change perceptions around MHM to increase the use of sanitation infrastructure and to improve disposal of sanitary materials. The programme proactively engaged boys and men – including for example, school peers, sanitation masons, head teachers and education department decision makers – as well as other members of the school and local community; it demonstrated the potential impact of multi-stakeholder MHM activities. A qualitative assessment showed that the involvement of males generated a more positive environment for establishing MHM counselling centres and supporting women’s involvement with them (WaterAid, 2015). Other programmes have also highlighted the need to carefully tailor messages for and proactively include teachers, mothers, school management and district/block level leaders to address their own barriers to promoting better MHM in schools.

## Menstrual hygiene products and materials

Across the region, women and girls typically use cotton cloths, sanitary pads or other absorbents, rather than products that can be inserted into the vagina such as tampons or menstrual cups,<sup>24</sup> to manage blood flow during menstruation. Although there has been widespread promotion of sanitary pads in some countries and some government programmes provide pads for girls in schools (e.g. Menstrual Hygiene Scheme in India), long-term adoption rates are mixed due to the on-going costs and the lack of disposal options in schools.

The accessibility, affordability and cost of commercially available pads varies across the region and within each country. Typically, rural girls have lower access compared to urban girls. International and national disposable pad brands are available in most countries in South Asia, though many girls cannot afford them or cannot persuade parents and other family members to prioritise their purchase.

In some countries, reusable pads and cloths are not dried openly in the sun after washing, but left to dry hidden in drawers or the rafters of roofs, due to socio-cultural beliefs about menstruation and the visibility of menstrual blood. Another issue to consider is how pad usage affects girls and their disposal practices.

“Disposing of pads or cloths was stressful for most participants because it was important that others did not see them. If others saw cloths or pads, many believed that they could curse the menstruating woman or girl, through ‘evil eye’, and as a result, the woman would have heavy bleeding, pain or become infertile. This was an important reason for women and girls to wash cloths before they disposed of them, but this was not possible with pads, making this a big disadvantage to using pads.”<sup>25</sup>

Disposal options for used sanitary materials remains an underdeveloped aspect of most MHM services.<sup>26</sup> Some girls dispose of pads in toilets, which can cause blockages in pour flush toilets or sewerage systems – a particular problem in the context of poor O&M of school WASH facilities. Until recently there has been an emphasis in much of the region on incinerators in schools as an appropriate solution; however, these tend to be operated infrequently by caretakers and have high maintenance costs. Furthermore, the environmental impacts of incinerators as a long-term solution are not well understood.<sup>27</sup>

Additionally, there is a lack of information for understanding which materials could be promoted or used that are easier to destroy, compost or recycle. Analysis from India notes that “an estimated 121 million girls and women are currently using an average of eight disposable (non- compostable) sanitary pads a month, the waste load generated in India is estimated to be: 1.021 billion pads disposed monthly; 12.3 billion pads disposed annually; 1 13,000 tonnes of menstrual waste annually.”<sup>28</sup> As more girls of reproductive age have access to disposable pads, dealing with the quantities of menstrual waste will increasingly require attention and pragmatic solutions included in WinS programmes and waste management systems.

There is a need to look across the entire service chain for sanitary materials supply and disposal to take a long-term view and identify context-specific solutions in consultation with girls. Wider engagement with the private sector may accelerate progress – not only for supply of materials, but also for disposal – linking with waste management service providers and social responsibility of commercial pad suppliers for disposal.



## Key challenges for MHM in schools



Despite the increase in the coverage of gender-separated toilets for girls in schools, there remains a **lack of political prioritisation and budgets** for WinS, and especially MHM in schools.



The **lack of established mechanisms to ensure accountability** for functional and sustainable MHM-friendly WASH services in schools.



Even where progress has been made, there is still **inadequate infrastructure** in terms of meeting standards for the construction and location of services, the quantity/coverage levels and the **quality level of facilities**. Girls do not want to use the toilets for changing and cleaning sanitary materials if there is a lack of disposal options, privacy or consistent water supply.



**O&M** of WinS facilities have not been prioritised by all MoEs to the level that is required to ensure sustainable access and good facility functionality. O&M must go beyond the physical infrastructure; some of the greatest challenges faced by girls in schools relate to the lack of systems and supply chains for hygiene 'software' such as the low availability of soap and a lack of functional hand-washing facilities, body/anal cleansing materials and emergency sanitary materials.



**Hygiene promotion and menstruation/puberty education** is inadequate across the region – both in terms of teaching resources and school curricula as well as appropriate education and information materials for girls of different age groups, as well as boys, men and parents.



A non-functional school washroom, Pakistan.

## 4. Enabling environment for MHM services in schools

Understanding the political and legal framework underpinning MHM in schools and supporting the development of an enabling environment is essential to effectively develop systems for inclusive and widespread MHM services in schools.

Governments have an obligation to protect child rights and therefore have a critical role to play in ensuring the success of efforts to improve MHM and WinS in the long term. Therefore, appropriate policies, capacities and resources (human, financial, etc.) must be in place at all levels of government and at school level. There is a need for strong inter-linkages between government departments, for adequate and targeted financing and for cross-sector approaches between education (including inclusive education), health, economic development, gender and other stakeholders.

### Policy, legal and institutional frameworks

#### Constitutional and legislative framework

Having constitutional-level ratification for universal access to education and other child rights provides the formal grounding for supporting girls' access to MHM services in schools at a national scale. In the region, the right to universal and equal access to education is enshrined in national constitutions (e.g. Afghanistan 2004, Maldives 2008, Nepal 2015, Sri Lanka 1978) and education is prioritised in rights frameworks and education sector plans. For example, the Indian Constitution enshrines "free and compulsory education of all children in the age group of six to fourteen years as a Fundamental Right" and the Right of Children to Free and Compulsory Education (RTE) Act, 2009 includes a rights

framework, targets, norms and standards for drinking water and gender-separated sanitation facilities in schools.

Governments in several countries have also issued circulars and directives to improve MHM in schools. In Bangladesh, the MoE issued a government circular in 2015 instructing all educational institutions to provide gender-segregated improved toilets, soap, water and waste-bins and to appoint female teachers to educate girls on MHM. In Nepal, a 2017 revision to the criminal code was issued to end the Chhaupadi practice of social exclusion that occurs during menstruation in some regions of the country.

#### Policy level – standards and guidelines

Regional SACOSAN meetings and WinS ILE sessions<sup>29</sup> have helped to generate attention for MHM services in schools; providing opportunities to share experiences, progress and learning which have all helped to maintain momentum on MHM. Additionally, all countries have developed (or have committed to develop) more policies, strategies or guidance on how to address and improve MHM services in schools – requiring gender-segregated toilets with hand-washing facilities and disposal facilities. All countries committed to prioritise MHM for women and girls at SACOSAN in 2015.

#### Policy level – roles, responsibilities and collaboration

Responsibility for MHM in schools lies with MoEs in each country and the education sector is taking the lead in the development of curricula; for example, School Health and Nutrition Supervisors in **Pakistan** and School Health Coordinators in **Bhutan** as well as the SRH sectors have integrated MHM into their work. The WASH sector has also been leading

Table 1: Status of policy and guideline development

Country	MHM in schools policy	Other supporting policy/framework
<b>Afghanistan</b>	There are no current specific policies on MHM, however, gender-separated toilets are the norm and girls' washrooms have been incorporated into designs since 2012.	The Government has adopted a CFS approach focused on inclusiveness, child-centred learning and safe, healthy and protective learning environments.
<b>Bangladesh</b>	An MoE circular (2015) instructed all educational institutions to provide MHM facilities (as above). The Five-Year Plan (2016-2020) provides for inclusive and separate toilets for girls with sanitary pads and cleansing materials.	Both the draft WASH Strategy (2014) and the Hygiene Promotion Strategy (2012) include MHM components. National Standard of WASH in Schools (DPHE, 2011) recognizes the need for toilets and washstands that facilitate MH.
<b>Bhutan</b>	WinS plans and targets are included in the current Five-Year Plan, which is aligned with the SDGs.	School Health and Safety Guidelines (2013) and a Manual on WinS for Health Coordinators exist. MoE (2017) pledged to provide sanitary pads to every girl.
<b>India</b>	The Ministry of Drinking Water and Sanitation published MHM National Guidelines (2015) and Guidelines for Gender Issues in Sanitation (2017) which include further details on how to improve MHM as part of the Swachh Bharat Mission (SBM). Some states have developed state-level guidelines.	MoDWS leads the SBM (2014) and Clean Schools programme which now emphasise MHM facilities, awareness raising, skills building and the provision of disposal options. Other programmes (e.g. Universalisation of Elementary Education and others designed to enhance secondary education) require access to quality WASH. The Rashtriya Kishor Swasthya Karyakram programme (MoH) promoted healthy MH and safe disposal.
<b>Maldives</b>	Gender-separated toilets are the norm and girls have access to washrooms. The draft Policy on Water, Sanitation and Hygiene in Schools, MoE (2017) notes the inclusion of special facilities for MHM and states that all toilets must be easily accessible, private and secure, are hygienic to use and clean, and have hand-washing facilities nearby.	The School Health Programme (1986) and Health Promoting Schools Initiative (HPSI) (2004) incorporate WASH. HPSI concepts have been added as quality indicators for the Child-Friendly Baraabu Schools initiative to mainstream school health into the education system. The School Health Policy (MoE, 2011) requires WinS facilities for all.
<b>Nepal</b>	The Government is currently finalising the Dignified Menstruation Policy as well as other draft policy and programmes relating to adolescents' health and well-being.	The National Sanitation and Hygiene Master Plan (2011) refers to WinS facilities that are child-, disabled- and gender friendly. The School Sector Development Plan (2016-2023) requires WASH facilities that are private and fulfil girls' MHM-related needs. The 2015 draft National Strategy on Adolescent SRH has MHM components.
<b>Pakistan</b>	The draft school WASH guidelines have an indicator for MHM facilities and providing skills for making cloth pads.	The provincial government of Punjab has policies in place covering MHM, including the School Education Department's WinS strategy, standards and roll out action plan (2017). MHM in schools has also been included in the Punjab WASH Sector Development Plan 2014-24.
<b>Sri Lanka</b>	A WinS Strategic Plan has been approved by Government. CFS Standards were also endorsed in 2013. A WinS Manual has since been submitted for endorsement. All (7) provincial WinS strategies and the National Strategy have MHM as an integral component. National-level WASH-related guidelines are being revised and MHM hardware recommendations are being made through a general circular for all schools (2017). A WinS handbook drafted in 2015 by the MoE, followed by a technical guideline released in 2017, include information on MHM.	The concept of CFS has been mainstreamed by MoE with the support of UNICEF and other stakeholders. The National Sanitation Policy (2017) identifies need for action to improve school sanitation services and includes MHM designs for girls' toilets.



on advocacy for better MHM and is typically responsible for supporting guidelines and norms development, infrastructure services and programme implementation.

**Cross-sector collaboration and alignment is vital** to ensure that approaches designed to accelerate better MHM in schools have more impact. As leadership and commitment by one ministry is not always enough, many countries have set up cross-sector or cross-ministerial collaborations to coordinate and align activities as well as to clarify roles and responsibilities. For example, in **Sri Lanka**, WinS and MHM have benefited from **good convergence and coordination** between MoE and MoH at both national and sub-national levels. In addition, there are dedicated School Health offices at all administrative levels (national, provincial, zonal and divisional).

In **India**, there has been increased momentum, programmatic progress and policies developed on MHM in schools at national and state levels (with state governments responsible for roll-out and budget allocation). However, the focus on infrastructure and products (sanitary pad distribution), limited capacity to implement the new MHM guidelines, and lack of coordination and alignment between ministries and programmes constrains momentum. Some states are making good progress however: a 2017 Government Resolution issued by the Education Department in Maharashtra emphasises convergence between all relevant departments and MH behaviour change communication with girls, parents and others.

UNICEF's work in Maharashtra demonstrates **how support and capacity building at the District level can influence wider state-level approaches to MHM**. Additionally, gaining the buy-in and interest of a District CEO/Administrator is vital for bringing together the relevant departments that must coordinate to execute an MHM intervention in all schools across a district at the same time.

## Budgets, finance and investment levels

WinS has seen an increase in investment in several countries in South Asia, however, few have dedicated budget lines for MHM beyond developing gender-separated toilets. In **Afghanistan**, there is no specific budget line for MHM or for WinS in general; schools receive a lump sum and determine its allocation. However, in **Sri Lanka** there is a dedicated line for WinS in the national budget for capital expenditure. From 2010 onwards, more dedicated funds were allocated to WinS from government and donors. By 2016, the Government of Sri Lanka invested US\$13m to reach 1,300 schools with WinS and is currently allocating US\$26m for WinS to provide facilities for all schools that meet the national norms and to upgrade facilities in others, particularly the needs of schools where there are many adolescent girls.

Parents and teachers are often responsible for replenishing sanitary products in schools to ensure emergency supplies are available for girls. It is hard to assess the amount being spent on MHM services in schools specifically; there is a lack of information on costing (beyond the potential cost of gender-separated toilets and incinerators (as in India)) and a lack of research or data collection on any of the costs of providing a sustained level of MHM services in schools.

## MHM in curricula, teacher training and educational materials

### MHM on the curriculum

Most countries do not include MHM as a specific topic in the curriculum nor systematically teach MHM in schools. However, references are sometimes made in **life skills** (sexual education, SRH and puberty education), **religious education** or **science/biology** classes. Unfortunately, girls do not always get the lesson before menarche, many



have limited access to information, or their teachers might be too embarrassed, unwilling or lacking in confidence to teach the class. For example, in **Nepal**, life skills-based hygiene education and SRH classes are conducted for grades 6-9 but girls do not necessarily get child-friendly and age-appropriate information before they reach menarche. In **Bhutan** there is a factsheet on life skills/SRH but it is not mandatory to teach it in all religious institutes. There is interest across the WASH and education sectors in influencing teaching curricula to include MHM more broadly and consistently.

### Training and teaching

Teachers also often lack resources and training opportunities to expand MHM knowledge; although there are some efforts to improve this within the region. For example, in **India**, The National MHM Consultation in 2016 highlighted the need for more systematic capacity building of teachers and educators through demand-led training and master trainer approaches. In **Nepal**, MHM awareness is included in management training provided by the Department of Education nationally. A training package was developed in 2015 by NFCC, WaterAid, Save the Children and GIZ called 'Integrating MHM into School Health Programme' and has been piloted in some districts to improve the confidence and capacity of teachers.

Where teachers do not play a direct role in hygiene and health education activities, some government programmes mandate other health care assistants and educators to play this role; however, these programmes have also witnessed limited roll-out and success due to the existing heavy workloads of health staff (e.g. India, Maldives).

In several countries (including **Bangladesh, Nepal, India, Pakistan**), the focus on MHM in schools to date has been as an 'ad hoc' extra-curricular activity that NGOs, the private sector and other agencies support. In some

countries, **NGOs have in effect substituted teachers** by teaching adolescents and providing supplementary learning resources. If NGOs are contracted to deliver services by MoE or MoH – and are regulated or supervised – then this could be an effective way to deliver additional aspects of MHM beyond the biological curricula. For example, in **Bhutan**, NGOs (like Bhutan Nuns Foundation and SNV) train teachers or teach MHM to students as an extracurricular activity. In **India**, schools are increasingly outsourcing MHM education to NGOs with specialised MHM programmes (e.g. international NGOs like WASH United, UNICEF, and local NGOs such as Khel and Pasand).

Other organisations are supporting teacher training and outreach with frontline workers at village and school level. Local NGOs and community-based groups understand local cultures and can tailor messages; they are therefore well-positioned to communicate with girls and their mothers about MHM. For example, in **Pakistan**, IRSP and UNICEF have been supporting mothers to communicate with their daughters more effectively on MHM, to identify harmful traditional practices and to support girls to make reusable pads.

Another approach encourages **peer-to-peer MHM learning** by supporting existing girls' groups to focus on MH education. In southern **India**, these peer-led groups are aiming to formalise and federate at the district level (in Chittoor and Medak). The groups are supported by a focal teacher or community health worker.

### MHM materials for educators and girls

In the region, **school textbooks generally only present biological information related to menstruation**. They do not include how to manage MH or address socio-cultural and emotional issues. To address the lack of appropriate MHM educational materials, efforts have been made to improve the capacity and teaching resources of teachers who deliver

this information in the classroom and to publish more girl-friendly materials.

There are several good examples of puberty books developed in the region: in the **Maldives**, the MoE and UNICEF published *Growing Up Well for Girls*, a 16-page booklet with practical guidance on puberty, MH, personal hygiene, pad usage and disposal; in **Sri Lanka**, the *Participatory MHM Toolkit* includes information and guidance, aimed at boys, girls, parents, teachers and zonal officers, to support open discussion of issues and myths related to MHM; and, in **Afghanistan**, UNICEF and the MoE are preparing guidelines<sup>30</sup> which will be rolled out alongside an interactive booklet for girls that informs them about menarche, addresses MH questions and dispels myths. A speaking book will assist non-literate girls' MHM awareness.

Various other MHM informational materials have been developed for use in specific WinS programmes, including booklets and flash cards for teachers and SH&NSs to be used during hygiene education sessions. In **Bangladesh**, a variety of teaching and learning materials as well as innovative outreach approaches have been developed, such as: school-level campaigns aimed at promoting inclusive sanitation and MHM practices in schools; district-level competitions to select best schools in terms of girl-friendly sanitation options; and a national essay competition on the topic of girl-friendly sanitation.<sup>31</sup>

### Communications and campaigns

The use of both traditional print and social media demonstrates the value of promoting MHM in schools through both formal and informal channels; a finding reported by the 2017 ILE event held in Myanmar:

“Efforts to include MHM in the curriculum have been successful in some countries and can be replicated. Teacher training and education resources are essential. Other formal communication channels may be more appropriate e.g. working with [the] reproductive health sector. Non-formal, creative communication platforms, particularly those that engage young people (for instance through games) and raise their voices on MHM, raise awareness and support empowerment.”

Outreach and engagement on MHM through social media, apps and mobile phones has also gained momentum to help tackle myths and stigma related to menstruation. In **Pakistan**, girls with mobile phones have been targeted with SMS-based polls and livechats. In **India**, innovative online tools (e.g. WaterAid's #noshame in menstruation Thunderclap and animation), educational videos for trainers and comics (e.g. Menstrupedia) have been produced that can be easily accessed by girls (dependent on internet access). Procter and Gamble's “Touch the Pickle” campaign for sanitary protection has also had wide reach.

WaterAid **Nepal** has used particularly creative campaigns to create awareness on MHM and reduce exclusion, including through: actresses, installation/performance artists and celebrity cricket players; participatory photography for girls to express their concerns; *4-days of fun* campaign (2015 and 2017) that incorporated a speech competition and a photo/selfie competition; and a *Period Power* campaign where artists shared their stories of menstruation (2017).

## 5. Effective implementation of MHM services in schools

To improve the level of MHM services in schools both WinS technical quality and MH knowledge and behaviour change need to be addressed. Raising awareness of MHM and advocating for its inclusion in WinS programmes and budgets is also required. To inform both programmes and influencing activities, several countries within South Asia have undertaken MHM-focused **formative research** and KAP analyses to better understand the contextual and socio-cultural factors and perceptions affecting MHM in schools.

**Afghanistan, India, Nepal and Pakistan** participated in a Canadian Government Wins4Girls Project (beginning in 2014) and E-course, which supported MHM advocacy and built capacity for government staff and other stakeholders to conduct their own formative research. Other countries (**Sri Lanka, Bangladesh**) have also undertaken MHM research to inform their work. In **Bangladesh**, the National Hygiene Baseline Survey 2014 also helped build the evidence base for MHM in schools and informed advocacy and action.

### Programmes and practices

As highlighted above, progress has been made on ensuring that **separate toilets and spaces are available for girls** and boys – indeed, this is now the norm in most countries. However, even where progress has been made, there is still **inadequate infrastructure**, e.g. in **Afghanistan** 49% of schools lack adequate buildings and 76% lack electricity;<sup>33</sup> hence many have poor or insufficient WinS facilities. In **Sri Lanka**, where there are over 10,000 primary and secondary schools, only 49% of UNICEF-sponsored schools and 24% of government-sponsored schools met the minimum standard for sanitation.<sup>34</sup> Although

there are usually separate toilets for girls, only 34% of girls report using the toilet for changing and cleaning sanitary materials. The reason most cited was the lack of disposal options followed by the lack of privacy or water. Overall, many girls' toilets in schools in the region are not fully equipped to manage practical MH needs. Gaps remain with regards to infrastructure (poor construction, missing doors/locks, light, no handwashing facility, etc.), products (no soap, toilet paper/cleansing materials, emergency absorbents, etc.) and services (no running water, uncleaned toilets, waste disposal options, etc.).

Several programmes, led by government, NGOs and others, are addressing MHM services in schools as part of their wider school WASH and education programming. UNICEF, WaterAid and other INGOs have provided school-level support to incorporate MHM. For example, in **Sri Lanka**, UNICEF's WinS programme has supported the provision of child-friendly and segregated facilities in schools, started to establish proper menstrual disposal mechanisms and developed knowledge materials for pupils and teachers. UNICEF **India** has been on working on MHM in residential schools attended by girls from distant rural locations and tribal areas. UNICEF is also reaching government schools through district-level MHM interventions (currently in Sindhudurg, Thane, Ratnagiri and Sangli). WaterAid **Pakistan** and partners have designed MHM-friendly WASH facilities; the facilities are gender-separated with at least one toilet or washroom equipped with a locking door, full size mirror, nail to hang clothes and an opening leading to an incinerator or dustbin for disposal of MHM materials. WaterAid has also trained caretakers on operations and maintenance (O&M).

To enhance O&M, several countries are working with schools to find ways to proactively **include MHM into their school development and management plans**. In **Sri Lanka**, UNICEF has been working with the MoH in the Northern Province to develop a **participatory MHM toolkit** which has been used to develop school-based MHM Action Plans which are then incorporated into regular school development plans. This approach has reportedly also helped male school head teachers and school management to overcome their reluctance to implement MHM-related activities. To facilitate uptake of the approach, the MoE and UNICEF developed the toolkit based on the already known and accepted MHM concepts presented in the Child-Friendly Approach (in the education sector) and the Three Star Approach (for WASH).

### The WinS Three Star Approach

UNICEF and NGO partners have implemented successful WinS models comprising of gender-friendly and inclusive designs taking into consideration the needs of adolescent girls and girls/children with a disability. MHM is included in the criteria for a Two-Star School. In Pakistan, the WinS Three-Star approach has been piloted in schools (in Punjab all schools will be certified as one, two and three stars). Two and three star certification will be given to those schools that have MHM specific facilities as per standards. In Nepal, MH-friendly WASH services are included in the draft WinS guideline and other policy frameworks (based on an adaptation of the Three Star Approach).

In some countries, **alternative spaces have been made available in schools** for girls to manage their periods – in the **Maldives** for example, ‘health’ rooms are available in many schools where girls can rest, obtain emergency pads and painkillers. In **Bangladesh**, WaterAid’s programming includes MHM-adapted changing rooms (without toilet pans) to provide schoolgirls with a place to change

and wash where they do not have to wait in a queue. WaterAid **Nepal** also established separate changing and washing rooms within girls’ sanitation blocks. Girls stated a preference for using these as it meant other girls were not waiting to use the toilet and it was clean. As the changing room was inside a separate block for girls they did not worry about boys knowing they had their period. This is sometimes an issue where separate MHM only facilities are provided. WaterAid **Nepal** has also set up ‘resource centres’ in schools with MHM information – this is incorporated into existing spaces where other personal and health education materials are shared.

Although many of these interventions have been small-scale, they have served as demonstration projects to show to the school community and local government what can be done to improve school-level facilities for MHM. National (or state/sub-regional) government programmes have the widest capacity for extending MHM in schools to reach more girls.

### Cross-sector and multi-stakeholder collaboration

**Cross-ministerial and multi-stakeholder programmes** have also aimed to enhance MH knowledge for girls and to link it with wider nutrition, reproductive health and other health messaging. For example, in **India** the Ministry of Health and Family Welfare’s Menstrual Hygiene Scheme for rural adolescent girls focused on enhancing MH knowledge and practices, the provision of sanitary absorbents at subsidized rates, and the sensitization and training of health providers. The scheme’s guidelines were revised in 2016 to promote its roll-out to all districts with budgets to be included in the State Programme Implementation Plan.

There is a need to better map out and understand different stakeholders’ roles and responsibilities for MHM in schools so that relevant parties understand their obligations and can coordinate better with others.



## Awareness-raising and influencing

### Menstrual Hygiene Day – 28 May

Many countries in South Asia have been proactive in promoting **Menstrual Hygiene Day**. This is typically used as a platform for awareness-raising, cross-sectoral coordination and advocacy.

**Afghanistan** celebrated its first Girls' Hygiene Day in 2017 called Nothing can stop me going to school. It was championed by the First Lady, Ministers of Education and Public Health, a high-profile Islamic scholar and others.

In **Pakistan**, UNICEF launched the Be Bold Be Free campaign that uses female celebrity athletes as champions for MHM and launched a MH Innovation Challenge.

In **India**, the Day has been used to organise national consultations: in 2016 the MoHRD, UNICEF and WASH United organised a consultation with the theme of *Reaching adolescents in schools: Way forward for MHM programming*; and in 2017, Menstrual Health Alliance India (MHAI), a national-level platform of approximately 35 organisations, held a consultation event called *Pushing the Boundaries on the MHM Dialogue in India*.

Regional events, advocacy platforms and alliances, campaigns and social media have been raising the profile of MHM in schools in South Asia and generating momentum. At the regional level, the **WinS ILE and SACOSAN series** have increasingly included discussion on WinS and more recently, on securing commitments to MHM and to finding ways to improve MHM in schools practice (MHM has been included in the agenda since SACOSAN 2008).

MHM is on the agenda of **national coordination mechanisms** (sectoral or cross-sectoral) such as MHAI, and stand-alone **MHM working groups** in several countries.

In **India**, within MHAI, a core group of eight (WaterAid, WSSCC, Development Solutions Inc., PATH, Zariya, RTI International, Dasra, and WASH United) focus on: 1) normalising menstruation; 2) an MH product landscape review; 3) management of menstrual waste and standards for reusable menstrual absorbents. There is also a state-level advocacy platform engaging with UNICEF, WaterAid and Vatsalya in Uttar Pradesh, which has resulted in the state government adopting an MHM Training of Trainers manual.

In **Bangladesh**, an MHM Platform, coordinated by Simavi, involves four sectors: SRHR, WASH, education and private. The purpose is to exchange information/knowledge, harmonise all MHM-related efforts, collectively advocate and strengthen capacity building tools. In **Nepal**, the MHM Practitioners' Alliance (MHM PA) is an informal network of around 40 organisations advocating with the MoE to incorporate MH into the National School Curriculum and the National Teachers' Training Curriculum.

In 2014, a national-level MHM Working Group formed in **Pakistan**, a coalition including the Ministry of Climate Change, UNICEF, UN-Habitat, WaterAid, other international and national NGOs. Three provincial working groups have been established in Punjab (2017), Khyber Pakhtunkhwa (2016) and Balochistan (2016) to prioritise MHM and to support the Government in the implementation of MHM interventions.

In **Sri Lanka**, there has been recent support for better cross-ministerial coordination on MHM after a WSSCC-supported training of trainers was conducted in November 2017. The event analysed the roles and responsibilities of various stakeholders around MHM. As a result, the MoCPWS, MoH and MoE now have clear MHM commitments.

## Equity – leaving no one behind

Girls face multiple challenges to effectively address their MHM needs. Intersectional dimensions of inequality impact girls to varying extents and further constrain some girls in their access to good MHM in schools, for example:

- **Spatial and geographic inequalities** – such as those experienced by communities in remote and inaccessible rural areas. For example, in Bhutan, only 46% of school girls bathe during their period due to lack of hot water in the cold climate;<sup>35</sup>
- **Group-related inequalities such as those based on ethnicity, language, religion and caste** – vary across the country and region – some of which can be used to reinforce taboos and harmful practices (e.g. restricting nutrition) while others counter myths and promote empowerment;
- **Individual-related inequalities, such as sex/gender, age, disability** – stigma for people with disabilities is amplified for menstruating girls with disabilities;
- **Economic inequalities** – sanitary pads are unaffordable for many girls in the region;
- **Disaster/displacement-related inequalities** – girls who are living in emergency contexts are not able to rely on usual coping mechanisms to manage their periods; they may not have access to safe and private facilities or materials.

Addressing the practical and strategic MHM needs for girls who are in vulnerable or marginalised situations requires targeted and tailored approaches. Few government or other programmes have focused comprehensively on addressing the needs of marginalised or excluded girls; huge gaps remain in evidence, policy and practice, although there are some emerging good initiatives:

- In **Nepal**, LSHTM and WaterAid are conducting research to understand the barriers faced by adolescent girls with disabilities relating to MH. Emerging findings reveal that inaccessible WASH facilities make it difficult for disabled women to maintain bodily hygiene, change their cloths in privacy and clean their cloths. This causes stress, discomfort and may present health risks. Available menstrual materials can be unsuitable or uncomfortable for wheelchair users. Girls with intellectual disabilities may struggle with social norms and hygiene practices causing stress for themselves and their carers. In the next phase of the research an MHM information package for girls with intellectual disabilities will be designed and piloted.
- The **Government of Nepal** has a Child-Friendly Schools Initiative that includes facilities for children with a disability implemented by WaterAid, Nepal Water for Health and the Government in 3 districts (Sindhuli, Udaypur and Siraha). More effort is required to fully roll-out the programme nationwide. WaterAid is also demonstrating the use of accessibility audits and appropriate standards e.g. adaptations for people with disabilities such as accessible water points, handwashing stations and toilets plus ramps and space for wheelchair users.
- In **Bhutan**, the MoE aims to ensure inclusive WASH facilities in schools are available for children with disabilities and has 'Guidelines for Differently Abled Friendly Construction'. However, parents of girls with special needs may be advised to keep them at home during menstruation as the schools do not have the staff available to support them. There has been limited engagement on the MHM needs of girls in special circumstances; although SNV Bhutan has been coordinating with people with disabilities, as well as Disabled Persons' Organisations and the MoH, as part of the national Rural Sanitation and Hygiene Programme.
- In **Sri Lanka**, WSSCC and MoCPWS are developing an MHM toolkit for visually impaired people;

## Monitoring MHM services in schools

The *Advancing WinS Monitoring report*<sup>36</sup> and JMP expanded indicators (below) recommend that MHM efforts should be monitored. However, most EMIS and national survey data tools do not yet incorporate MHM indicators except where school toilet data

is gender segregated. Still, there are some good examples where programmes monitor factors relevant to MHM in project-related assessments and baseline surveys (see table 2 below). Monitoring at different levels – project, sub-national, national – is required to track progress, target resources and assess the outcomes of interventions to improve quality and effectiveness.

### Joint Monitoring Programme expanded SDG indicators for MHM in schools

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

#### XS1. Is water and soap available in the girls' toilet cubicles for MHM?

- Yes, water and soap
- Water, but not soap
- No water

##### 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. Not applicable in pre-primary schools.

**Expanded hygiene questions – specific to MHM:** The expanded questions cover the quality of hygiene services, including group handwashing, products and education related to MHM, and solid waste management. 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 for some contexts

#### XH6. Which of the following provisions for menstrual hygiene management (MHM) are available at the school?

- Bathing 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 institutionalized (i.e. regularly taught in class or through a regular school program) to be considered as a response for this question.

Reference: Core questions and indicators for monitoring WASH in Schools in the Sustainable Development Goals, UNICEF and WHO, 2016.

The 2017 WinS ILE in Myanmar noted that political buy-in for increased sanitation and for the SDGs is an opportunity to increase access to MHM services in schools. Hence, there is a need to develop clear standards for gender-sensitive facilities and cleaning and maintenance, with monitoring indicators, aligned to the SDGs.



WaterAid/Asad Zaidi/H&M Conscious Foundation

Kiran Khawaja, a social organiser at WaterAid's implementing partner, teaching adolescent girls how to use a sanitation kit, during a menstrual health and hygiene management session. Badin district, Pakistan.



Table 2: Current status of MHM monitoring in schools

Country	MHM monitoring status
<b>Afghanistan</b>	Data on the availability of water and toilets is currently collected for EMIS through self-reporting by schools; no data is collected on MHM. UNICEF is working with the MoE to incorporate elements of its WinS Monitoring Package (UNICEF, 2011) into EMIS. It is unlikely that the SDG enhanced indicators for MHM will be included.
<b>Bangladesh</b>	EMIS for both primary and secondary schools exist for tracking availability of drinking water and number of toilets per school. MHM is not included. A new tool aimed at measuring self-efficacy around MHM (in schools) is under development for testing (Bloomberg School of Public Health, icddr,b)
<b>Bhutan</b>	WASH was included in the EMIS in 2013. Bhutan has an Annual Education Statistics Report – which includes data on WASH. There is no current mention of MHM. Separately, WinS has been monitored through the Baseline Assessment of Water and Sanitation Facilities in the Schools (2009) with a follow up survey in 2011.
<b>India</b>	DISE collects data on WASH indicators for EMIS, however MHM is not included. Data on the construction of toilets and availability of WASH is also currently collected as part of the SBM and SB:SV award system. KPIs within the MHM Guidelines are limited to outputs (FSG, 2016). UNICEF and others are currently working on condensing the various proxy indicators across the different monitoring systems into a few key MHM indicators based on JMP guidance. The Performance Monitoring and Accountability 2017 review of select WASH and MHM indicators in Rajasthan State (IIHMR, IIPS, BMG Institute for Population and Reproductive Health) was the first time state-level data on MHM has been collected.
<b>Maldives</b>	Data on the availability of water and toilets is currently collected for EMIS through self-evaluation and reporting by schools; no data is collected on MHM. UNICEF is working with the MoE to incorporate elements of SDG monitoring into EMIS. It is unlikely that the SDG-enhanced indicators for MHM will be included, although UNICEF hope to include a standard on waste disposal. All schools are expected to follow the standards and indicators for child-friendly Baraabu Schools which includes the standards for water and sanitation. Due to the high cost of monitoring WinS on all atolls, the MoE has launched an online OpenEMIS system to support access and build monitoring capacity.
<b>Nepal</b>	EMIS has data on WinS (e.g. separate toilets for girls, hand-washing and soap availability) but not MHM indicators. The Government made a commitment to MHM in EMIS at ILE 2016.
<b>Pakistan</b>	EMIS at federal level consolidates all provincial EMIS data and publishes reports on a yearly basis. There is limited data on MHM: the availability of water and toilet facilities in school is recorded but with no MHM monitoring indicators. Mixed schools are not reported in the EMIS. Thus accurate data on gender-segregated toilets is lacking.
<b>Sri Lanka</b>	The WASH sector intends to mainstream gender considerations in all sanitation programmes with the adoption of gender monitoring indicators for the SDGs. The EMIS equivalent in Sri Lanka is the Annual School Census that includes quantitative WinS indicators only (i.e. not functionality or hygiene behaviour related). The School Health Evaluation accreditation is based on 22 indicators; 54 of the potential 100 points relate to WinS – including availability and cleanliness of sanitation facilities and personal hygiene. There is no data collected that focuses exclusively or explicitly on MHM. It is unlikely that the SDG-expanded indicators for MHM will be included. Plans are underway to set-up an independent expert panel to improve WASH sector SDG monitoring.

## 6. Sustainable MHM services in schools

Sustainable MHM services in schools require that management structures and relevant institutions continue to play their roles and to fulfil their mandates. Facilities (both hardware and software) should be adequate in the first place; with O&M plans in place to ensure their functionality and quality service levels. Provision for pad/waste disposal should also be considered from the outset of WinS programmes.

### O&M and functionality

As highlighted previously, O&M remains a huge challenge for MHM services in schools and it has not been prioritised by all MoEs to the level that is required to ensure sustainable access and good facility functionality. For girls, although there has been an increase in the number of gender-segregated facilities, many of the toilets are not of a high enough quality (i.e. they are poorly designed or constructed and do not comply with standards) or in a fit condition for use and girls prefer to return home rather than using them. Toilets and associated infrastructure (e.g. rubbish bins, door locks) are regularly reported as dirty, non-functional or without secure doors and hence not providing security or privacy for girls. For example, in **India**, in 2012, 40% of government schools lacked a functioning common toilet, and another 40% lacked a separate toilet for girls.<sup>37</sup> In **Bangladesh**, although 98% of secondary schools have improved toilet facilities, 43% were locked and only 22% of the schools have functional, unlocked separate toilets for girls.<sup>38</sup>

In addition, O&M is typically perceived to relate only to the physical infrastructure for WinS facilities, whereas some of the greatest challenges faced by girls in schools relate to the lack of systems and supply chains for hygiene 'software'. Low availability of consumables

such as soap, inconsistent water supply, and a lack of functional hand-washing facilities (and practices), body/anal cleansing materials and emergency sanitary materials all impact on girls' coping strategies during menstruation.

In many countries, there are limited budgets for WASH facilities and O&M systems in schools. O&M responsibilities may be unclear and even when they are clear, there may be a low prioritisation of WASH by budget holders. For example, in **Nepal**, the Government provides resources for construction of WASH in schools, and then SMCs are responsible for O&M of WinS. Similarly, in **Pakistan**, SMCs' funds are reportedly not sufficient for operation or major maintenance of WinS facilities. In **Bhutan**, only 22% of schools have a caretaker trained on repair and maintenance. Some schools have a 'Wet Sweeper' – sometimes paid for by parents<sup>39</sup> but much of the cleaning is done by the children themselves. Financial and human resources are required to improve school WASH facilities, to scale-up access, and to ensure effective O&M.

To address these O&M challenges, various state and non-state programmes are exploring ways to enhance the levels of service in schools. In **Bangladesh**, several agencies (including UNICEF, WaterAid, CARE, PLAN International and Practical Action) are supporting the drafting of *Guidelines on O&M for Secondary School WASH Facilities* in collaboration with the Directorates of Education, Department of Public Health Engineering, SMCs and teachers. In addition, WaterAid has developed a mechanism for funding WinS O&M where selected schools are asked to deposit around 15-20% of the total cost in a separate bank account prior to starting construction work; as a pre-condition this fund is utilised only for O&M of those facilities.

## Sustainable products and waste management

As noted, there is an increasing imperative to assess and address the entire service chain for MH materials supply, usage and disposal. Safe and environmentally managed disposal remains a woefully neglected aspect of MHM in schools. WinS programmes, government pad supply efforts and private sector campaigns should consider the whole supply 'chain' to ensure adequate disposal facilities and solutions are factored in from the start.

### The role of the private sector

Both the international and national private sector play an important role in providing sanitary materials and MH education to girls in the region. For example, P&G's sanitary protection brands have developed a puberty and confidence-building education programme, that is delivered free of charge in the countries in which they operate. In India, the programme is predominately executed in schools, and provides educational resources, training and pad samples to girls between the ages of 12-14 years. As part of the programme, mothers are also invited to participate with their daughters. P&G is also currently exploring ways to recycle and upcycle absorbents back into raw materials.

### Supporting supply to meet demand

A lack of a **sustainable and affordable supply of menstrual products** means that many girls resort to traditional methods. In several countries, efforts have been made to develop and manufacture lower-cost products and locally-made reusable sanitary pad options are being promoted. In **Bangladesh**, for example, BRAC's sanitary pad production centre has been supplying affordable, biodegradable pads since 1999 and BRAC health volunteers sell sanitary pads at low cost, door-to-door. Since then UNICEF, WaterAid

and others have promoted community-based enterprises that make and sell locally made pads.

Some local products are regarded as not as effective as international/national brands as the materials are reportedly of lower quality, are not sufficiently absorptive and can cause itching. Similarly, the manufacture of reusable pads is time consuming and effectiveness depends on the materials available. Several countries have therefore started to focus on improving national standards for both reusable and disposable MH products and promoting better use of existing options. In **India**, for example, although the national MHM Guidelines support the use of clean cloth, the Government is encouraging states to manufacture and increase access to disposable pads and each state must ensure that supplied sanitary materials conform to the Bureau of Indian Standards guidelines.

In **Afghanistan**, the new MHM guidelines promote the more hygienic use and management of existing materials by sharing information on the proper washing and drying of menstrual cloths and personal hygiene rather than advocating for the widespread adoption of sanitary pads. Cloths are already used and are financially and environmentally a better solution in the Afghan context. The guidelines include lesson ideas for making menstrual cloths in home-economics classes where sewing patterns can be adapted.

In **Pakistan**, MHM kits are distributed in some schools by WaterAid, UNICEF, and P&G in Baluchistan, Sindh and KP/FATA and Punjab. The MHM kits contain a hot water bottle, sanitary pads, underpants, soap, tissue paper, green tea, cloth, a brown paper bag, and a plastic bag with a zipper. Some project schools were also provided with incinerators for safe disposal. Different approaches for replenishment of the kits are employed by different schools – in some schools the kits are run by contributions from families.

Table 3: Sanitary products, usage and disposal

Country	Sanitary products and usage	Disposal/reuse options
<b>Afghanistan</b>	12% use disposable menstrual pads (mainly those in urban areas); most girls use reusable cloths and typically take them home for washing. Some larger, urban schools have emergency supplies.	Incinerators were installed in some schools but were not widely used (as few girls use pads) so their inclusion in WinS facilities was halted in 2016.
<b>Bangladesh</b>	10% use disposable pads (rural: 9% and urban: 21%). Most used old cloth (86%), some do not use soap or an improved water source for washing and dry the cloth in hiding. <sup>40</sup> Some schools have emergency supplies.	National Hygiene Baseline Survey (2014) indicates that most girls (86%) do not change their cloths at school; 4% dispose of the cloth in the open; 5% in the latrine pan; and 3% hid it inside the classroom.
<b>Bhutan</b>	90% use sanitary pads. Most girls report changing pads in the toilets. In 2014, an MHM programme started in three nunneries and 10 schools to train them on making re-usable sanitary pads; the programme has since been expanded.	Pads and sanitary material are typically disposed of in 'menstrual' pits, in general rubbish pits or down the toilet. Some toilets have bins with lids but this is not the case in all schools.
<b>India</b>	58% use hygienic protection (classed as locally prepared cloth, sanitary pads and tampons). <sup>41</sup> There are concerns about the quality of low-cost pads, whereas poor access to and the price of premium pads means many girls cannot use them. Some state governments provide pads for free to girls in rural schools (i.e. the MH scheme).	Incinerators are a favoured option in schools. With the Swachh Bharat Mission, MHM Guidelines for Schools and MoDWS Gender Guidelines, the use of incinerators is likely to grow. However, challenges exist in terms of cost, variations in technologies, scale of operations and environmental impact. <sup>42</sup>
<b>Maldives</b>	Most girls use disposable pads and they are widely available and considered fairly priced. Efforts are underway to improve the availability of hygiene consumables and emergency pads.	Key constraints are the lack of bins for safe disposal and any end disposal mechanism/service and lack of toilet paper and soap.
<b>Nepal</b>	Reusable sanitary pads are only preferable where there are few other options – disposable pads are usually too expensive for girls to buy. Pads may be available in schools through contributions from families, students, SMC and focal teachers.	Recent analysis showed that 2 out of 16 schools visited had a bin in the toilet for disposal of used pads. <sup>43</sup>
<b>Pakistan</b>	66% of girls/women use cotton cloth – 49% reused the cloth; 17% use sanitary pads. <sup>44</sup>	Disposal options are not well established. <sup>45</sup>
<b>Sri Lanka</b>	Many girls use rags/cloths due to poverty levels. In Government-sponsored schools, only 1% of principals and 6% of teachers claimed that emergency sanitary pads were available. <sup>46</sup>	There is a lack of effective waste disposal in schools. The WinS Handbook (2015) and a technical guideline (2017) included information on MHM disposal options.



## Environmental waste management

For disposal, more recent innovations include off-set disposal pits connected to the toilet superstructure with a chute (**Bangladesh**), although the efficacy of this approach is yet to be assessed. Other countries (such as **Bhutan**) have menstrual pits for burying sanitary waste. Used materials may also be disposed of in the solid waste systems, although many schools in the region (including **Sri Lanka** and the **Maldives**) lack an effective waste disposal service due to a lack of finance, plans and systems. In KAP surveys, girls reveal

they often prefer to take the pads home to dispose of them there. In **Nepal**, a survey found that 53% of girls sometimes change the sanitary pad/clothes in school toilets and take it home in plastic bags; the other 47% throw dirty pads in the river or bush.<sup>47</sup> Several countries are focusing on efforts to improve pad disposal, including **India** and **Pakistan**. In **Pakistan**, the Department of Education is preparing standards for waste management of schools including MHM waste disposal.



WaterAid/Rita Baral

“In this photo, my sister is folding pads. After our menstruation, we should clean our pads, dry them in the sun properly and keep them in a safe place. If we keep it in a proper place we can easily reuse it as well.”  
Rita, 17, Sindhuli, Nepal.

## 7. Opportunities

Several opportunities exist across the region and at country level that can be built upon to extend MHM services in schools to a wider scale.

### Policy and institutional reform

With the governments across the region making a commitment to the SDGs, greater attention for WinS in general and MHM in schools in particular is feasible. Many actors in the region focus on the opportunities for achieving progress at policy level (and with formative research), engaging champions in the MoE and building national convergence on MHM in schools. In **Afghanistan**, for example, the MoE's new strategy, the National Education Strategic Plan (2017-2021), and the Girls' Education Strategy and Policy which is being designed to accompany it, support several interconnected activities that will contribute to MHM in schools and there is also a budget line to 'support and enhance school health' of US\$8.7 million over the five years. In addition, a new WinS strategy is being developed that will include MHM as part of a wider approach to enhancing girls' hygiene and health outcomes at school (including washroom and waste management designs).

In **Nepal**, finalisation and government endorsement the Dignified Menstruation Policy as well as other draft policy and programmes relating to adolescents' health and well-being should provide a more enabling environment to enhance and expand MHM in schools. In India, there are opportunities for strengthening state-level planning for MHM programming, budgeting and monitoring (notably to move beyond physical infrastructure indicators and to include JMP expanded indicators) and to support the institutionalisation of the National MHM Guidelines through better convergence

between different ministries and departments to ensure roles and responsibilities are clear.

### MHM in the curriculum

Efforts to ensure MHM is included in the curriculum are underway in several countries in the region such as **Pakistan, Bhutan** and **India**. In **Bhutan**, school health coordinators' training will be expanded with a structured MHM training module, and a similar approach taken with nunneries. In **India**, building the capacity of teachers and various other frontline cadre for MHM awareness-raising, skills building and training is being emphasised. This is accompanied by efforts to improve the quality and availability of age-appropriate, replicable and user-friendly information and education materials on MHM and getting them into the school curriculum for teachers to use (including visual and other tools to enable access for differently-abled or less literate girls).

### Programme design

Across the region, programmes are still at pilot level with little progress in designing scalable programmes. More attention is needed for refining and testing pilots and assessing the potential to scale them up as well as a better understanding of what elements of programmes can work at scale. In **Bangladesh**, the proposed government-led Secondary Education Development Programme (2018-2023) will have a WinS component with the potential to mainstream MHM, funded by GoB, World Bank and the Asian Development Bank. In **Bangladesh**, the incorporation of MHM in the government Fourth Primary Education Development Program (PEDP4) provides an opportunity for scaling up provision of MHM services in all primary schools in the country.

In the **Maldives**, UNICEF intends to further mainstream MHM into other hygiene efforts currently underway (e.g. those focused on hand-washing with soap). Similarly, although MHM has not been considered a key issue for the MoE, there is interest in exploring the relationship between menstruation and girls' enrolment in higher secondary school and absenteeism rates.

There are also opportunities across the region for greater collaboration with teachers and mothers to build their capacity to discuss the issue with girls.

## Pad usage and disposal

There are increasing opportunities in the region to facilitate the supply of sanitary products to meet demand. This could involve the international or small-scale private sector. Many countries in the region are improving the reach and quality of MH products by strengthening the whole supply chain – in **India** this is being done through supporting tax cuts on MH products; influencing BIS standards especially for lower-cost/bio-degradable options; encouraging disposable pad providers to promote better disposal options and linking that to their social responsibility activities; and linking to other solid waste programmes.

In **Bhutan**, since the launch of a pad distribution project in 2017 (*Safe sanitary pad to every girl*), there is interest in assessing how MHM disposal needs will be integrated into existing sanitation facilities in schools and nunneries. In **Pakistan**, the Department of Education is preparing school waste management standards including MHM waste disposal and WaterAid is also undertaking an assessment of incinerators. In **Nepal**, 'MITINI' (or 'friendship'), is an initiative of MITRA Samaj aimed to provide sanitary services and waste disposal management services to females in workplaces, educational institutions, restaurants and retail service outlets. Profit from the intervention is used for making sanitary napkins available in rural schools.

In the region, disposal of used products requires further innovation as well as the development of a clearer understanding of the roles and responsibilities of all actors engaged in each step of the product chain.

## Cross-sector collaboration

As a general tendency in the region, the discourse is starting to move away from menstrual *hygiene* to consider menstrual *health* more broadly, which will require better cross-sector collaboration. For example, girls in some parts of the region are thought ready for marriage at menarche so there are opportunities to integrate MH education into programmes for child protection and ending child marriage. For instance, in **Bangladesh** and **Pakistan**, MHM is a key component of UNICEF's Ending Child Marriage project, involving the empowerment of adolescent girls and boys as well as strengthening adolescent clubs for promotion of MHM. Similarly, in **Sri Lanka**, UNICEF is also identifying key entry points for child protection in MHM to facilitate future synergies in advocacy work at a zonal level.

In **Bhutan**, MHM could be further integrated into adolescent programmes to promote civil engagement and participation of adolescents in line with the National Youth Policy (2011). In **Bangladesh**, Simavi, among others, are focusing on menstrual health and integrating the subject more fully into secondary school curricula. The Ritu Programme combines SRH rights and WASH interventions in schools and communities for a holistic approach to improving MH.

To better enhance cross-sector and multi-stakeholder collaboration in MHM in schools, stakeholder analysis should be more consistently included in other research and programme planning exercises to identify which actors should be included and should play which role in any MHM in school intervention.



## Influencing and coordination

SACOSAN, ILE events and Menstrual Hygiene Day remain major opportunities for regional sharing and learning. While many actors in the region focus on advocacy at the highest level, there are fewer examples of mid-level advocacy targeted at officials with influence over where WinS budgets get spent.

The region has the largest number of adolescents globally, MHM actors are beginning to think how to use their voice to challenge social norms around menstruation (for instance in the *We the Future* platform, Twitter and Facebook) as well as demanding accountability from duty bearers for better facilities in schools.

## Equity

The SDGs focus on women and girls and on monitoring school WASH, which situates MHM on the global agenda. Efforts aimed at leaving 'no one behind' are underway, including better accessibility and safety of school facilities including for girls with disabilities; however, this remains a gap. Community-based outreach programmes, alongside the focus on MHM in schools, could be scaled to reach out-of-school girls. More attention is required to reach girls in remote or inaccessible regions that lie beyond the normal supply chains.

## Monitoring

Different ways of measuring outcomes of MHM programmes are required, including how to measure girls' stress, self-confidence and self-efficacy to manage menstruation whilst at school. There are several initiatives underway to demonstrate how data could be better collected on MHM. There is current interest to extend the PMA 2017 in Rajasthan to monitoring WASH and MHM in schools in **India**. Elsewhere in the region, WaterAid **Bangladesh** and UNICEF (in collaboration with the Bangladesh Bureau of Statistics) are planning to conduct a nationwide National Hygiene Survey in 2018 which will address MHM components comprehensively in primary and secondary schools. In addition to monitoring access to MHM-friendly WASH facilities, a new tool aimed at measuring self-efficacy around MHM (in schools) is under development for testing in Bangladesh (Bloomberg School of Public Health and icddr,b)

Monitoring for the SDGs provides a window of opportunity for **getting an MHM indicator in national EMIS**. This would provide an important opportunity for measuring and reporting progress, as well as incentivising action.



## References

- <sup>1</sup> In 2014, UNICEF and Columbia University held the first 'MHM in Ten' meeting to map out a ten-year agenda for MHM in schools. The common vision is that "in 2024, girls around the world are knowledgeable about and comfortable with their menstruation, and are able to manage their menses in school in a comfortable, safe and dignified way".
- <sup>2</sup> MHM is referred to in the WinS Bottleneck Analysis for several schools in the region. In Bangladesh, a national-level school WASH Bottleneck Analysis was conducted in 2014. Bottleneck Analysis provides an overview of the status of the enabling environment (i.e. compliance with policy, standards and guidelines for WinS), and the supply and demand sides of school WASH in the country. Data was also compiled on the availability and functionality of school WASH facilities.
- <sup>3</sup> WaterAid Guidelines for Sustainable and Inclusive School WASH, WaterAid, 2016.
- <sup>4</sup> This included: the WaterAid School WASH Research and Advocacy Programme in South Asia and East Africa, 2015; UNICEF's work on MHM Good Practice and Realities, Progress and Opportunities in the East Asia and Pacific Region, 2016; PSI's 2017 Scoping Review and Preliminary Mapping of MHM in Nepal; FSG's Country Landscape Analysis of Menstrual Health in India, 2016.
- <sup>5</sup> Extracted from <https://data.unicef.org/topic/adolescents/adolescent-demographics/>
- <sup>6</sup> *The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future ASIA*, UNFPA, 2014
- <sup>7</sup> <http://www.unfpa.org/press/unleash-power-adolescent-girls-sdg-generation-propel-progress-people-planet-says-unfpa>
- <sup>8</sup> Quoted in: Menstrual hygiene management in Udaypur and Sindhuli districts of Nepal, Morrison, J. et al, WaterAid/HERD, 2016
- <sup>9</sup> Herz, B. & Sperling, G. B. (2004) *What Works in Girls' Education Evidence and Policies from the Developing World*, Council on Foreign Relations, Giving Women Economic Opportunity: World Bank Initiatives, The World Bank, *New Lessons: The power of education adolescent girls*, Population Council (2009).
- <sup>10</sup> 4.a.1: Percentage of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) single-sex basic sanitation facilities; and (f) basic handwashing facilities.
- <sup>11</sup> Central Statistics Organisation, 2016.
- <sup>12</sup> NESP, 2016.
- <sup>13</sup> Afghanistan MoE, 2015.
- <sup>14</sup> Maldives, MoE, 2016.
- <sup>15</sup> For example: in Afghanistan and Sri Lanka, about 37% of girls miss school for one or more days when they have their period (UNICEF analyses); in Bangladesh, the National Hygiene Baseline Survey (2014) reported that 40% of girls report missing 3-school days per month; in Bhutan, 79% of adolescent nuns missed classes or activities during their period because they find the toilets too dirty to use (KAP, 2017); and in Pakistan, 28% of respondents to a U-Report poll (2017) said they missed school or work while on their period mainly because they were afraid of staining their clothes/uniform, that boys would find out, or due to period pain.
- <sup>16</sup> Bangladesh National Hygiene Baseline Survey, 2014.
- <sup>17</sup> Advancing WASH in Schools Monitoring, UNICEF 2015
- <sup>18</sup> [https://www.unicef.org/srilanka/Colombo\\_declaration\\_\(4\\_pages\).pdf](https://www.unicef.org/srilanka/Colombo_declaration_(4_pages).pdf)
- <sup>19</sup> Data from: Afghanistan, MoE, MoPH and UNICEF (2010); Bangladesh, BNHBS (2014); India, LSTH et al, (2016); Nepal, UNICEF (2016); Pakistan, UNICEF (2017); Sri Lanka, MoE and UNICEF (2014).
- <sup>20</sup> Reportedly, in the Maldives, there are no specific taboos associated with MHM and few restrictions on women and girls (although there are some Islamic rituals that cannot be performed while menstruating).
- <sup>21</sup> Morrison et al., WaterAid/HERD, 2016
- <sup>22</sup> KAPB Study on School WASH Program, MoE, The Neilsen Company, Australian Aid and UNICEF, 2014.
- <sup>23</sup> Ibid.
- <sup>24</sup> The reusable menstrual cup has been promoted and trialled in the region, most notably in Nepal – although its level of acceptance and adoption in-country is not yet known. Cups are deemed inappropriate or unacceptable in several other countries in the region, where myths about infertility and concerns about the association with penetration/virginity reportedly exist.
- <sup>25</sup> Quoted in: Menstrual hygiene management in Udaypur and Sindhuli districts of Nepal, Morrison, J. et al, WaterAid/HERD, 2016
- <sup>26</sup> WASH United and UNICEF, 2017.
- <sup>27</sup> FSG, 2016
- <sup>28</sup> Menstrual Health Alliance India, 2017.
- <sup>29</sup> See <http://www.fitforschool.international/giz-support-to-the-6th-wash-in-schools-international-learning-exchange-in-myanmar/> for information on the most recent ILE meeting in late 2017.
- <sup>30</sup> Menstruation Matters: Guideline on Menstrual Hygiene Management for Teachers in Afghanistan (UNICEF, 2017) which will be available in Dari and Pashto languages.
- <sup>31</sup> WaterAid Bangladesh and Shorno Kishoree Network Foundation.

- <sup>32</sup> On MH Day 2017 in Pakistan, U-Report (a social messaging tool) was used to answer MH questions and UNICEF hosted a three-hour live chat through the platform targeting all 25,000 registered U-Reporters. Over 2,500 questions were received from girls and boys across the country via free SMS messages.
- <sup>33</sup> MoE, 2015.
- <sup>34</sup> MoE, UNICEF, 2014.
- <sup>35</sup> KAP survey on MHM of Adolescent School girls and Nuns (2017)
- <sup>36</sup> UNICEF, 2015.
- <sup>37</sup> FSG, 2016.
- <sup>38</sup> Bangladesh National Hygiene Baseline Survey, 2014.
- <sup>39</sup> Annual Education Statistics, 2017.
- <sup>40</sup> National Hygiene Baseline Survey, 2014.
- <sup>41</sup> NFHS-4, 2015-16.
- <sup>42</sup> MHA, 2017.
- <sup>43</sup> Morrison et al, WaterAid, 2016.
- <sup>44</sup> Integrated Rural Support Programme and Freshwater Action Network South Asia.
- <sup>45</sup> A baseline survey for WaterAid and AGAHE in District Muzaffargarh found that 2% of schools had an incinerator, largely as a result of existing interventions by AGAHE (AGAHE baseline).
- <sup>46</sup> MoE, UNICEF and Neilsen KAP-B study, 2014.
- <sup>47</sup> UNICEF, 2013.





“Now we know how to safely and hygienically manage periods. We also have a pink latrine in the school that has all the facilities available while we are menstruating.” Ramsha, 13, with her classmates at a school supported by WaterAid and UK aid, Muzaffargarh district, Pakistan.

There is increasing recognition that menstrual hygiene is a multi-sectoral issue that requires integrated action, particularly from the water, sanitation and hygiene (WASH), education, health, adolescents, protection, and gender sectors.

As the body of research on the importance of menstrual health for girls expands, there is a growing interest in addressing it, especially through WASH in Schools (WinS) programmes.

Numerous studies have shown that the lack of menstrual hygiene management-friendly facilities and information, menstrual health materials, and social support for schoolgirls and female teachers is a barrier to their full participation in school and therefore to quality education.

The South Asia region has been at the forefront of innovation in policy and practice to ensure that WASH services, including those in schools, pay attention to the needs of menstruating girls and women.

This report explores the current situation of MHM in WinS programmes in South Asia, reflecting on the recent progress made and prevailing challenges. It considers MHM in schools through the lens of three inter-linking themes: the policy/legal frameworks and the educational context for MHM in schools; the effective implementation of WinS MHM programmes; and efforts to ensure sustainable management of MHM services in schools. The report draws together opportunities for further promoting and mainstreaming MHM in schools in South Asia.

Cover photo:  
This school in Pakistan only had two toilet blocks to serve 400 girls and 10 teachers. With support from WaterAid and UK aid, it has set up a hygiene club and is now a model school in terms of its sanitation facilities.

WaterAid/Sibtain Haider



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