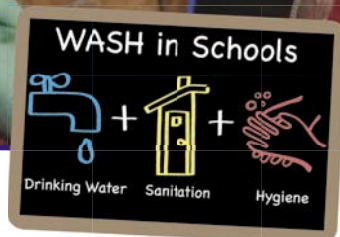




# WASH in Schools for Girls: Voices from the field

Advocacy and capacity building for menstrual hygiene management through WASH in schools programmes



## Acknowledgements

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Design and layout: Sarratou Mariko | sarra2mariko.com

Editor and interviewer: Jeff Sinden

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Programme Division / WASH

3 United Nations Plaza

New York, NY 10017 USA

[www.unicef.org/wash/schools](http://www.unicef.org/wash/schools)

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For more information, please contact Murat Sahin, [msahin@unicef.org](mailto:msahin@unicef.org).

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# Acronyms

EMIS	Education Management Information System
MDGs	Millennium Development Goals
MHM	menstrual hygiene management
NGO	non-governmental organization
SDGs	Sustainable Development Goals
UNDP	United Nations Development Programme
UNGEI	United Nations Girls' Education Initiative (UNGEI)
UNFPA	United Nations Population Fund
WASH	water, sanitation and hygiene
WinS	WASH in Schools

# Introduction

Menstrual hygiene remains a taboo in many settings, with poor knowledge and misconceptions as great a challenge as access to adequate facilities. In recent years, a solid body of evidence has revealed the discriminatory nature of many school environments, with menstruating girls unable to adequately manage their monthly menses with safety, dignity and privacy. In recognition of the positive impact on girls' education, initiatives around the world are addressing adolescent girls' menstrual hygiene management (MHM) needs in coordination with ongoing efforts to improve water, sanitation and hygiene (WASH) facilities in schools.

Since March 2014 the Canadian Government has been funding the project 'WASH in Schools for Girls: Advocacy and Capacity Building for MHM through WASH in Schools Programmes'. The WinS4Girls Project is organized around four pillars, each of which has seen significant progress:

1. Development and roll-out of a web-based course to strengthen the capacity of national research partners, WASH practitioners and policymakers to carry out formative research on MHM. In August 2015, 82 participants completed the WinS4Girls E-Course, which was designed and delivered by Emory University.
2. Planning and implementation of MHM formative research in 14 countries

(Afghanistan, Bolivia, Burkina Faso, Eritrea, Ghana, India, Indonesia, Kyrgyzstan, Mongolia, Nepal, Niger, Nigeria, Pakistan and Zambia). Supported by Emory University and UNICEF, working groups made up of e-course participants are currently completing MHM research in each of the countries.

3. Development of improved policies and interventions based on research results. The wealth of information generated through the formative research is being used to develop a basic MHM in schools package, which will be piloted in all countries.
4. Implementation of MHM-related advocacy efforts. The project has supported the organization of the annual MHM virtual conference, which continues to grow each year. Nationally, several country teams have held advocacy meetings with national ministries of health to discuss the importance of MHM in schools.

To document the successes, challenges and lessons learned during the planning and implementation of the WinS4Girls Project, interviews were held with representatives from project working groups in each of the beneficiary countries. Global voices were provided by UNICEF's WASH and Gender sections in New York as well as Columbia University, Emory University and the United Nations Girls' Education Initiative (UNGEI).

# Country Voices

## Afghanistan

*Voices: Nasratullah Rasa, WASH Specialist, and Zahida Stanekzai, WASH Programme Officer, UNICEF Afghanistan*

### **What is the focus of the WinS4Girls research being undertaken in Afghanistan? Why was this focus chosen?**

The objective of the WinS4Girls research in Afghanistan is to assess the knowledge, behaviour and practices of adolescent girls regarding menstruation. The study will also seek to identify where adolescent girls get information on menstruation, assess the availability of MHM facilities, services and materials, and identify MHM-related barriers adolescent girls face in school.

There is relatively little information on MHM in Afghanistan. The limited information that does exist suggests that menstruating girls face added barriers to education. In 2010 the Ministry of Education and UNICEF conducted a survey on MHM among 160 adolescent girls, 25 teachers and 50 mothers in 10

schools in Kabul and Parwan provinces.<sup>1</sup> The study found that 29 per cent of girls miss some time due to their menses, that over 70 per cent do not shower during their menstrual period and that 50 per cent were not aware of menses until it started. We hope that the formative research being conducted through the WinS4Girls Project will provide the evidence needed to improve MHM policies and programmes in Afghanistan.

### **How is the research being conducted?**

The research is being conducted by Emerging Leaders Consulting Services, a Kabul-based firm. Using purposive sampling, 12 schools were selected across six provinces: Balkh, Ghor, Herat, Kabul, Kandahar and Laghman.

<sup>1</sup> Government of the Islamic Republic of Afghanistan and UNICEF. Assessment of Knowledge, Attitude and Practice of Menstrual Health and Hygiene in Girls Schools in Afghanistan, 2010.



As of November 2015, data collection activities are ongoing. In-depth interviews are being conducted with adolescent girls 12 to 16 years of age – including in-school and out-of-school girls. The interviews focus on girls' knowledge and perceptions regarding menstruation, their first experience of menstruation, strategies they use to manage menstruation, and specific challenges they face in managing menstruation at home and at school. The research team is also conducting key informant interviews with teachers and administrators at each school, focusing on the availability of WASH facilities and attitudes around menstruation. Separate interviews are being conducted with health workers and representatives from the Ministry of Public Health and the Ministry of Education.

Researchers are also conducting focus group discussions with girls, boys and mothers of girls. Discussions with girls

focus on their experiences and perceptions regarding MHM, and challenges they face while menstruating at school. The discussions with boys focus on their attitudes towards menstruating girls. During focus group discussions with mothers, the research team is inquiring about the knowledge of mothers and the presence of support systems for menstruating girls.

Finally, to validate the findings and to assess school environments, the research team is conducting direct observation of WASH facilities in each of the 12 selected schools. Using UNICEF's *WASH in Schools Monitoring Package*<sup>2</sup>, researchers are assessing the number and functionality of sanitation facilities, the distance from the school building or classrooms to facilities, issues regarding privacy, and the availability of hand-washing stations.



<sup>2</sup> [http://www.unicef.org/wash/schools/files/wash\\_in\\_schools\\_monitoringpackage\\_.pdf](http://www.unicef.org/wash/schools/files/wash_in_schools_monitoringpackage_.pdf)

## What were the main challenges in planning the research?

Due to delays in identifying a research partner, we currently face challenges in completing research activities before some of the selected schools close for three months for winter holidays. To ensure that all data collection activities are completed in 2015, the research team is prioritizing the cold-climate schools that will close in mid-December.

The security situation in Afghanistan also poses a challenge. To minimize risks, we asked our UNICEF colleagues in the six provinces to identify schools in relatively secure areas. Teams of interviewers, made up of both females and males, were selected from the provinces where they will conduct research. However, in Kandahar province there were problems finding qualified female research assistants to conduct interviews. Interviewers were therefore recruited from another province, which is not ideal.

Finally, making audio recordings of interviews and discussions may not be possible in certain areas; because of cultural taboos, some research participants may be unwilling to have their voices recorded. Note takers will be especially important in these areas.

## Has anything surprised you during the planning of the research?

Given the very sensitive and novel nature of the research subject, we expected to have problems finding a local partner to undertake the research and thought we might have to contract an international research partner. In the end, we were pleasantly surprised by the quality of the proposals received from local agencies.

Prior to the research, the general perception was that menstruation is very taboo and that both adolescents and adults would

be very reluctant to discuss the issue with researchers. During the field-testing of research tools at a few schools, we have been surprised to find that girls and teachers have been very open to discussing MHM. This might be explained by the fact that field-testing was conducted at schools in which UNICEF has previously conducted MHM-related activities, including the construction of washrooms for girls and incinerators for the disposal of menstrual materials. We may find that attitudes are different at schools in which similar interventions have not been completed.

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*The formative research being conducted through the WinS4Girls Project will provide the evidence needed to improve MHM policies and programmes in Afghanistan.*

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## How have you engaged with the government during the planning of the research? Is the government likely to take up the research recommendations?

The project has benefited from excellent engagement with the government. The Ministry of Education provided feedback on the draft inception report and study tools, was involved in the selection of schools, and provided a letter of support to the research team. The Ministry of Public Health supported ethical clearance with the institutional review board. Both ministries have two representatives on the project steering committee, which also includes representatives from the Faculty of Public Health at Kabul Medical University and UNICEF's country office. Importantly,



four government staff also participated in the WinS4Girls E-Course, significantly increasing their knowledge of MHM and qualitative research methods.

We believe that the government will positively receive the research results and recommendations. We have great government buy-in and support, including from high-level officials. For example, we recently sent a letter to the Deputy Minister of Education, asking him to send a letter of support to local officials in the six provinces. We were expecting to wait several days and then follow up, as usual. However, after only a few hours we heard back from the office, letting us know that they sent the letters immediately after receiving our request.

### What next steps are planned?

Once the research is complete, we will meet with the government and other national stakeholders to discuss the results and recommendations. In the meantime, we will continue to hold regular steering committee meetings to ensure ongoing buy-in.

The long-term goal is to use the research results and recommendations to work towards better MHM in schools, in terms of

both ‘software’ and ‘hardware’. With regard to software, MHM in schools guidelines and materials already exist but are probably in need of revision based on the research findings. Hardware improvements will build on ongoing efforts to improve MHM facilities and may prioritize the provision of adequate privacy for girls.

### What advice do you have for other UNICEF country offices interested in undertaking similar work?

We would strongly encourage other UNICEF country offices, including those in South Asia, to undertake similar research. The lack of information on MHM, combined with its very sensitive nature, makes developing evidence-based policies and programmes very difficult. The formative research being undertaken will help fill the knowledge gap and catalyse improvements in MHM in schools.

We found that the WinS4Girls E-Course was very useful. The participants from Afghanistan, which included representatives from the government and UNICEF, learned a lot about planning and implementing qualitative research. Detailed instruction on how to conduct focus group discussions and in-depth interviews was especially useful. The course facilitators from Emory University were very talented and dedicated teachers. We would encourage other country offices to take advantage of similar learning opportunities.

Finally, it is very important to engage all stakeholders from the beginning of project planning. The project steering committee was very useful in this regard, fostering a sense of shared ownership. Having government representatives involved in the e-course also increased their ownership of the research and provided us with MHM champions within the relevant ministries.



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# Bolivia

*Voice: Teresa Calderón, Communication for Development Officer, UNICEF Bolivia*

## What was the focus of the WinS4Girls research undertaken in Bolivia? Why was this focus chosen?

Bolivia was one of four countries involved in the MHM research conducted by UNICEF and Emory University in 2012-2013. The original research was conducted in the Cochabamba Department of Bolivia among Quechua-speaking people. As Bolivia is a very diverse country, with 36 indigenous peoples and a range of geographic areas, the WinS4Girls Project is supporting supplemental research in the Amazon region of Bolivia, which is culturally and climatically very different. The overarching goal of the research is to further improve our understanding of the challenges that menstruating girls face at school. The results will inform the development of a basic MHM in schools package.

## How was the research conducted?

UNICEF has partnered with Save the Children and the Autonomous University of Beni to conduct research in two rural municipalities within the Beni Department of the Amazon region: San Javier and San Ignacio de Moxos. Within these municipalities, eight remote schools were chosen by local education officials. Schoolgirls were the primary research participants, and were involved in focus group discussions and in-depth interviews. Focus group discussions were also held with boys, teachers and mothers of adolescent girls. In addition, research assistants inspected WASH facilities at each school.

## What were the major findings?

As of November 2015, we are currently analysing the data and the final findings



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are not yet available. However, emerging findings suggest that people in the region are poorly informed about MHM and hold a range of misconceptions. For instance, we encountered the belief that a girl's initial menses comes when she has had sex for the first time.

### **What were the main challenges in planning and implementing the research?**

A local election was held at the beginning of the project; as a result, many local education and health authorities changed. This issue of frequent staff rotation is common throughout Bolivia; decision makers and government technical staff change frequently, after which it is often necessary to build new relationships.

The remoteness of the schools presented logistical challenges. Access was difficult and transportation unreliable. In addition, the low-density of the population made it difficult to recruit a sufficient number of research participants. For example, to have a focus group discussion with a sufficient

number of boys, we had to have boys from two schools participate.

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*The overarching goal of the research is to further improve our understanding of the challenges that menstruating girls face at school.*

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In addition, people in rural areas of Bolivia tend to have a completely different ‘rhythm of life’ than we are used to in the city. This context presents both challenges and opportunities. For instance, it can make scheduling research activities difficult; researchers need to be flexible and accommodate local needs. We have to remember that the local people are not asking anything from us, we are asking for their time.

## How have you engaged with the government during the planning and implementation of the research? Is the government likely to take up the research recommendations?

We have been engaging with all levels of government. Because school infrastructure, including WASH facilities, is the responsibility of municipal government in Bolivia, UNICEF is building a relationship with the Federation of Associated Municipalities. At the department level, health and education officials from Beni have been involved in the project.

However, there is a strong feeling that external policies, programmes and solutions shouldn't be "copied" to Bolivia. This makes introducing new things at the national level time consuming and somewhat complicated.

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*Findings suggest that people in the region are poorly informed about MHM and hold a range of misconceptions; for instance, that a girl's initial menses comes when she has had sex for the first time.*

”

## What next steps are planned?

We are currently putting together a basic MHM package, which will include materials for girls, boys, mothers and local officials. Once prepared, the package will be piloted in schools across four municipalities in Beni – and hopefully in other regions. Once the

package has been updated based on the results of the pilot, we will advocate with the government to scale up the package throughout the country.

## What advice do you have for other UNICEF country offices interested in undertaking similar work?

To ensure sustainability, I believe government ownership is paramount. Our experience has taught us not to force things with any ministry in particular, but to work with a range of government stakeholders, including local and department-level authorities. It is also important to respect their timelines and priorities, finding a way to incorporate MHM within the government's agenda.



# Burkina Faso

*Voice: Mariam Traoré, WASH Programme Officer, UNICEF Burkina Faso*

## What is the focus of the WinS4Girls research being undertaken in Burkina Faso? Why was this focus chosen?

In 2013 UNICEF's West and Central Africa Regional Office conducted research on MHM in Burkina Faso and Niger. Results from one rural region in Burkina Faso showed that both boys and girls lack knowledge and information about menstruation and that menstruation affects the participation and performance of girls in school. The WinS4Girls Project is supporting more detailed research in additional regions of the country. The Government of Burkina Faso is particularly interested to learn if and how improved MHM in schools can increase the retention and performance of adolescent girls.

## How is the research being conducted?

As of November 2015, data collection activities are ongoing. Research activities are being conducted at eight schools – two primary and two secondary schools in both

the north and east of the country. Focus group discussions are being held with girls 12 years of age and older who have reached menses, mothers of adolescent girls and boys. In-depth interviews are being conducted with girls, teachers and administrators. Finally, the research team will directly observe WASH facilities at each of the eight schools.

The research tools being used were adapted from those developed during the 2012-2013 MHM research conducted by UNICEF and Emory University in Bolivia, Philippines, Sierra Leone and Rwanda. The socio-ecological model of analysis is being used, which recognizes that societal, environmental, interpersonal, personal and biological factors impact individual behaviours and experiences.

Research activities are being led a national consultant, with support from IRC, an international non-governmental organization



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(NGO) that specializes in WASH, and the Directorate for the Promotion of Girls' Education and Gender within the Ministry of Education. UNICEF is providing technical and financial support (based on the generous support of the Government of Canada). A national steering committee, with representation from the government, UNICEF, civil society and academia, has been established to oversee the research. All members of the committee participated in the WinS4Girls E-Course facilitated by Emory University.

### **What were the main challenges in planning the research?**

One of the biggest challenges we faced was around human resources. As MHM is a new area of work that was previously ignored, there are very few people in Burkina Faso with relevant experience. Internationally, many of those with MHM expertise do not speak French, which is a prerequisite for working in the country.

In addition, our research activities were delayed because of the political situation in Burkina Faso, which has been relatively unstable since the coup d'état in October 2014. By the time we were ready to begin activities in July, schools were closed for summer holidays, causing further delays.

### **How have you engaged with the government during the planning of the research? Is the government likely to take up the research recommendations?**

Due to the very sensitive nature of menstruation, we assumed that we would have difficulty getting government partners involved in the research. Instead, we have been very pleased by the government's early and ongoing involvement. In fact, the project steering committee is being

led by the Ministry of Education. They are clearly very interested in the project and are eager to see the results. In fact, they have already begun implementing new MHM activities, including supporting girls to make sanitary pads with clothe. Given their strong ownership of the research, we expect that the government will fully support the research findings and the implementation of the eventual recommendations.

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*Given the sensitive nature of MHM, I believe that it is very important to fully grasp the issue before developing interventions.*

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### **What next steps are planned?**

Research results will be used to develop a package of materials that will be piloted in 100 schools. In the long-term, it is our goal to use the WinS4Girls Project to strengthen MHM policies and programmes in the country.

### **What advice do you have for other UNICEF country offices interested in undertaking similar work?**

Given the sensitive nature of MHM, I believe that it is very important to fully grasp the issue before developing interventions. Maybe menstrual hygiene is not a problem in your country. Or maybe the problem is huge. National formative research can be an effective way to identify the local norms, behaviours and challenges that menstruating girls face at school, providing you with the information needed to design the right interventions that are appropriate to the local context.

# Eritrea

Voices: Martin Worth, WASH Chief, and Yirgalem Solomon, WASH Specialist, UNICEF Eritrea

## What is the focus of the WinS4Girls research being undertaken in Eritrea? Why was this focus chosen?

The UNICEF Eritrea Country Office began supporting the Ministry of Education to implement WinS activities in 2007, including the provision of safe drinking water, sanitation and hand-washing facilities. However, the lack of evidence-based information on MHM has limited our ability to help ensure that girls have access to the facilities, materials and information they need to manage their menses with privacy, safety and dignity. The information that was available was largely anecdotal. The WinS4Girls research will fill this gap by assessing the MHM practices and barriers

girls face in schools in Eritrea. Equipped with strong evidence, we will be better placed to advocate for and implement improved MHM policies and programmes.

## How will the research be conducted?

Data collection activities will be conducted in December 2015 and January 2016. Eritrea has six administrative regions and nine ethnic groups. Research will be conducted in 12 schools from across the six regions. The selected schools will be drawn from both urban and rural areas and will include pupils from all ethnic groups. A school for children with special needs has also been included in the sample.



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Data collection activities will include focus group discussions with girls, boys, teachers and parents, including both mothers and fathers. We believe that conducting discussions with fathers will be critical as men are usually the primary source of family income in Eritrea and tend to control family finances. The research firm will also conduct in-depth interviews with girls, key informant interviews with teachers and school administrators, and school facility observations. The research tools introduced in the e-course will be adapted and translated into Eritrea's nine languages.

### What were the main challenges in planning the research?

When the project was first introduced to national stakeholders there was a feeling that the funding should be used to rehabilitate the factory that produces sanitary pads in Eritrea. It was felt that the

low production capacity of the factory was limiting the supply of pads in the country. This became the government position and it took several months of high-level advocacy and discussions with stakeholders to reach a consensus on moving forward with the formative research. During this period, the WinS4Girls E-Course was ongoing and we believe that partners' participation in the course had a positive effect on the decision to conduct the formative research. The decision to move forward was reached in April 2015, which meant that the project was delayed by several months.

The fact that menstruation is shrouded in a range of long-held taboos is likely to cause challenges during data collection. We expect that many potential research participants, especially those in rural areas, will be unwilling to talk openly about MHM. Since speaking with men about the subject will be especially difficult, the research





firm will hire female research assistants to conduct interviews and focus group discussions with girls, female teachers and mothers. Hiring researchers from the various ethnic groups will help ensure accurate understanding of colloquial or slang terms.

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*The Ministry of Education has been very receptive to the project from the beginning. We hope that the WinS4Girls Project will reinvigorate our joint efforts on MHM in schools.*

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### **Has anything surprised you during the planning of the research?**

We were pleasantly surprised by the strong involvement of four male colleagues from the government, two from the Ministry of Education and two from the Ministry of Health, in the WinS4Girls E-Course. Due to slow Internet connections in their offices, the participants had to take two different buses to travel to the UNICEF office to participate in the course sessions. They showed a real commitment to the project and now talk openly about menstruation.

### **How have you engaged with the government during the planning of the research? Is the government likely to take up the research recommendations?**

The Ministry of Education has been very receptive to the project from the beginning and was involved in developing the expression of interest and the project proposal. UNICEF has been working with the Ministry of Education on MHM in

schools since 2010. However, a lack of funding meant that we haven't been able to implement as many activities as we would have liked. We hope that the WinS4Girls Project will reinvigorate our joint efforts on MHM in schools. Given their strong support of and involvement in the project, we are confident that the government will positively receive the research results and recommendations.

### **What advice do you have for other UNICEF country offices interested in undertaking similar work?**

It's really important to involve all stakeholders in the project planning process. If we would have included all partners from the very beginning, we may have been able to reach consensus faster, avoiding the lengthy delay.

We would also suggest that other country offices encourage a range of national stakeholders to participate in learning opportunities such as the e-course. The eight participants from Eritrea – including two from the Ministry of Education, two from the Ministry of Health, three from UNICEF and one from the National Union of Eritrean Women – found the course very interesting and informative. It certainly improved our collective capacity around both qualitative research and MHM. Broad participation in the course also helped improve national ownership of the research results and recommendations.

# Ghana

Voices: David Duncan, WASH Chief, and Emma-Joan Halm, WASH Officer for Sanitation and Hygiene, UNICEF Ghana

## What is the focus of the WinS4Girls research being undertaken in Ghana? Why was this focus chosen?

For several years UNICEF has been working with the Government of Ghana on addressing girls' enrolment and retention rates in basic schools. MHM has been identified as an important area in this regard. However, to date we have very little evidence on cultural and social influences around MHM in Ghana. This 'information vacuum' makes it difficult to develop policies and strategies. The little information we do have suggests that menstruation presents a barrier to girls' education. For example, data from WaterAid suggest that 95 per cent of girls in Ghana sometimes miss school as a result of menstruation.<sup>3</sup>

The WinS4Girls Project is supporting formative research on MHM in Ghana's schools. We expect that research findings will help shape future MHM policies and programming in the country.

## How is the research being conducted?

As of November 2015, the research is ongoing and is being conducted by the University of Ghana's Institute of African Studies. In the Northern Region, where Islam is the predominant religion, research activities are being conducted in six schools across the district of Zabzugu. An additional six schools are being studied in the North Dayi district of the Volta Region, which is predominantly Christian. Data collection activities include in-depth interviews with girls, focus group



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<sup>3</sup> WaterAid, Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world, 2012 [http://www.wateraid.org/~/\\_/media/Publications/Menstrual-hygiene-matters-low-resolution.pdf?la=en](http://www.wateraid.org/~/_/media/Publications/Menstrual-hygiene-matters-low-resolution.pdf?la=en)





discussions with girls, boys, mothers and fathers, and key informant interviews with local school officials, traditional leaders, religious leaders and community health workers. The inclusion of village chiefs and local religious leaders is important, as they are fundamental to social and cultural norms in Ghana, especially in rural areas. WASH facility observations are also being carried out at each of the 12 schools.

**Has anything surprised you during the planning of the research?**

The research is focusing on Ghana’s two main rural regions, the predominantly Muslim north and the predominantly Christian south. The decision was made not to sample schools from urban areas because it was assumed that attitudes and perceptions in Ghana’s cities would be ‘muted versions’ of those found in rural areas. However, initial feedback from researchers suggests that this might not be the case. As a result, we

might not have adequate information about urban areas and may need to carry out follow-up research.

*“ Including relevant government agencies in discussions around the research methodology and tools has improved the rigour of our research. ”*

**How have you engaged with the government during the planning of the research? Is the government likely to take up the research recommendations?**

We believe that engagement with the government has been good. The project

inception meeting involved a broad range of government agencies, including the Ministry of Education and the Ghana Health Service. We were very impressed by the rigour of questions government partners posed to researchers about the proposed methodology and tools. As a result, the methods and tools were revised, significantly strengthening the research.

Given strong government ownership of the research and the fact that a Ghanaian university is conducting the study, we expect that the results and recommendations will be well received.

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*We will use research results to advocate for improved government policies and programmes on MHM in schools.*

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### What next steps are planned?

We will develop a range of behaviour change communication materials based on the research results. Materials are likely to include traditional media such as posters and flyers. We would also like to explore new media, such as text messages and online platforms. UNICEF has a number of pre-existing programmes in Ghana into which these can be integrated. For example, UNICEF Ghana's Communication for Development team has developed a web platform on Ebola and cholera that is targeted at senior high school students. It may be possible to adapt this platform to reach adolescent girls and boys with messages on MHM.

We will also use research results to advocate for improved government policies and programmes on MHM in schools.

### What advice do you have for other UNICEF country offices interested in undertaking similar work?

Including relevant government agencies in discussions around the research methodology and tools has improved the rigour of our research. Early and ongoing engagement with the government has also fostered a sense of ownership and should improve the likelihood that the recommendations are taken up.

We have also found the approach to engage a local university has worked very well. The Institute of African Studies has a lot of credibility in Ghana and should further improve the chances that the government will favourably receive the findings and recommendations.

# India

*Voice: Mamita Bora Thakkar, WASH Specialist, UNICEF India*

## What is the focus of the WinS4Girls research being undertaken in India? Why was this focus chosen?

Evidence-based information on the behaviours and challenges related to MHM is limited in India, especially in school settings. Although menstruation is a natural process, it is linked with gross misconceptions and practices that result in adverse social and health outcomes for girls. The objective of our WinS4Girls research is to better understand the MHM-related barriers faced by schoolgirls in India. The goal is to use the evidence generated to develop a holistic package for MHM in schools for scale-up across India.

## How is the research being conducted?

The Liverpool School of Tropical Medicine was selected as the principal investigator, with the Tata Institute of Social Sciences in

Mumbai identified as the local partner. Our research design involved a comprehensive desk review and extensive field research.

A systematic review and meta-analysis was conducted using PubMed, Google Scholar and the Global Health database. Of the 182 articles related to MHM in schools in India that were published between 2000 and 2014, 118 were determined to be eligible and were included in the meta-analysis. The research team also reviewed current government programmes related to MHM, adolescent health and hygiene. The purpose was to determine the reach, efficacy and quality of the programmes and how they can be improved.

Three states – Chhattisgarh, Maharashtra and Tamil Nadu – were purposively selected for quantitative and qualitative field research. Within each state, eight to 12 schools



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were randomly selected. Approximately 1,800 menstruating girls – plus about 300 pre-menarche girls – are completing questionnaires. Surveys are also being completed by 150 teachers, both male and female. Focus group discussions are being held with girls, boys, teachers and parents. Key informant interviews are being conducted with stakeholders at the local, state and national levels. WASH facility observations are also planned at each of the selected schools.

### What were the major findings?

A number of important findings have emerged from the systemic literature review:

- Awareness of menarche is very low among adolescent girls in India.
- Most girls face a range of restrictions – such as not being able to eat certain food or being ‘housebound’ – while menstruating.
- Mothers are the main source of MHM information for girls, with teachers and health workers having a relatively minimal role.
- A significant increase in sanitary napkin access and use was found over time.
- Schools with adolescent girls reporting higher sanitary napkin use had lower proportions of girls absent from school.
- Current government programmes are very promising but there is room for improvement.

As of November 2015, the field research activities are being completed and findings are not yet available. It will be very interested to see if findings from the field support those found through the desk review.

### What were the main challenges in planning and implementing the research?

The decision to randomly select schools in which to carry out research will result in rigorous results. However, this methodology led to some logistical challenges. For instance, the inclusion of remote areas required extensive travel for the research teams. In addition, adequate sampling was affected by the variation in the age in which girls reach menarche. As a result, the team needed to double the planned sample to ensure adequate representation of menstruating girls. In one rural area, this meant that it was necessary to pool girls from five schools to get the required number of adolescent girls for research activities.

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*Although menstruation is a natural process, it is linked with gross misconceptions and practices that result in adverse social and health outcomes for girls.*

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The inclusion of three implementing partners increased the overall knowledge and skillset of the research team. However, divergent commitments, priorities and expectations between partners resulted in project delays.

### Has anything surprised you during the planning and implementation of the research?

It was very surprising to learn that mothers are adolescent girls’ main source of information on MHM. We had previously assumed that Accredited Social Health



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Activists (ASHAs), community health workers who are involved in the provision of sanitary napkins in rural India, were an important source of information on MHM. If this finding is confirmed by the field research, it will have far-reaching consequences for our work. Unlike with ASHAs and teachers, at this point we don't have an institutional way of reaching mothers to empower them to provide accurate and adequate information to their daughters.

It was also surprising to find an association between the use of sanitary napkins and school absence. While this likely reflects a relationship between good sanitary hygiene and school attendance, it might also be that schools and communities that provide napkins also have other mechanisms that

encourage girls' retention in school. We will have to further investigate this finding.

### **How have you engaged with the government during the planning and implementation of the research? Is the government likely to take up the research recommendations?**

UNICEF purposively selected the three states based on their favourable policies and outlook on MHM. We formed project reference groups in each state, with representation from a range of stakeholders, including state and local government officials. Given our excellent relations with all levels of government in India, there is a strong possibility that we will be successful in convincing the relevant authorities to implement the recommendations.



### What next steps are planned?

Once we have the field research results, we will put everything together on a state-by-state basis and share the information with the reference groups and state governments and discuss the way forward.

The long-term objective is to develop a basic minimum MHM package for schools in India. An ideal enabling environment for MHM in schools will be suggested, and a modular approach to improving MHM practices in schools will be developed. While the package will be national, state-by-state adaptations may be considered.

The results of the research will also help develop the MHM programming framework for UNICEF. For instance, how can UNICEF best support the Government of India to improve WinS for girls?

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*It was very surprising to learn that mothers are adolescent girls' main source of information on MHM. We had assumed that ASHAs were an important source of information.*

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### What advice do you have for other UNICEF country offices interested in undertaking similar work?

First and foremost, it is very important to identify the key research questions up front. You need to be clear with research partners on what questions you would like answered. You also need to have a clear plan on how to use the research findings. Prior to the

start of the project we did a lot of work on what we wanted to find out and how we wanted to use the results. This was very useful when first discussing the research with our partners.

Second, whether at the local, state or national level, try to get the relevant government authorities on board and make the research as relevant to them as possible. You need to find meaning in the work for them.

Finally, I believe this is an extremely important type of project that UNICEF should do more of. In my several years of experience with UNICEF in India, we have not conducted a lot of qualitative research. It would be great to see UNICEF's internal capacity improved to undertake such research. We need to get UNICEF staff more involved in analysing data, generating reports, etc. While the WinS4Girls E-Course was an excellent opportunity in this regard, unfortunately time constraints meant that the Indian participants were not able to fully take advantage of the course. Perhaps the course will be provided again, even adapted to and delivered specifically for India.

# Indonesia

Voices: Aidan Cronin, WASH Chief, and Claire Quillet, WASH Specialist, UNICEF Indonesia

## What was the focus of the WinS4Girls research undertaken in Indonesia? Why was this focus chosen?

Studies in other countries have shown that poor access to MHM-related information, facilities and materials, combined with socio-cultural beliefs and restrictions, contribute to school absenteeism, stigma and potential health risks for adolescent girls. While we knew about the scale of the problem in Indonesia – with one quarter of girls not even having discussed menstruation with anyone before their first menses – prior to the research we had limited information on MHM in the country, particularly among adolescent girls. As a result of this knowledge gap, the determinants and impacts of MHM were not

well understood and the evidence-base for programming and interventions was weak.

To help bridge the gap, UNICEF Indonesia commissioned a study to explore current MHM practices, determinants and impacts among school-going adolescent girls. The long-term objective is to use the research findings to inform evidence-based interventions and policies to improve WinS for girls, thereby contributing to improved health and education outcomes.

## How was the research conducted?

The research was conducted by the Burnet Institute, an Australia-based agency, in partnership with SurveyMeter, WaterAid Australia and a local youth network. The



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team conducted a school-based mixed-methods study across four provinces: Papua, East Java, South Sulawesi and East Nusa Tenggara. Sixteen urban and rural public secondary schools were randomly selected from these provinces.

Adolescent girls 12 to 19 years of age were asked to complete a semi-structured questionnaire to quantify knowledge and attitudes, practices and self-reported health, education and social impacts related to menstruation. Adolescent girls were also invited to participate in focus group discussions; girls who had experienced their first period were also recruited to participate in in-depth interviews.

At each school, the school principal, or a representative nominated by them, completed a semi-structured interview and participated in the completion of the school observation checklist to assess current water, sanitation, disposal and hygiene facilities. Adolescent boys, mothers and health workers also participated in group discussions and interviews. Overall, more than 1,400 participants were involved in the research.

### **What were the major findings? Did any of the findings surprise you?**

The study identified a number of challenges that impact girls' ability to manage menstruation hygienically and with dignity in schools. Not surprisingly, insufficient knowledge about menstruation, the menstrual cycle and MHM result in lack of preparation for menarche, misconceptions about disposal of soiled absorbent materials, and inadequate understanding about how to manage menstruation safely at school. Prior to the research, we knew about a range of common misconceptions, such as the idea that menstruating girls should not wash their hair or eat a range

of foods. More surprisingly, nearly all girls described a need to wash soiled disposable sanitary pads prior to disposal, a practice that is unnecessary and uncommon in other countries, requiring girls to spend time fetching scarce water. As 99 per cent of girls use disposal pads, this belief, together with the fact that the majority of schools do not provide adequate water or private spaces for such practices, means that girls are unable to dispose of absorbent materials discretely. A belief that burning menstrual materials is harmful also contributes to girls' reluctance to change and dispose of pads at school.

Inadequate WASH facilities at school also present challenges for menstruating girls. In addition to insufficient water for washing, small unclean latrines and lack of privacy further reinforce the reluctance to change pads at school. As a result, girls often resort to returning home to change absorbent materials or to wearing soiled materials for up to eight hours, leading to genital itching, leakage and staining of clothes.

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*Nearly all girls described a need to wash soiled disposable sanitary pads prior to disposal, a practice that is unnecessary and uncommon in other countries.*

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These factors contribute to significant consequences such as reduced participation and performance at school, school absenteeism and potential health risks. For instance, one in seven girls reported missing one or more days of school during their last menstruation.



## What recommendations resulted from the research?

First, we need to improve access to and quality of education about menstruation and menstrual hygiene in Indonesia. Girls need to be provided with comprehensive and accurate information that addresses misconceptions and provides practical advice for managing menstruation hygienically. The research report recommends strengthened coordination between the Ministry of Health and the Ministry of Education and Culture to improve the provision of menstruation education through the school curriculum and extra-curricular activities.

Second, we need to improve access to free or affordable pads in schools, either through the school canteen or health rooms. Girls

should be consulted to identify preferred brands and products, method of dispensing pads, and affordability.

Third, greater coordination is required between the government and the national WASH working group to ensure schools have sufficient, appropriate and functional WASH facilities that support safe, discrete and acceptable MHM. This includes improving existing facilities to meet the needs of menstruating girls and consideration of MHM when designing and building new facilities. For instance, girls' latrines should be located in a discrete place, away from the boys' latrines, and include privacy walls to allow for discrete entry and exit. It is also important that latrines have sufficient light and hooks to hang clothes while changing. Finally, schools need to ensure the availability of soap.



## What activities will UNICEF Indonesia implement to support the recommendations?

UNICEF's WASH programme in Indonesia is not about service delivery; we are not directly building toilets or providing sanitary pads. Instead we will focus on supporting the government to increase resources and quality in their programmes by improving the evidence base through formative research and designing and piloting innovative interventions. Based on the research results, we are going to design and implement a number of innovative activities, which will start at a small scale. The goal is to share the knowledge and learnings from the interventions to encourage the government to intervene at a larger scale.

To help address the widely held misconception about the need to wash disposal pads, UNICEF is working with the Ministry of Health to organize a meeting with private sector companies who produce and distribute sanitary napkins. The idea is to inform the companies about the research findings and to collectively discuss how they might help improve the situation. For instance, could pad producers include information on how to dispose of pads on packaging? Could the white wrappers that pads are currently packaged in, which allow blood to be shown when thrown out, be replaced with black paper, which would provide additional privacy for girls? How could their distribution network and advertising be used to improve knowledge around proper MHM?

Second, in collaboration with UNICEF's Innovation Lab, the WASH team is planning a human-centred design challenge. Focus group discussions will be held in a junior high school to hear from both girls and boys about what they want to

do about the disposal of sanitary pads. For instance, would including lids on rubbish bins in school latrines make girls feel more comfortable disposing of pads? The discussions will also explore where adolescents get information about menstruation and how teasing affects girls.

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***UNICEF is working with the Ministry of Health to organize a meeting with private sector companies who produce and distribute sanitary napkins to discuss how they might help improve the situation.***

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Third, together with UNICEF's Communication for Development Unit, we are working with Telkom Indonesia, the largest telecommunications company in the country, to place large multi-media billboards in seven schools in Jakarta. Over the course of 12 months, the billboards will display videos and messages about MHM up to 15 days a month, two hours a day. Messages will include evidence-based information, such as the fact that one in seven girls miss school due to menstruation, and behaviour change communication messages to help dispel misconceptions, such as the idea that menstruating girls shouldn't take painkillers. We will assess the effectiveness of the messages after three months and update them accordingly.

Together with the results of the research, these activities will inform the development of a basic MHM package that will be piloted in 100 schools. The package will focus mostly on communication and will



include messages for a number of important stakeholders, including local mayors, who have significant influence around health and development projects in their districts.

### **What challenges do you anticipate when implementing these activities?**

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

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

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

### **What advice do you have for other UNICEF country offices interested in undertaking similar work?**

First, it is clear to us that if you are going to discuss MHM with government, you need robust, evidence-based information. When dealing with a sensitive topic around which there are many taboos, it can't just be about opinions. Everything has to be based on watertight research. Our partnership with the Burnett Institute was crucial in generating clear, evidence-

based recommendations based on a solid methodology and robust findings. Our other three partners were also crucial to the success of this work, each providing a unique 'value add' to the research.

Second, we believe that it is important to engage with the private sector. While the government, schools and charities may have a role to play in the provision of sanitary pads in some cases, most girls purchase their MHM materials through the private sector. When approached as partners, we have found that pad producers and other private sector companies are willing and able to become constructively engaged in the issue.

# Kyrgyzstan

*Voices: Esen Turusbekov, WASH Programme Officer, UNICEF Kyrgyzstan, and Asel Abdyramanova, WinS4Girls Project Manager, Save the Children International*

## What was the focus of the WinS4Girls research undertaken in Kyrgyzstan? Why was this focus chosen?

The objective of our research was to establish a national evidence base on MHM in schools. Currently no one in the country is talking about MHM; the subject is largely taboo and is not raised at any level. In fact, WinS in general is not a priority. Many schools, especially in rural areas, have limited or unreliable access to water. Most school latrines were built during Soviet times and do not have partitions or doors to provide privacy. Female students have previously cited dirtiness, lack of privacy and proximity of girls' facilities to those used by boys as reasons they avoid using school latrines.

UNICEF and Save the Children hope to use the research results to conduct evidence-based advocacy to help improve WinS in general and MHM in schools in particular.

## How was the research conducted?

The UNICEF country office provided funding and oversight for the research. UNICEF also fostered links with the Ministry of Education and local academia. Save the Children implemented the research, which was conducted in seven schools within the Chuy and Osh oblasts. Focus group discussions were held with adolescent girls who have experienced menarche, adolescent boys, mothers of adolescent girls who have experienced menarche, and fathers of



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adolescent boys and girls. Focus group discussions with girls involved a number of participatory activities, including drawing their ideal latrine, describing how they felt before and after their first menstruation, and a scenario in which a generic girl named Aisha has a stain on her dress at school and girls discuss how her friends would feel and what they should do. Other data collection activities included in-depth interviews with girls, key informant interviews with teachers, and school facility observations.

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*Most school latrines were built during Soviet times and do not have partitions or doors to provide privacy.*

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### What were the major findings?

While the research has been completed and the preliminary report written, the results will only be finalized once we hold a meeting with the government and other stakeholders. Emerging findings suggest that communication between girls and their mothers and teachers may be key to how girls perceive menstruation and how they address challenges related to menstrual hygiene. Support from these critical figures can help a girl feel that her menstruation is normal, healthy and nothing to be ashamed of. However, many mothers and teachers feel uncomfortable discussing menstruation with their daughters/students, or are uncertain about the appropriate time to begin these conversations.

Furthermore, while girls are frequently told about the importance of keeping themselves

clean during menstruation – indeed, this is often the only advice given by mothers and teachers – they are generally unable to follow this advice due to the poor condition of school latrines, which tend to lack privacy and water inside latrines. A girl’s knowledge of how she should manage her menstrual hygiene may be quite good, but if she doesn’t have access to the necessary resources, her hygiene practices are likely to be inadequate, leading to feelings of shame and discomfort, as well as teasing from classmates.

### What were the main challenges in planning and implementing the research?

Recruitment was one of our primary challenges. We conducted the majority of our data collection during the summer holidays when most people in rural communities are very busy with farm work and are often away in distant pastures. Coupled with local discomfort discussing menstruation, this made recruitment of both students and parents extremely challenging. We employed several different strategies for recruiting participants. One of the most effective ways was to go door-by-door with a school principal to explain the project and get parental consent for the participation of girls and boys. However, this did not guarantee full attendance, as many of the recruited participants did not show up on the day of data collection. We frequently found ourselves having to phone participants at home, or even provide transportation for students who lived far from the school. Even with all of this work, we sometimes had barely enough participants to conduct activities. Parents were especially hard to recruit. Teachers and staff at multiple schools told us that parents’ involvement in school activities is quite low, even during the academic year. We are proud that despite these challenges we were



able to complete data collection activities successfully and on schedule.

In terms of the research activities themselves, we found that boys were the most challenging population to work with. Boys in many Kyrgyz communities are raised to believe that they shouldn't know anything about menstruation; therefore, not only is knowledge relatively low, but boys are very reluctant to admit what they do know in front of their peers. In this context, a traditional focus group discussion was unproductive. We addressed this challenge by adapting the focus group tool into a game, drawing largely on the game previously designed by the team in Bolivia. We were able to get significantly more data out of the boys' discussions after we introduced the game.

### **Has anything surprised you during the planning and implementation of the research?**

We knew that conducting focus groups with fathers would be a challenge. We were expecting to have a hard time recruiting fathers in the mountainous southern region of the country, where people tend to be relatively conservative and men are known to be very masculine. Surprisingly, in fact we actually had more fathers show up in the south than in the north. Those who participated were very enthusiastic, telling us that MHM is an important issue that needs to be addressed.

### **How have you engaged with the government during the planning and implementation of the research? Is the government likely to take up the research recommendations?**

When we first approached the Ministry of Education to discuss the need for the research, they were a little surprised that the topic was being raised, as menstruation is a delicate subject in the country. However,

using UNICEF's WinS programme as an entry point, we were able to convince them of the challenges girls face at school and the need for research to better understand MHM practices and barriers.

We are hopeful and confident that the government will be attentive to the research results and will take up our recommendations. The fact that the Minister of Education is a woman is a plus. She has been quite positive about the MHM rooms that UNICEF has been introducing in schools. UNICEF has also been advocating with a group of women Members of Parliament, who have also been very receptive to our work on MHM.

However, government capacity is extremely limited around infrastructure and policy. These challenges are likely to remain in the short-term and this is really just the start of the journey.

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*Many mothers and teachers feel uncomfortable discussing menstruation with their daughters/students, or are uncertain about the appropriate time to begin these conversations.*

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### **What next steps are planned?**

Once data analysis is complete and the results finalized, they will be presented to the government and other stakeholders. UNICEF and Save the Children, in collaboration with the Ministry of Education and Science and the Ministry of Health, will then develop a basic MHM package, which will be validated and piloted in a number of schools.

In parallel, UNICEF will continue to integrate MHM into all of its WinS projects in the country, including the introduction of MHM rooms. UNICEF will also work with the Ministry of Education on written standards for WinS and will advocate for the inclusion of private, gender-segregated toilets and MHM rooms.

Finally, we will continue to work with and train teachers to ensure that MHM is taught in schools. UNICEF's WinS guidebook for teachers, which includes a module on MHM, has already been adapted and introduced in Kyrgyzstan. However, in many schools, teachers are not yet 'brave' enough to include MHM in lessons. We will use WinS as an entry point to engage teachers on MHM.

### What advice do you have for other UNICEF country offices interested in undertaking similar work?

Just do it! There are lots of reasons not to work on MHM. Menstruation is not a comfortable topic to speak about, especially in a setting like Kyrgyzstan where the predominant religion is Islam. Everyone has a lot of assumptions about working on MHM; some will turn out to be right and some things will surprise you. In the end,

the work is both possible and important.

We believe that involving local academia in the process is very important. In countries like Kyrgyzstan, academia is underfunded and they are hungry for work and partnership. The expertise and networks that local academia bring to the table can be invaluable when planning and conducting research.

Timing is also important. Project managers and researchers should look at the school year and ensure that data collection does not fall on schools breaks. Busy agricultural times should be avoided in rural areas.

Finally, be sure to allot sufficient time for training, translation and practice. Almost every part of training took longer than expected. We had only five days of training before our pilot, and we could have used at least seven. You'll never regret having more time for training, but you may well regret not having enough! We also needed much more time than expected to adapt and translate research materials and to practice with the tools. We feel that more practice time would have significantly improved the quality of the data from the first few schools.



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# Mongolia

*Voice: Robin Ward, WASH Consultant, UNICEF Mongolia*

## What was the focus of the WinS4Girls research undertaken in Mongolia? Why was this focus chosen?

The objective of our research was to explore Mongolian schoolgirls' MHM experiences. The study involved schools in urban areas as well as rural boarding schools, where the children of semi-nomadic herding families stay for up to nine months in crowded dormitories. Most dormitories have outdoor latrines, which combined with extremely cold winter temperatures, make practicing proper sanitation and hygiene very difficult.

Prior to the WinS4Girls Project, there was no formative research or study on MHM in Mongolia. The results of our literature review were pretty bare. It is our hope that research results will provide us with the evidence needed to inform future policies and programmes.

## How was the research conducted?

The research was implemented by the Center for Social Work Excellence, a Mongolian NGO, under the guidance of UNICEF. Intensive support was provided by Emory University, who visited Mongolia twice during the project. During one of the visits, Anna Ellis, Emory's MHM Research Manager, supported the training of 11 researchers over eight days: five days were spent in the classroom, two days were used for field-testing the draft tools and the final day was used for debriefing.

Following ethical clearance from the National University of Mongolia, data collection was conducted at 11 schools over three weeks using small satellite teams. The 11 sampled schools included three in the capital, Ulaanbaatar, four in provincial capital towns and four in rural areas. Research activities included focus group



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discussions with girls, mothers and boys, in-depth interviews with girls, key informant interviews with teachers and principals, and school and dormitory observations.

### What were the major findings?

Preliminary findings suggest that a number of common barriers exist for all schoolgirls in Mongolia, including an absence of adequate facilities. For instance, because school latrines do not offer privacy, with most missing locks, many girls don't change napkins at school. The lack of girls' knowledge around MHM was also common to all schools. This is not a surprise as MHM was only briefly addressed in the previous curriculum and is not addressed in current school curricula; health was abolished as a dedicated school subject in 2015.

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*It was upsetting to find that in some cases, girls living in dormitories without enough money are resorting to stealing sanitary napkins and clothes from other girls to manage their menses.*

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The study found large disparities in the quality of WASH facilities between urban schools, which have indoor flushing toilets, and rural schools, which generally have outdoor unimproved open pit latrines. The schools in provincial capital towns had a mixture of indoor flushing toilets and outdoor latrines. Hygiene is problematic in rural schools due to water scarcity and lack of bathing facilities, with many girls using wet wipes to clean themselves.

The situation for rural dormitory schoolgirls is very difficult. These girls typically lack traditional support systems from mothers and sisters, do not always have money to buy napkins, generally lack access to regular showers, and face difficulties in using toilets at night due a lack of lights and the fact that some schools lock the dorm door.

### What recommendations resulted from the research?

Based on the research results, there are a number of preliminary recommendations that would help to improve the MHM situation in Mongolia. First, the sector should prioritize dormitories and rural village schools for improvements in WinS and MHM facilities. To improve knowledge around MHM, school health curricula should be developed, starting from the sixth grade. Schools should be supported to provide access to napkins, especially for dormitory girls. Finally, support systems should be strengthened by working with the parents and host families of dormitory girls.

A number of recommendations also emerged directly from girls and others involved in the research, such as selling napkins in schools, encouraging peer support from older girls through clubs, and producing handbooks on MHM girls and parents.

### How have you engaged with the government during the planning and implementation of the research? Is the government likely to take up the research recommendations?

The project was introduced to the Ministry of Education, Culture and Science and the Ministry of Health and Sports in 2014 and their endorsement was received. Officials from both ministries are members of the project working group.

The government recently approved 'Norms and requirements for WASH in schools, dormitories and kindergartens', which addresses a number of requirements for adolescent girls. While the norms are not yet fully implemented, the government is committed to working towards them and is currently developing a mid-term action plan. We hope to use the research results to further build on this momentum, ensuring that girls' needs are given the attention they deserve. We are confident that the government will take ownership of the research findings.

### What were the main challenges in planning and implementing the research?

Time constraints and Mongolia's size created challenges during data collection. By the time we received ethical clearance

for the research, we had just three or four weeks to conduct data collection activities before the school year finished at the end of May. Some of the schools were up to 1,500 km from the capital. We therefore deployed three satellite teams to collect data at the 11 schools over three weeks.

### Has anything surprised you during the planning and implementation of the research?

The volume of data generated was huge and took a lot of work to transcribe, translate and analyse thoroughly. Emory University's assistance in data analysis was crucial in getting the work done on time.

There were a number of surprises uncovered by the researchers. In one rural village, they found that the school was still



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using bucket toilets! Another interesting and alarming finding was that the age girls experience menarche is decreasing in some cases, leaving both girls and mothers unprepared. Furthermore, there was a perceived 'support gap', with mothers believing that girls are learning about MHM at school, whereas in reality girls do not receive this kind of guidance at school. Finally, it was upsetting to find that in some cases, girls living in dormitories without enough money are resorting to stealing sanitary napkins and clothes from other girls to manage their menses.

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***The study found large disparities in WASH facilities between urban schools, which have indoor flushing toilets, and rural schools, which generally have outdoor unimproved open pit latrines.***

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### What next steps are planned?

We will widely disseminate the research findings and recommendations, including through online sessions for national and sub-national education and school staff.

The results will be used to develop and pilot evidence-based materials for girls and other audiences, including exploration of online resources and modalities. We will also use the results to continue to support the government to operationalize the 'Norms and requirements for WASH in schools, dormitories and kindergartens'. As per the preliminary recommendations, we should advocate for the prioritization of dormitories

and rural schools in this regard. Finally, we would like to conduct exploratory follow-up research to further understand the unique challenges of rural and dormitory girls during winter.

### What advice do you have for other UNICEF country offices interested in undertaking similar work?

I think it's important to give the planning and implementation of this type of research the time it needs and deserves, and would encourage other country offices not to rush it. Many of the steps, including ethical clearance and data transcription, took longer than we anticipated.

Second, find a strong research partner and ensure collaboration between national and international partners in the research process, especially if it's the first time conducting such a study in your country.

During data collection, proper planning and preparation is essential. We found it very useful to prepare a research package for each school, including support letters from UNICEF and the government, and a copy of the ethical clearance document. Preliminary visits to the schools, prior to the research, are necessary to plan activities and collect the required number of participants, especially for focus group discussions. Even something as seemingly simple as the functionality of audio recorders needs to be checked carefully to ensure a successful research visit.



# Niger

Voices: Pilar Palomino, WASH Chief, and Sanoussi Dodo Natatou, WASH Consultant, UNICEF Niger

## What was the focus of the WinS4Girls research undertaken in Niger? Why was this focus chosen?

Niger is a very poor country, ranking last in the 2014 United Nations Development Programme (UNDP) Human Development Index. Educational indicators are among the lowest in the world. The literacy rate among females 15 to 24 years of age is approximately 23 per cent.<sup>4</sup> School enrolment is low and dropout rates are high, especially among adolescent girls. These challenges are caused by a range of complex factors, including the country's

rapid population growth, extreme poverty and chronic food insecurity. One of the other factors is the poor state of WASH facilities in schools. Approximately 84 per cent of schools in Niger do not have access to latrines or water sources.<sup>5</sup> Where facilities do exist, they are generally in very bad condition and are not gender segregated. As a result, menstruating girls often go home to change sanitary materials. Previous research in Niger found that 35 per cent of girls said that they were sometimes absent from school during menstruation. Keeping more girls in school is a priority for the



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<sup>4</sup> WaterAid, *Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world*, 2012  
[http://www.unicef.org/infobycountry/niger\\_statistics.html](http://www.unicef.org/infobycountry/niger_statistics.html)

<sup>5</sup> UNICEF, *L'hygiène menstruelle dans les écoles de deux pays francophones d'Afrique de l'Ouest, Burkina Faso et Niger*, 2013.  
[www.unicef.org/wash/schools/files/MHM\\_study\\_report\\_Burkina\\_Faso\\_and\\_Niger\\_French\\_Final.pdf](http://www.unicef.org/wash/schools/files/MHM_study_report_Burkina_Faso_and_Niger_French_Final.pdf)

Government of Niger and its development partners, including UNICEF. The objective of our research was to establish a link between improving MHM and keeping girls in school.

### How was the research conducted?

UNICEF contracted the *Centre de Recherche Action par la Mediation Sociale*, a national research institution, to conduct formative research on current MHM practices and barriers in Niger. The research was conducted in nine schools across three regions: Zinder, Tahoua and Maradi. The regions were chosen based on low enrolment rates and high dropout rates among girls. In each region, we focused on three schools; one primary and two secondary. Data collection activities included focus group discussions with girls, boys and mothers, in-depth interviews with girls, key informant interviews with principals and teachers, and school facility observations.

### What were the major findings?

Findings suggest that menstruation is a taboo subject and that girls and boys receive very little information on adolescence and puberty from their parents or teachers. Unsurprisingly, knowledge about menstruation among adolescent girls is very low, with most girls experiencing a 'baptism of fire' during their first menses. Boys were found to be largely responsible for the destabilization and stigmatization of menstruating girls at school.

We also found that school WASH facilities are very inadequate. Even where basic latrines are available, they do not provide girls with the privacy or space needed to properly manage their menses. During the research, it became clear that the design of existing facilities totally ignore the fact that

girls have different needs than boys and have to periodically manage a situation that can hinder their participation in school. This may also impact their school performance, attendance and retention.

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***Knowledge about menstruation among adolescent girls is very low, with most girls experiencing a 'baptism of fire' during their first menses.***

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### What recommendations resulted from the research?

Virtually all research participants (including students, teachers, administrators) strongly emphasized the urgent need to equip schools with adequate WASH facilities, including adequate water for drinking and cleaning, soap for hand washing and gender-segregated toilets. To provide girls with the privacy they need, girls' latrines should be located a reasonable distance from the facilities used by boys.

It is also essential to improve the delivery of evidence-based information on menstruation and reproductive health within the school setting. This will require training and support for teachers and the production and dissemination of tools and adequate teaching materials. Finally, it will be important to increase the involvement of municipalities and local leaders (including religious leaders) in the delivery of information on MHM and reproductive health.

### How have you engaged with the government during the planning and implementation of the research? Is the government likely to take up the research recommendations?

The ministries of primary and secondary education (there is one ministry for each in Niger) have been very involved from the beginning of the project. The central government informed regional education directors about the research and provided supportive letters that were carried by our data collectors. This facilitated access to the schools, despite the fact that data collection was conducted during holidays. We found that school principals were very welcoming.

Now that the research is complete, the government is organizing a national workshop to discuss the results. The workshop will help to inform new post-2015 sectoral programmes, which the government and its partners are currently developing. UNICEF is hopeful that WinS, including MHM in schools, will be integrated into the country's future policies, plans and programmes.

The challenge in Niger is likely to be around implementation. The government is very open to innovative programming. But with so many development priorities and so few resources, field-level implementation is much more difficult. So while we are confident that the government will take up the research recommendations, it will likely take a significant amount of time and the cooperation of a range of partners to realize positive change within schools.

### What next steps are planned?

We are going to develop a number of tools and materials based on the research findings. After validation, UNICEF and NGO partners will utilize the tools and materials

to implement a pilot project in 10 schools. The results will be used to advocate for policy and programming changes with the government. Key government staff will also be trained on MHM.

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*Virtually all research participants strongly emphasized the urgent need to equip schools with adequate WASH facilities, including adequate water for drinking and cleaning, soap for hand washing and gender-segregated toilets.*

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### What advice do you have for other UNICEF country offices interested in undertaking similar work?

It is very important to involve the government from the beginning. This will help ensure national ownership, thereby improving the chances that the government will adopt recommendations and scale up successful pilot interventions.

We have also found it very useful to identify MHM ‘champions’ within government agencies and local NGOs. These champions have been able to help lead efforts and inject dynamism into the process.



# Nigeria

*Voices: Nkadi Onyegegbu, Professor, University of Nigeria, and Job Ominyi, Water and Sanitation Officer, UNICEF Nigeria*

## What is the focus of the WinS4Girls research being undertaken in Nigeria? Why was this focus chosen?

The objective of the research is to explore knowledge, attitudes, practices and school environmental challenges affecting MHM among in-school and out-of-school girls in Nigeria. Prior to our research, there was no national-level formative research on MHM in the country. However, pre-existing information suggested that WASH facilities in schools are inadequate for both boys and girls. Data from the Education Management Information System (EMIS) estimated that about 41 per cent of primary schools in the country had access to improved sanitation facilities in

2005, while just 51 per cent of all primary schools had access to improved water sources.<sup>6</sup> Even where available, WinS facilities have typically been inadequate. Based on a 2003 study conducted by UNICEF, the toilet to pupil ratio was approximately 1:600 in primary schools and 1:172 in secondary schools.<sup>7</sup>

The WinS4Girls research will help generate the evidence needed to improve MHM policies, programmes and resources. By improving the school environment, we hope to improve girls' education, and therefore strengthen Nigeria's families, communities and the economy: when you educate a girl, you educate a nation.



<sup>6</sup> <http://washinschoolsmapping.com/projects/nigeria.html>

<sup>7</sup> UNICEF Nigeria, 'Impact of Water, Environmental Sanitation and Hygiene on Health and Education of Girls', United Nations Children's Fund, Abuja, 2003.

## How is the research being conducted?

We had originally planned to undertake activities across six states, one from each of Nigeria's six geopolitical zones. However, based on advice from our colleagues at Emory University, we decided to conduct activities in three states: Katsina in the north, Anambra in the southeast and Osun in the southwest. We felt that this sampling plan was more feasible than focusing on six states, while still providing results relevant to the whole country. The three states selected include all of Nigeria's major ethnic and religious groups.

One senatorial zone was purposively selected from each of the three states and six local government areas were randomly selected from the three senatorial zones. Two schools were randomly selected from each local government area, providing us with a total of 12 schools; six rural and six urban.

Focus group discussions are being held with in-school girls, in-school boys and mothers of menstruating girls. Both in-school and out-of-school girls are participating in in-depth interviews. Key informant interviews are being held with teachers, principals, members of parent-teacher associations, Zonal Directors of Education and Chairs of the State Universal Basic Education Board. School facility observations are also being conducted at each of the 12 target schools.

## What were the major findings?

As of November 2015 data collection is complete at the eight schools in Katsina and Anambra, while data collection is underway at the four schools in Osun. So while data analysis is not yet complete, a number of preliminary findings are emerging.

Most research participants, including adolescent girls, understand that menstruation is a natural biological process.

However, there exists a range of negative beliefs, attitudes and practices around MHM, even among relatively educated people. While discussions with girls suggest that menarche is often welcomed as a sign of womanhood, most don't talk to anyone about it and many actively try to hide it. A number of misconceptions – such as the idea that menstruating girls should not drink cold water, eat sweets or play too actively – can disrupt girls' lives. In general, teachers are poorly equipped to improve girls' knowledge of MHM, especially in co-ed schools.

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***A number of misconceptions – such as the idea that menstruating girls should not drink cold water, eat sweets or play too actively – can disrupt girls' lives.***

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During school inspections, our research teams found that toilets were generally inadequate in terms of both quantity and quality. One school we visited had 10 toilets for 600 students. In most schools the toilets were unsegregated, inaccessible and unclean. While wastebaskets were often available, they were not usually placed in toilets, making it difficult for girls to change menstrual materials with safety, privacy and dignity. Together with the fear that used sanitary pads might be used for ritual purposes, the lack of facilities means that most girls won't throw out pads at school. Instead, they take the waste home for disposal.

## What were the main challenges in planning and implementing the research?

We planned to conduct research activities in all three states at the same time. However, research activities in Osun were delayed due to a state-wide labour strike.

We also found that more time was needed than was initially allotted for planning, fieldwork, transcription and translation. Finally, it was not easy on team members to leave their homes and work places for almost six weeks at a time.

## Has anything surprised you during the planning and implementation of the research?

Prior to the research, we knew that WASH facilities in schools are typically poorly maintained. However, when visiting one rural school we were shocked by the total lack of maintenance and upkeep. The 10 ventilated improved pit latrines – built a few years ago by the federal government – were overgrown by vegetation and were clearly not being used. Stray dogs roamed the school grounds searching for faeces. The principal was very relaxed about the situation, stating that there is plenty of empty land surrounding the school where the 600 students are able to defecate in the bush. We explained the severity of the situation to the principal and have engaged with the school's 'old boys' (alumni association) to help solve the problem. The school administrators, teachers and students should also be triggered for total sanitation of the school.

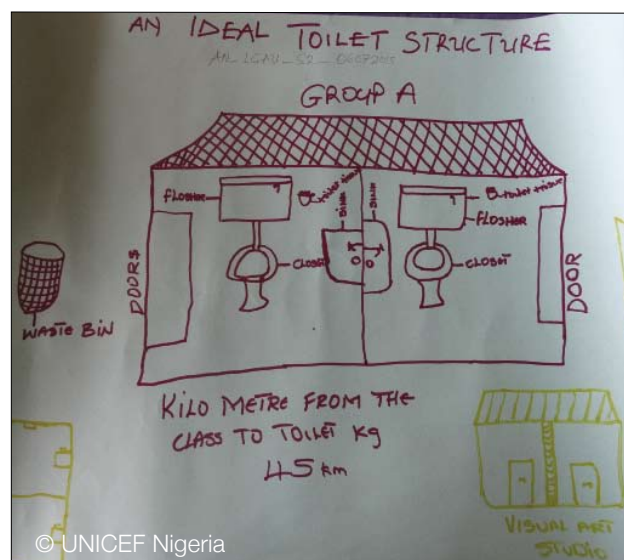
Much more positively, we have also been surprised by the greatly increased capacity generated through the WinS4Girls E-Course and the vast amount of knowledge that resulted from the research. This is thanks to the quality of the course modules and

Emory University's hands-on assistance in adapting and finalizing research tools.

## How have you engaged with the government during the planning and implementation of the research? Is the government likely to take up the research recommendations?

We have engaged with a range of federal, state and local authorities from the beginning of the project. The national government – through the leadership of the Ministry of Education – has been a full partner from the start. When we suggested the possibility of Nigeria's involvement in the project, they were very excited and got involved immediately, including providing permission for the research.

At the state level, we have had success engaging the State Universal Basic Education Board Chair in each state. This is a very important position within Nigeria's education system, ultimately responsible for all elementary and middle schools in the state. In Anambra state, the chair has been very enthusiastic about the project, immediately asking us to provide him with WinS standards and benchmarks. At the local level, our key counterparts have been the Zonal Directors of Education.





By proactively engaging with relevant government agencies we believe the possibility of improving MHM in schools is good. It will be important that we act quickly and do not lose momentum. Because Nigeria is a federal country – where the states may choose not to implement federal policies – it will also be important to secure the buy-in of the state-level ministries of education.

### What next steps are planned?

We are currently completing data collection in Osun State. After data analysis is complete a final report will be developed and disseminated among a wide range of stakeholders. We will then prepare, pilot and disseminate an advocacy and awareness creation package based on the research results.

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*We have been surprised by the greatly increased capacity generated through the WinS4Girls E-Course and the vast amount of knowledge that resulted from the research.*

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Other activities will target a range of audiences through a number of channels. UNICEF will follow up with state authorities on implementation of the WASH facility benchmarks in secondary schools. Through the All Nigeria Confederation of Principals of Secondary Schools, a seminar will be organized for principals in each state, explaining the findings of the study and the need for improvements. At the local

level, we plan to work with community and religious organizations to reach mothers.

### What advice do you have for other UNICEF country offices interested in undertaking similar work?

Proper planning is very important. It takes a lot of time, money and materials to properly undertake qualitative research. Our original plan did not take into account Ramadan, other holidays and labour strikes. We also underestimated the amount of time it takes for transcription and translation. We really needed double the number of transcriptionists and translators. The possibility of using transcription software could be considered to reduce errors and the time needed to transcribe and clean data.

It is also important to clearly communicate payment and incentives to all partners and stakeholders. The expectation of material rewards by participants (including principals, teachers and students) posed a challenge to the research team. The research assistants also had higher expectations of remuneration than was planned.

Overall, we would advise other countries to go ahead and undertake MHM research. We have been very impressed by the increased local capacity to conduct research and the wealth of evidence that is emerging.

# Pakistan

Voices: Saadia Yaqoob, Communication for Development Officer, and Asiya Ashraf Chaudhry, WASH Specialist, UNICEF Pakistan

## What is the focus of the WinS4Girls research being undertaken in Pakistan? Why was this focus chosen?

In the past, very little attention has been given to MHM in Pakistan's schools. In 2012 UNICEF carried out exploratory research in earthquake-affected areas. Further research was conducted in 2014 in Punjab and Khyber Pakhtunkhwa to develop an in-depth understanding of girls' MHM needs and preferences, and to design and test MHM activities in schools.

The focus of the WinS4Girls research is to explore the relationship between the onset of menses and young women's schooling experience in Balochistan, one of Pakistan's four provinces. The findings will be combined with the results of the

research in Punjab and utilized to develop a girl's puberty book for Pakistan. We felt that it was necessary to supplement the earlier research as cultural and social norms are much different in Balochistan. The overall purpose of the puberty book is to empower and teach adolescent girls about their changing bodies, including menstruation. Similar books have been created in Cambodia, Ethiopia, Ghana and Tanzania.

## How is the research being conducted?

The research is being carried out in two schools – one urban and one rural – in Balochistan and is being managed by the Real Medicine Foundation Pakistan on behalf of UNICEF. As of November 2015, research activities have been completed in



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the urban school and are being conducted in the rural school. Data collection methods include participatory group activities with in-school and out-of-school girls 15 to 19 years of age. The sessions include brainstorming on local menstrual beliefs, anonymous writing of ‘menstrual stories’, and the development of recommendations for improving school environments and curricula for menstruating girls. These participatory activities are taking place in locations that protect the confidentiality and safety of the young women.

Key informant interviews are being conducted with adults who have important insights into girls’ experiences of menstruation and schooling, including parents, teachers, school administrators, health care workers and religious leaders. During schools visits, researchers are conducting WinS facility observations. It is our hope that the research will generate data on the ways in which school facilities – including availability of clean water and safe latrines – influence girls’ risk of dropout.

### **What were the main challenges in planning and implementing the research?**

The political and security situation is relatively unstable in Balochistan. The culture is also quite conservative. The most challenging situation we faced was when teachers from one rural school reacted very negatively to the subject of the research. They were highly offended, insisting that a puberty book was not required and that menstruation should not be discussed in public. We decided to withdraw from that particular school and carried out research in another rural school instead. Our research has been received much more favourably in the other schools, where everyone involved has been quite cooperative.

Due to cultural norms, the mobility of young girls tends to be quite restricted, with parents reluctant to allow girls to leave the house on their own. This made it difficult to organize focus group discussions with out-of-school girls. Through strengthened dialogue with communities, we were able to overcome this challenge and complete the discussions as planned.

Finally, in general qualitative research methods are not well known in Pakistan. Many stakeholders don’t understand qualitative methods and are used to more quantitative research.

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*Research findings will be utilized to develop a girl’s puberty book for Pakistan. The purpose of the puberty book is to teach adolescent girls about their changing bodies, including menstruation.*

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### **Has anything surprised you during the planning and implementation of the research?**

The fact that the teachers at one of the selected schools were so adamantly against the research was a surprise, especially as the local Executive District Officer (a powerful local official, ultimately responsible for the administration of the schools in the area) selected the school and introduced the research team to the teachers and administrators. The research team later investigated the situation further and found



that the root cause of the situation may have had more to do with local power dynamics than the subject of the proposed research.

### How have you engaged with the government during the planning and implementation of the research?

We have been very pleased with the government's support for the project. Early in the planning process we held a one-on-one meeting with Balochistan's provincial Director of Education, who is clearly convinced that MHM is an important issue that must be dealt with. We also held meetings with the Executive District Officer in Lasbela District, the rural district in which research is being carried out, who has also been very supportive.

### What next steps are planned?

Once the research is complete and the puberty book is drafted, we will have a consultative meeting with relevant federal and provincial ministries to seek their input. The finalized book will immediately be used in schools where UNICEF is supporting WinS interventions. We will also work with the government to scale up the use of the book throughout the country.

Importantly, UNICEF Pakistan will continue to advocate for the inclusion of MHM in schools in district plans, including the allocation of adequate funding.

### What advice do you have for other UNICEF country offices interested in undertaking similar work?

When planning MHM research, it is important to conduct a thorough desk review to understand research results from other countries. While each country is different, the findings from other countries may give you hints on what is happening

in your country. Unlike several years ago, MHM is not a blank slate and there is much to be learned from others.

It is also important to recognize the cross-sectoral nature of MHM, which involves education, health, gender and other sectors. The partners and stakeholders UNICEF engages with should reflect this diversity.

Finally, we believe that the development of a national puberty book is a very worthwhile activity that other countries should consider.



# Zambia

*Voices: Ennie Muchelemba, School WASH Technical Advisor, Zambian Ministry of General Education, Charity Sikamo, WASH in Schools Consultant, UNICEF Zambia*

## What was the focus of the WinS4Girls research undertaken in Zambia? Why was this focus chosen?

The purpose of our WinS4Girls research was to get an understanding of how much knowledge adolescents have about menstruation and to identify the barriers affecting proper MHM practices among schoolgirls in Zambia. This focus was chosen because the government recognizes MHM as an issue that affects adolescent girls' attendance in schools. The project's overall objective is to support the development of new MHM guidelines and a scalable MHM package aimed at minimizing school absenteeism among adolescent girls.

## How was the research conducted?

The research was conducted by the Centre for Infectious Disease Research in Zambia and the University of Zambia, with support and guidance from the UNICEF country office. Twelve research assistants were hired and trained for seven days on a range of subjects, including qualitative data collection and research ethics. The training also involved extensive role-playing using the draft data collection methods.

After receiving permission from the Ministry of Education, research activities were conducted in six schools across Mumbwa and Rufunsa Districts. Focus group



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discussions were held with girls 14 to 18 years of age in each of the schools. These discussions were useful in understanding how MHM is affected by the availability of sanitary facilities and materials and the presence of boys. Similar discussions were held with boys in four schools. Adolescent girls also participated in in-depth interviews that sought to obtain personal views on knowledge and experiences around MHM. Key informants interviews were held with mothers, teachers, village headmen and local administrators, providing contextual information on MHM at the school, community and district level.

### What were the major findings?

The research revealed that adolescent girls in Zambia face a wide range of challenges and barriers related to MHM. With regard to knowledge, there is a lack of understanding among girls around the biological purpose of menstruation. A number of myths and misconceptions also exist, such as the idea that a girl who is menstruating should not be allowed to cook. If she does cook, she should not put salt in the food, as this will give men chest pains. In addition, girls who are menstruating are often told to stay home from school so as not to prolong their period.

The lack of knowledge around MHM and the existence of misconceptions is unsurprising given that girls involved in the research reported no structured learning on menstruation from school, and teachers did not report any structured learning programme. Female relatives, including mothers, aunts and grandmothers, are the main sources of information on MHM. However, these adults generally believe that girls should only be taught about menstruation when they first experience menses.

WinS facilities present another challenge. The girls in the study rarely use school toilets for the management of menstrual blood, as toilets are typically dirty and smelly, with no bathrooms and no privacy.

Some schools involved in the research provide menstrual materials for girls, while others do not. Most girls prefer to use sanitary pads but make do with whatever is available, including old clothes. Disposal methods are highly influenced by traditional beliefs, with pit latrines being the most favoured means of disposal. Significantly, most girls believe that menstrual materials should be kept secret and should not be seen by others, whether used or unused.

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*Based on research results, the Ministry of Education and UNICEF will work together to develop an MHM package, including guidelines and a toolkit.*

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### What were the main challenges in planning and implementing the research?

We experienced delays in starting research activities due to a range of challenges, including difficulties in identifying a credible local partner to conduct the research. A number of organizations that expressed interest had limited experience in conducting qualitative research. Delayed approvals from the ethics board and the Ministry of Health Research Department further delayed the start of data collection. Due to these delays, activities planned to start in February 2015 could only begin in



May 2015. Hence data were collected while pupils were writing exams. This was not ideal as the research team had only a limited amount of time to conduct activities and pupils were generally fatigued and stressed.

Further, the absence of terms of reference detailing the responsibilities of each partner caused delays in the finalization of the research protocols and the data collection tools.

### Has anything surprised you during the planning and implementation of the research?

Yes! One of the things that surprised us during data collection was that male village headmen knew very little about menstrual hygiene and referred us to mothers in the community. These village headmen are important in

upholding local social norms and are seen as the custodians of culture. Significantly, they did not oppose our efforts; they simply had very little knowledge about the subject.

Teachers and members of parent-teacher associations were all very supportive during data collection. They took a lead role in talking to parents about the importance of the research and their involvement in improving MHM in schools. This level of commitment was both surprising and encouraging!

### How have you engaged with the government during the planning and implementation of the research? Is the government likely to take up the research recommendations?

The Ministry of Education has been very involved throughout the planning and



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implementation of the research. During the project, the ministry reactivated the national MHM Technical Working Group, which includes more than 20 organizations, including the Ministry of Gender and Child Development, the Ministry of Local Government and Housing and the Ministry of Community Development and Mother and Child Health. Through its quarterly meetings, the working group has provided government stakeholders with an opportunity to actively engage with the WinS4Girls Project.

This year the Ministry of Education has been revising the main sector policy “Educating Our Future”, has developed a new strategic plan for 2016-2020, and is developing an implementation framework for school health and nutrition. MHM has been highlighted in all of these documents. The WinS4Girls research will help operationalize these strategies. The ministry is especially interested in improving MHM in schools as this could lead to improved enrolment, attendance and retention among adolescent girls. In addition, MHM is seen as a strategy to prevent early marriages by keeping girls in school.

### What next steps are planned?

Based on research results, the Ministry of Education and UNICEF will work together to develop an MHM package, including guidelines and a toolkit. The package will be piloted in 100 schools before national scale-up.

The United Kingdom’s Department for International Development has expressed an interest in conducting further research to assess the outcomes of MHM interventions on girls’ attendance and retention. The study is planned for 2016.

### What advice do you have for other UNICEF country offices interested in undertaking similar work?

We found that the involvement of Emory University as a technical partner was great. Six individuals from Zambia graduated from the WinS4Girls E-Course, including three from the UNICEF country office, two from the government and one from the University of Zambia. The course was very useful for all of us, greatly increasing our capacity in the area. Should similar opportunities arise for other UNICEF offices, we encourage them to go for it.

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*The girls in the study rarely use school toilets for the management of menstrual blood, as toilets are typically dirty and smelly, with no bathrooms and no privacy.*

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We would also encourage other UNICEF offices to establish strong in-country partnerships with local universities and to create forums such as the MHM Technical Working Group, where knowledge, information and resources can be shared.

Finally, just go for it! It’s all worth it for the girl child.

# Global Voices

## Columbia University

*Voice: Marni Sommer, Associate Professor of Sociomedical Sciences, Mailman School of Public Health, Columbia University*

### Why is MHM in schools important?

I believe that MHM in schools is very important for a number of reasons. From a basic human rights perspective, schools in a lot of countries are gender discriminatory. The lack of private, safe and comfortable WASH facilities for girls and female teachers clearly puts girls at a disadvantage. I have found that girls are remarkably resilient in spite of these disadvantages. However, the fact that a normal bodily function such as menstruation frequently inhibits girls' ability to fully participate in school is a fundamental equity issue that is long overdue for attention and resources.

There are also very practical reasons why MHM in schools is important. There is a vast body of evidence that demonstrates that girls face a range of challenges when menstruating at school, including difficulty concentrating and feelings of shame and

embarrassment. Girls have been reported to simply leave class during monthly menses rather than face the possibility of an embarrassing menstrual leak in the classroom or teasing by their classmates. It seems reasonable to assume that these challenges may negatively affect girls' educational experiences. However, at this point the evidence base on how MHM programming can improve girls' school participation remains a work in progress. This is at least partly due to the fact that the required quantitative data can be sensitive and difficult to obtain. For example, school absenteeism due to menstrual barriers in the school environment can be challenging to measure because of poor school recordkeeping and variability of girls' menstrual cycles. I hope that we will have more evidence on the education impacts of improved MHM in the near future.



I am also interested in exploring what happens when we provide young girls with evidence-based information on puberty and menstruation. Current sexual and reproductive health programming tends to focus on providing high school girls with information on safe sex and contraceptives. I believe that providing girls 10 to 14 years of age with information about their changing bodies represents an opportunity to reach girls before they become vulnerable to sexual pressures. Reaching girls at this age may have a lasting impact on their self-esteem, reproductive health and even school outcomes. One effort I have been involved in to do this has been the development of girls' puberty books in Cambodia, Ethiopia, Ghana and Tanzania. Developed in partnership with the national ministries of education, all four puberty books have been approved as supplementary reading materials within the primary school

curriculum. And with support from UNICEF, the United Nations Population Fund (UNFPA), ministries of education, donors and various NGOs, we have distributed almost one million copies of the books.

### How have you been involved in the WinS4Girls Project? How does the project fit into your research portfolio?

I have been acting as a senior adviser on the project, providing global-level advice on research approaches and planning. I also delivered an e-course module on the development of the girls' puberty books, including information on how other countries can develop their own puberty books based on the results of their WinS4Girls research. The WinS4Girls Project fits in perfectly with the MHM-related research undertaken by myself and others. The project is expanding our understanding on what is going on in other contexts, providing us with a much



deeper, much richer understanding of the challenges that girls face at school. It has been really interesting to learn about unique circumstances from various countries; for instance how extreme temperatures and lack of indoor facilities affect girls at boarding schools in Mongolia.

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*The fact that a normal bodily function frequently inhibits girls' ability to fully participate in school is a fundamental equity issue that is long overdue for attention and resources.*

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### What global-level outputs do you expect from the project?

As discussed at the MHM in Ten<sup>8</sup> meeting held in October 2014, one of the global priorities for the MHM area of work is to foster country-level champions. This project is creating such champions by engaging with researchers, government ministries and United Nations agencies at the national level, empowering and supporting them to undertake MHM research in their country. I think that the project's success in this regard has been really remarkable.

The WinS4Girls research will also provide a groundswell of new evidence on MHM. All 14 countries are hoping to publish their results in peer-reviewed journals. This will significantly improve the evidence base,

both globally and within the 14 countries. The availability of local, culturally sensitive research will ideally position countries to pilot interventions to improve MHM in schools. Personally, I would love to see a WinS4Girls II project that supports the scale up of interventions that are found to be effective.

### How will the inclusion of WASH-related targets in the Sustainable Development Goals (SDGs) change the programming/donor landscape for the area of work?

I was involved with a group of people who advocated for the inclusion of MHM in the SDGs. We wanted the WASH-related target to include explicit mention of menstruation. While we weren't successful in that regard, reference is made to “paying special attention to the needs of women and girls”, which is important and should open up new opportunities to work towards improving girls' access to adequate WinS facilities.



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<sup>8</sup> MHM in Ten is an annual consultative workshop organized by Columbia University and UNICEF to identify and monitor priorities for MHM in schools. The 2014 meeting report is available at: [http://www.unicef.org/wash/schools/files/MHM\\_in\\_Ten\\_2014\\_Meeting\\_Report.pdf](http://www.unicef.org/wash/schools/files/MHM_in_Ten_2014_Meeting_Report.pdf)

# Emory University

*Voices: Bethany Caruso, WinS4Girls Programme Lead, and Anna Ellis, WinS4Girls Research Manager, Center for Global Safe WASH, Emory University*

## Why is MHM in schools important?

From a research and policy perspective, a lot of people have been trying to answer that question definitively so that we can say “improved MHM leads to less absenteeism and dropouts among adolescent girls”. While this may be true, the evidence base in this regard remains a work in progress. Moreover, absenteeism and dropout are not the only indicators of a quality education, and focusing so narrowly may limit how we understand and address girls’ experiences. What is very clear is that girls around the world experience a range of challenges while managing their menses at school, including distraction, reduced participation, social exclusion and teasing. Many of these challenges may be addressed through relatively simple interventions such as the provision of clean, gender-segregated toilets that provide adequate privacy. And when we think about the school environment, it is important to address not only the physical environment, but also the social environment, like ensuring that teachers understand what girls are experiencing so that they are supportive, whether that means giving girls the information they need, or allowing them to leave the classroom to manage their menses.

## How have you been involved in the WinS4Girls Project?

Emory’s involvement in the WinS4Girls Project stems from our 2012-2013 collaboration with UNICEF on MHM research in Bolivia, Philippines, Rwanda and Sierra Leone. The original project was designed to compare and contrast the

MHM situation in the four countries and to contribute to the global evidence base. We hired researchers and students from Emory and had them go to each of the four countries to carry out the research. While this was really effective and produced great results, part of what we learned was that we took a lot of the capacity home with us when our staff came back to Atlanta. When UNICEF was in conversation with the Canadian Government on how to conduct similar research in additional countries, the idea was to strengthen local capacity to carry out the studies.

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*Girls around the world experience a range of challenges while managing their menses at school, including distraction, reduced participation, social exclusion and teasing.*

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We then worked with UNICEF to put together an online distance-learning course. What we found was that a lot of the training we did in 2012 for the research assistants going out to the four countries could be replicated in an e-course. Instead of delivering the course face-to-face over a week, we would do it in a series of online modules over several months. Emory was responsible for designing and delivering the WinS4Girls E-Course, which involved a range of tasks, including developing



the 12 modules and facilitating the online sessions. We also had assignments that went with each module, taking each country through the research process. So when we were talking about how to develop a research plan during the online sessions, we had each country team create a research plan for their assignment. When we talked about research tools, we had the country teams work on creating and adapting their research tools. We reviewed the assignments and provided feedback to make sure everyone was on the right track.

When Emory signed on to the project, we also agreed to support a limited number of countries intensively with in-country visits and intensive off-site technical assistance. Anna visited both Nigeria and Mongolia twice and our colleague Gauthami Penakalapati travelled to both Ghana and Zambia twice as well. We did a lot of work before the visits to ensure that the country teams had a research plan in place and had a good start on their research tools. During the first two-week visit we basically worked with the country teams to carry out the course all over again, focusing on research ethics, qualitative research methods, data collection, etc. While some research team members had already taken the e-course, the research assistants – who would actually collect the data at the schools – had not. During the second visit to each country, we assisted with data collection and analysis, looking at what the country teams had learned and helping them figure out the best way to make sense of their data.

More recently, when reviewing the status of research in each country, we found that there were a few countries that were having a hard time getting started. Together with UNICEF we decided to give them additional support. Anna has since travelled to Eritrea,

with a potential second trip in the near future, and we are providing Afghanistan and Burkina Faso with intensive off-site technical assistance.

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***Having more country-specific information can only serve to garner more support for and interest in MHM. We are really optimistic that this will happen.***

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### **What aspects of the project worked well?**

One of the things that worked well was that we were very deliberate about course assignments. Everything we asked the country teams to do in the assignments were critical steps in the research process. For instance, the first assignment was a literature review so that country team members were familiar with past research findings, both locally and globally. The next assignment was related to investigating the ethical review process in their country. So everything was systemically oriented around the research process. We think that this was really useful and was one of the successes of the course.

We were also able to adapt to the needs of the participants during the delivery of the course. When we originally started the project, we planned to deliver the modules on a weekly basis. We quickly learned from our weekly evaluation questions that things were moving too fast for many participants, all of whom had full-time jobs they were juggling as well. We were able to take that feedback and decided to deliver modules every two weeks over a longer period of

time. But we still made ourselves available for online weekly ‘office hours’, during which we made ourselves available to field questions and discuss progress. This change enabled us to stay engaged on a weekly basis but slowed the pace for the course participants, making it more manageable.

The sharing of information and experiences between the countries has also been really great. During each online session, participants asked questions and provided feedback in real-time through an online chat box. Based on requests from the countries, we also provided time for each country to provide an update on their research. This was great because while we may have covered many of the challenges during the modules, it made it so much more real for the participants when they heard that other countries faced similar experiences and challenges: “Oh, we also faced that challenge, and here is what we did...”

Finally, we believe that the on-the-ground technical support was a strength of

the project. In addition to the countries that Emory supported directly, we were fortunate to have Save the Children involved as research partners in Bolivia and Kyrgyzstan. In both countries Save the Children staff were involved in the previous MHM research conducted by Emory in 2012 and were able to provide a lot of support to the country teams.

### **What were the main challenges faced in planning and implementing the project?**

It was hard to facilitate the delivery of the online modules with only the chat box providing real-time feedback. As opposed to teaching people face-to-face, with distance learning you can’t see the nodding heads or furrowed brows. This makes it hard to know if people really understand the material and are engaged with what you are saying. As a result, other forms of feedback, such as the weekly evaluations, were very important.

Second, while most students participated throughout the eight months of the course



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and were able to graduate, some didn't finish the course. This could be because there was too much to do on top of their full-time jobs. Or it could be that the course wasn't 100 per cent accessible to them. We know that language was a challenge for some of the country teams. And with participants from Asia, Africa, and South America, time zones were a challenge. We really tried to accommodate the various time zones, and even made recordings of sessions available, but some people had to participate very early in the morning and others late in the evening. And while the web conferencing software we used to deliver the modules was quite user-friendly, Internet connectivity was a challenge in some countries.

Finally, we had to work with all countries on the scope and scale of their proposed research. Almost all country teams were overly ambitious from the start in terms of the number of provinces and schools to be visited and the number of activities to be carried out in each school. The timelines were also overly ambitious in most cases. We had to remind all country teams that collecting data quickly often means sacrificing quality. We were successful in

working with the countries to make their research plans more feasible. For instance, in both Nigeria and Mongolia, we worked with the country teams to decrease the number of regions to be visited and encouraged them to build in more time between data collection activities so they could reflect on data as it was collected and make changes to tools or add new questions as opportunities arose.

### **What global-level outputs do you expect from the project? Where would you like to go from here?**

In terms of global outputs, having more country-specific information can only serve to garner more support for and interest in MHM. We are really optimistic that this will happen. When you have studies from so many countries that are essentially documenting the same challenges time and time again, the issue has to be taken more seriously.

Another benefit is the increasing number of MHM champions in countries around the world. It has been amazing to see everyone's interest in MHM grow. People who previously had no idea what MHM was have become passionate advocates for change. On a very practical level, MHM working groups have been established in all 14 countries. We are optimistic that some of these working groups will continue after the project, providing a driving force for improvements in MHM in schools.

As far as where go from here, its all about where the countries want to go. A critical component of doing research – especially applied research – is to do something with the results. We would really like to see the countries test interventions or programme approaches based on their research results.



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# United Nations Girls' Education Initiative (UNGEI)

*Voice: Nora Fyles, Head of the UNGEI Secretariat*

UNGEI is a multi-stakeholder partnership committed to increasing girls' access to education and improving its quality, and to contributing to the empowerment of girls and women through transformative education.

## How does the Wins4Girls Project fit into UNGEI's priorities?

The WinS4Girls Project is a great fit with UNGEI's priorities. It puts girls at the heart of the agenda and works to ensure that schools are ready for girls. To maximize our impact on girls' education, UNGEI's strategic priorities include the elimination of gender-based violence in schools, improved learning outcomes for girls, and an increased number of girls transitioning to secondary education. MHM in schools is relevant to each of these priorities.

By increasing access to private, clean and gender-segregated toilets, and by decreasing the stigma and discrimination that menstruating girls face at school, the promotion of MHM in schools is all about ensuring that these institutions are ready for girls.

## What was UNGEI's role in the project?

UNGEI has been involved from the very beginning, starting with the design of the WinS4Girls Project. I remember talking to people within the Canadian Government in



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2013 about how an MHM-related project – sitting at the intersection of girls’ health and education – could make a real difference with a relatively small amount of money. The Government of Canada was very receptive to the idea of the WinS4Girls Project. UNGEI regional staff have been supporting project implementation in a number of focus countries.

### What global-level outputs do you expect from the project?

I believe that the project is helping normalize the conversation around menstruation, both globally and within the 14 beneficiary countries. In the past, most people tended to avoid discussing menstruation, which made policy and programme work very difficult. But with help from the WinS4Girls Project this is changing. I was recently at the Global Partnership for Education replenishment conference at which Geeta Rao Gupta, UNICEF’s Deputy Executive Director, gave remarks during a side event on girls’ education. She discussed the lack of latrines at the private school she attended as an adolescent girl in India and the challenges she experienced during menstruation. This type of discussion just wasn’t happening ten years ago.

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*I believe that the project is helping normalize the conversation around menstruation, both globally and within the 14 beneficiary countries.*

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Second, the project model – which emphasizes country capacity building and leadership – means that the research tools, data and results will be owned by the beneficiary countries, becoming part of the ‘equipment’ of each government. This represents a different way of working that I believe improves the chances of long-term sustainability.

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*I think the cross-sectoral approach employed during the WinS4Girls Project will be increasingly important as we seek to achieve the SDGs.*

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Finally, the project is institutionalizing research methods that directly include girls, boys and other local stakeholders. The fact that the research is taking into account the reality of girls’ lives will result in more meaningful and robust findings – now and for future research undertaken using the same methods.

### **How will the inclusion of WASH-related targets in the SDGs change the programming/donor landscape for the area of work?**

The SDGs set standards and norms about the changes we want to see in our world. Importantly, they also include accountability structures. The WASH targets included in the SDGs will get reported against at national, regional and global levels. This will provide UNGEI and others with plenty of opportunities to do outreach and advocacy around girls’ school environments. For

example, I expect closer monitoring of the availability and accessibility of gender-segregated toilets in schools.

The SDG agenda also asks us to look at how the goals interact with each other. The WinS4Girls Project sits at the intersection of three SDGs: Goal 4 on ensuring inclusive and equitable education; Goal 5 on achieving gender equality and empowering women and girls; and Goal 6 on ensuring the availability and sustainable use of water and sanitation for all. I think the cross-sectoral approach employed during the WinS4Girls Project will be increasingly important as we seek to achieve the SDGs.



# UNICEF Gender and Rights Section

*Voice: Kristen Lewis, UNICEF Gender Consultant*

## Why is MHM in schools important?

Adolescence is a tremendously important time. For girls, it is a time of tremendous promise, but also involves many risks. What adolescent girls do, how they come to understand themselves and their place in society, what kind of opportunities they have, how well they are protected from harm, what happens to them and their families in emergency or conflict situations – all these things impact the rest of their lives. One big part of this is starting to menstruate, which changes the way you're seen in society and the way you feel about yourself. Adolescence is a time when you can hear really affirming messages about what it means to transition from a girl to a woman, and what it means to be a young

woman. And that is a great opportunity. But it can also be a time when you hear things that are really disempowering, where you are objectified or, in some cultures, where you are now seen as impure. New constraints can be imposed on your freedom; in some societies, girls can't go outside to play after they start to menstruate. New risks emerge; menarche can be viewed as signifying a readiness for sexual activity, marriage and motherhood, all of which create huge psychological and physical health risks. It can really go either way, depending on your societal context, how much knowledge you have, what's happening to you in school, and what your parents are telling you and how they're treating you.



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If you don't have basic information on what's happening to your body, that's very scary and disempowering. And perhaps you're in a school situation where you're teased by boys and where that's allowed. Where you don't feel like you can ask your teacher if you need to use the bathroom. Where you don't have a private place to change your pads and wash up. All of these things are very disempowering, and instead of adolescence being a time of promise and hope, it's a sad turn of events, where there are lots of things that you can't do and you find yourself vulnerable in new ways. Your horizons have narrowed rather than opened.

Adequate MHM in schools – which includes puberty education, adequate facilities and supplies, and a supportive environment – is critical to the physical, social and psychological health of girls. There has been a lot of discussion about how separate facilities for girls might increase school attendance. And while I think this is a really interesting question, why do we even need to prove that adequate MHM will improve school attendance? What about the social and psychological well-being of adolescent girls? That should be reason enough to make sure that girls can access the facilities, supplies and information they need.

### **How does the Wins4Girls Project fit into UNICEF's work on gender equality?**

For UNICEF, the adolescent girl and her rights are central. The well-being, rights and freedoms of adolescent girls are an important development end in themselves. From a programming point of view, UNICEF has several gender-related priorities for the next few years. One of these priorities is ending child marriage. Another is promoting gender-sensitive adolescent health. And a third is improving secondary education for girls. And of course these

three priorities are interrelated; the greatest health risk to an adolescent girl is getting pregnant and the potential complications related to childbirth; getting married early marks the end of education for most child brides, while higher levels of educational attainment are associated with a higher age at marriage and at first pregnancy. These issues are tremendously linked to MHM in school. If you are an adolescent girl and you go to a school that doesn't make any accommodations for you, then you don't feel particularly welcome; you don't feel like school is something that you should pursue. You have to have an unusual amount of tenacity and parental support in order to remain in school and not get married when doing so defies convention. However, when schools provide girls with positive messages about menstruation and ensure that adequate MHM facilities, materials and information are available, then girls feel that "wow, I am supposed to be here."

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***Adequate MHM in schools – which includes puberty education, adequate facilities and supplies, and a supportive environment – is critical to the physical, social and psychological health of girls.***

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### **What aspects of the project worked well?**

I participated in many of the online sessions and I thought that the WinS4Girls E-Course was very well conceived and well organized. Training can be a real challenge for big

organizations like UNICEF that are spread out around the world. It's expensive to bring everyone together for face-to-face training. But with traditional distance learning, in which you take the course on your own, it can be difficult to stay motivated and on track. I think the structure of the course was great because there was a regularly scheduled class when everyone gathered together online. And while 100 per cent of people probably couldn't make each class, I think there was a good turnout for each class. The technology that allowed you to ask questions and interact with the teachers and participants created a nice esprit de corps within the group. Emory instructors also had office hours where you could ask questions and seek advice. There was a good combination of structure – in terms of homework, assignments, etc. – and

technical assistance, if for some reason you were having difficulty with one part of the course. I think this was a good way to respond to the fact that participants were at different stages of the research process and had different levels of knowledge of the subject matter.

### **What were the main challenges faced in planning and implementing the project?**

I'm sure that addressing the different levels of capacity among the e-course students was a challenge for course organizers. This is a problem that every teacher faces, no matter the setting or subject. There was significant variation in the degree to which participants had worked on gender issues and the degree to which they had previously worked on a research project. So for some participants, some of the subject material





was quite new, while others had significant experience in the area. I think that the course was delivered in a way that balanced the needs of all participants.

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*I participated in many of the online sessions and I thought that the WinS4Girls E-Course was very well conceived and well organized.*

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### **What global-level outputs do you expect from the project? Where would you like to go from here?**

It would be great if the project could help catalyse commitment by ministries of education to do two things. The first would be to have meaningful puberty education in schools. The second would be to ensure that schools have gender-segregated toilets (with locks and adequate water) where girls can manage their periods with safety and dignity, as well as supplies for doing so. If those two things were to happen, that would make a huge difference to girls' well-being and psychological health.

I think the problem is always that evidence on its own can never change policy. The research is a necessary but insufficient condition for change. You always have to have evidence plus advocacy. Investing resources in bridging that gap, getting from what the evidence says to what governments are doing, will be crucial. Most of the action will have to take place at the national rather than the international level because the way in which people

understand menstruation and what they do about it is culturally specific. These 14 countries would be a great place to start.

### **How will the inclusion of WASH-related targets in the SDGs change the programming/donor landscape for the area of work?**

While the SDG target on adequate sanitation and hygiene includes reference to “paying special attention to the needs of women and girls”, I believe that not explicitly including the word menstruation in the SDGs was a missed opportunity to normalize something that happens to half of humankind. That said, it depends a lot on how the targets are defined. If the targets are interpreted in ways that benefit girls, then there is a chance that the SDGs can push the MHM agenda forward. For instance, how “adequate sanitation” is defined is very important. If embedded in that definition are private, gender-segregated facilities with access to water, then that is getting us 80 per cent there. It just depends on how the targets are interpreted, and what indicators are put in place to monitor them.

# UNICEF WASH Section (I)

*Voice: Lizette Burgers, Senior Adviser, UNICEF WASH Section, New York*

## How does the WinS4Girls Project fit into UNICEF's WASH area of work?

From an organizational point of view, UNICEF used to focus almost exclusively on children under five years of age. However, we now realize that if we are able to break the intergenerational cycle of deprivation and ill health for the infants and young children of the next generation, we need to invest in the continuum of care for girls of all ages. We are therefore increasingly looking at the specific needs of adolescent girls, who are entering the second phase of their lives.

From a programmatic point of view, when working on WASH in general and WinS in particular, it quickly becomes clear that girls have a range of specific needs related to menses that need to be taken into account when designing and managing facilities in schools and promoting hygiene education.

However, the lack of evidence-based information on MHM has limited our ability to help ensure that girls have access to the facilities, materials and information they need to manage their menses with privacy, safety and dignity.

For example, I was working in India when the tsunami hit in 2004. When putting together hygiene kits for affected families, we couldn't find any evidence-based information on what to include for young girls. We weren't sure if girls in India typically use disposal or reusable menstrual pads. It turned out that very little was known about the MHM practices of adolescent girls in the country. India was not an exception; in fact, the situation was similar in countries around the world. The WinS4Girls Project will help fill this critical knowledge gap by providing us with a better understanding of MHM practices and challenges in 14 countries.

## What global-level outputs do you expect from the project?

While MHM in schools represents a significant challenge, it also presents us with an important opportunity. As new habits are often formed during disruptive periods in life, puberty (which is one of the most disruptive periods in life) is an ideal time to promote healthy habits among girls. The research papers that emerge from the project will showcase the voices of girls themselves, mothers and other stakeholders in a thorough and systematic way. The findings will help us design and deliver interventions that promote healthy MHM habits.

Second, the project is building the capacity of local institutions and researchers to



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carry out rigorous qualitative research. The importance of capacitating local researchers and partners to engage in quality formative research should not be underestimated. We believe that locally produced MHM research will enhance national ownership of the findings and recommendations.

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*Our collaboration with the Government of Canada on the project has been innovative and exemplary.*

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### How has the Canadian Government supported the project?

Our collaboration with the Government of Canada on the project has been innovative and exemplary. In the past, the taboo nature of menstruation has meant that MHM in schools was often ignored. The WinS4Girls Project has been innovative in its explicit focus on this often unspoken barrier faced by adolescent girls. The project has been exemplary in its focus on the capacitation of local governments to carry out formative research on MHM. The Canadian Government's emphasis on local ownership and capacity building can serve as a model for other donors in the area.

### What were the benefits of partnering with Emory University?

Emory's expertise in research and teaching has been invaluable. The WinS4Girls E-Course was very well planned and delivered, with Emory showing an incredible commitment to adapting to the needs of participating countries. We are confident

that this type of distance learning represents a cost effective teaching modality.

### How will the inclusion of WASH-related targets in the SDGs change the programming/donor landscape for the area of work?

While the Millennium Development Goals (MDGs) included a WASH target, it was about halving the number of people without access to safe water. In contrast, the targets included under Goal 6 of the SDGs are about achieving universal access to safe drinking water and adequate sanitation and hygiene. Importantly, the targets include reference to the needs of women and girls and those in vulnerable situations. This is both exciting and challenging. To help reach these targets, I expect that UNICEF's efforts will shift from a focus on individual behaviour change to catalysing change at the community level. This has already begun through Community-led Total Sanitation and the Three Star Approach for WASH in Schools.

With regard to MHM in schools, I believe that the WASH-related targets, together with Goals 4 and 5 – which relate to ensuring inclusive and equitable education for all and achieving gender equality – will help encourage the cross-sectoral collaboration needed to make school environments more welcoming for girls.



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## UNICEF WASH Section (II)

*Voices: Murat Sahin, WASH in Schools Advisor, and Carmelita Francois, WASH in Schools Specialist, UNICEF WASH Section, New York*

### How does the WinS4Girls Project fit into UNICEF's WASH area of work?

The vision of UNICEF's WinS programme is that all schools have functioning WASH facilities so that children can enjoy their right to education and fulfil their potential. Currently more than half of schools in the developing world don't have access to adequate WASH facilities. The lack of clean, safe and gender-segregated toilets has an especially negative impact on adolescent girls' educational experiences. The absence of accurate information on MHM and the lack of hygienic, affordable and culturally appropriate MHM materials further complicates the situation for girls who are managing the transition through puberty. In the past the scarcity of rigorous documentation on these challenges has made MHM policy and programme work difficult.

The formative research undertaken through the WinS4Girls Project is helping to bridge this information gap. The emerging evidence has highlighted four barriers in particular. The first is that most girls have insufficient information on menstruation. Many simply do not know what is happening to them when they first begin to menstruate, causing significant stress and shame. Second, the lack of clean, safe and gender-segregated sanitation facilities means that girls are unable to manage their menstruation with privacy and dignity while at school. Instead, many go home or stay home during menstruation. Third, access to absorptive materials remains inadequate in most schools. Finally, ministries of education don't have a clearly defined role in empowering girls and teachers on MHM. The results



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of the WinS4Girls studies in 14 countries will inform the development of policies and interventions to address these barriers.

### **What aspects of the project have worked well?**

We believe that the project's focus on local capacity building and ownership has been successful. More than 80 participants – including staff from national ministries of education and other government departments, local academic institutions and UNICEF country offices – graduated from the WinS4Girls E-Course. While completing the course, national working groups in the 14 beneficiary countries planned and implemented formative research on MHM in schools. This decentralized approach generated local evidence on the MHM-related challenges adolescent girls face in a range of contexts. The early and ongoing involvement of national ministries of education has encouraged local ownership of the research results and recommendations.

Another aspect of the project that worked well has been our efforts on global and national advocacy. The project supported the virtual MHM conference in both 2014 and 2015, co-hosted by UNICEF and Columbia University. The annual conference brings together global academia, donors, practitioners and United Nations agencies to talk about the MHM evidence base and how to reach more girls with adequate information, facilities and materials. More than 650 connections from across the world participated in this year's one-day online conference. The growth in participation and improved quality of conference presentations over the past few years show that MHM is increasingly recognized as a development priority.

Cross-sectoral collaboration within UNICEF has also been a strength of the project. The

education, gender and WASH sections at headquarters worked together to develop the funding proposal and clearly recognize the importance of working together to advance girls' education. At the country level, UNICEF staff from divisions outside WASH have been engaged in the project, including as focal points. For example, in Bolivia the UNICEF project focal point was a Communication for Development Officer.

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*The Government of Canada recognized that the project is unique in its focus on local capacity building, local evidence generation and cross-sector collaboration.*

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### **What were the global-level challenges faced in planning and implementing the project?**

Implementing a project in 14 countries comes with challenges. A key challenge was obtaining ethical clearance in each of the 14 countries because the ethical considerations and clearance processes for research with children are not well defined and vary considerably from country to country. It therefore took a lot of time and effort to support the local research partners to obtain ethical clearance for their research. UNICEF's recent development of a 'Strategic Guidance Note on Ethical Research' involving children was helpful in navigating the process.

Shifting the collective mindset from quantitative to qualitative research was also a challenge. Many WASH practitioners

were originally trained as engineers and are inherently ‘numbers oriented’. Qualitative research, especially on a sensitive and taboo subject such as menstruation, requires a different mindset. We believe the e-course was successful in catalysing this shift among participants.

Planning and delivering an e-course for nearly 100 participants from more than a dozen developing countries presented a further challenge. In some countries, participants had good Internet connections, while in others Internet connectivity was poor. All participants already had busy full-time jobs and the course further stretched their limited time. The need to accommodate participation from time zones around the world meant that classes were very early in the morning for some and very late at night for others. Language was also a challenge for participants from French- and Spanish-speaking countries. These factors made it difficult to keep participants on board and on track during the eight-month course. The fact that the majority of participants persisted and graduated is a testament to Emory University’s excellent facilitation of the course. It was also due to the dedication and flexibility of the participants. For instance, despite the language challenge, all course participants in Niger, including government staff, were able to graduate with high distinction. This was in part due to the fact that the UNICEF country office hired a consultant to help translate the course lessons and materials.

Finally, managing the needs of the 14 country teams was sometimes difficult. In one country, the government initially agreed to the project but later wanted to use the funds to rehabilitate a factory that produces sanitary pads. The initial response from another country was that the local

ethical clearance process would take two years. In both cases, persistent discussions with stakeholders allowed us to reach a consensus on moving forward with the formative research.

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***Our overall vision is a world in which all girls have access to the information, facilities and materials they need to manage their menses with privacy, safety and dignity.***

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### **How has the Canadian Government supported the project?**

Our first contact with the Canadian Government on this project was through UNGEI, the secretariat for which is hosted by UNICEF. The context was the MHM studies that UNICEF and Emory University previously carried out in Bolivia, Philippines, Rwanda and Sierra Leone. The research conducted in Bolivia was named one of UNICEF’s top 10 studies of 2013 by the Innocenti Research Centre. Based on this success and UNICEF’s strong and ongoing collaboration with Canada on advancing girls’ education, they took a step forward and said “yes, we want to support you to scale up this initiative in 14 countries.”

When funding WASH projects, many governments and donors want to count taps and toilets. But the Government of Canada recognized that the WinS4Girls Project was unique in its focus on local capacity building, local evidence generation and cross-sector collaboration. Our colleagues within the Government of Canada have been actively



engaged in the project, attending e-course sessions and participating in meetings such as the virtual MHM conferences. They have also supported us in overcoming challenges faced during implementation. For example, to accommodate delays in several countries, our request for a six-month no-cost extension was approved in September 2015.

### **What were the benefits of partnering with Emory University and Columbia University?**

For us it was important to engage with two renowned academic institutions, Emory University and Columbia University. Based on their technical expertise in MHM and their experience with online training, we selected Emory University to design and deliver the e-course and to provide countries with technical support. We previously worked with Emory on the WASH in Schools Distance-Learning Course, which has been delivered four times and is now registered as a master's level course. We also worked with Emory during the

previous MHM studies carried out in Bolivia, Philippines, Rwanda and Sierra Leone. Their strong contribution has been critical to the success of the WinS4Girls Project.

Columbia University was chosen to play a quality assurance role on the project, including during the delivery of technical assistance to the 14 countries and the organization of the virtual MHM conferences. We've worked with Marni Sommer of Columbia University on WinS and MHM for a number of years in multiple countries. Both universities have been active in providing countries with research advice. The engagement of Emory and Columbia will also be crucial in helping the research teams get their results published in peer-reviewed journals.

### **What global-level outputs do you expect from the project?**

Our overall vision is a world in which all girls have access to the information, facilities and materials they need to manage their



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menses with privacy, safety and dignity. The research undertaken through this project will help us better understand the MHM-related challenges that girls face in different countries so that we can work with schools, teachers, parents, education ministries and other partners to develop and scale up evidence-based interventions to help realize this vision.

Importantly, the project has catalysed increased appreciation of the importance of MHM in 14 countries, all of which have established MHM working groups to plan and manage the research. Each country now has a number of MHM champions within the government who will help drive further change.

Finally, we hope that the project will contribute to de-stigmatizing menstruation, helping transform this taboo subject into something that is a normal part of life. Menstruation is a word that was not usually used by professionals in the past, making problems related to MHM easy to ignore. Thanks to initiatives like the WinS4Girls Project, ministers, government staff, researchers and UNICEF staff increasingly speak about menstruation openly. This is a crucial shift, the importance of which should not be underestimated.

### **What are the priorities for the MHM in schools area of work after the end of the WinS4Girls Project?**

First, we would like the local generation of MHM-related evidence to continue. There are several other countries that want to conduct similar formative research. In fact, Ethiopia and the State of Palestine are already conducting similar studies using the tools generated through the project. To facilitate this, we have made all course materials, including module presentations, research tools and background documents, available

online at [www.washinschoolsmapping.com](http://www.washinschoolsmapping.com) and are encouraging other countries and organizations to adapt and use them. We also hope that the individuals and institutions that have been capacitated to undertake MHM research will be involved in similar efforts in other countries.

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*The early and ongoing involvement of national ministries of education has encouraged local ownership of the research results and recommendations.*

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Second, we want to use the evidence generated in the 14 countries to improve our MHM in schools programming. The SDGs challenge us to achieve universal access to WASH in institutions, including in schools. The WinS4Girls research results better position us to reach all schools with adequate WASH, including MHM information, facilities and materials. Importantly, we will document and monitor the impact of our programming: Are interventions helping us realize our vision? Are girls more comfortable in school? Are they better able to participate in class? Are they staying in school?

Finally, we also want to continue our advocacy efforts to ensure that all stakeholders are engaged in the discussion and have buy-in. By working together to improve MHM we can help ensure that schools are ready for girls.



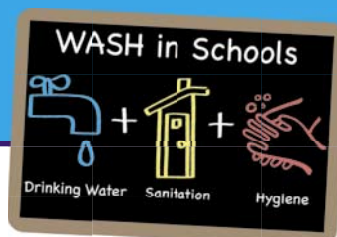




# WASH in Schools for Girls: Voices from the Field



The WinS4Girls Project supported the development and roll-out of a web-based course to strengthen the capacity of national research partners, WASH practitioners and policymakers to carry out formative research on menstrual hygiene management (MHM). The course also supported the planning and implementation of MHM formative research in 14 countries (Afghanistan, Bolivia, Burkina Faso, Eritrea, Ghana, India, Indonesia, Kyrgyzstan, Mongolia, Nepal, Niger, Nigeria, Pakistan and Zambia). To document the successes, challenges and lessons learned during the planning and implementation of the project, interviews were held with representatives from project working groups in each of the beneficiary countries. Global voices were provided by UNICEF's WASH and Gender sections in New York as well as Columbia University, Emory University and the United Nations Girls' Education Initiative (UNGEI).



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