



LEARNING FROM OTHER NATIONAL SOCIETIES GLOBAL MENSTRUAL HYGIENE MANAGEMENT EXPERIENCES

WATER, SANITATION AND HYGIENE PROMOTION
(WASH) LEARNING RESOURCE

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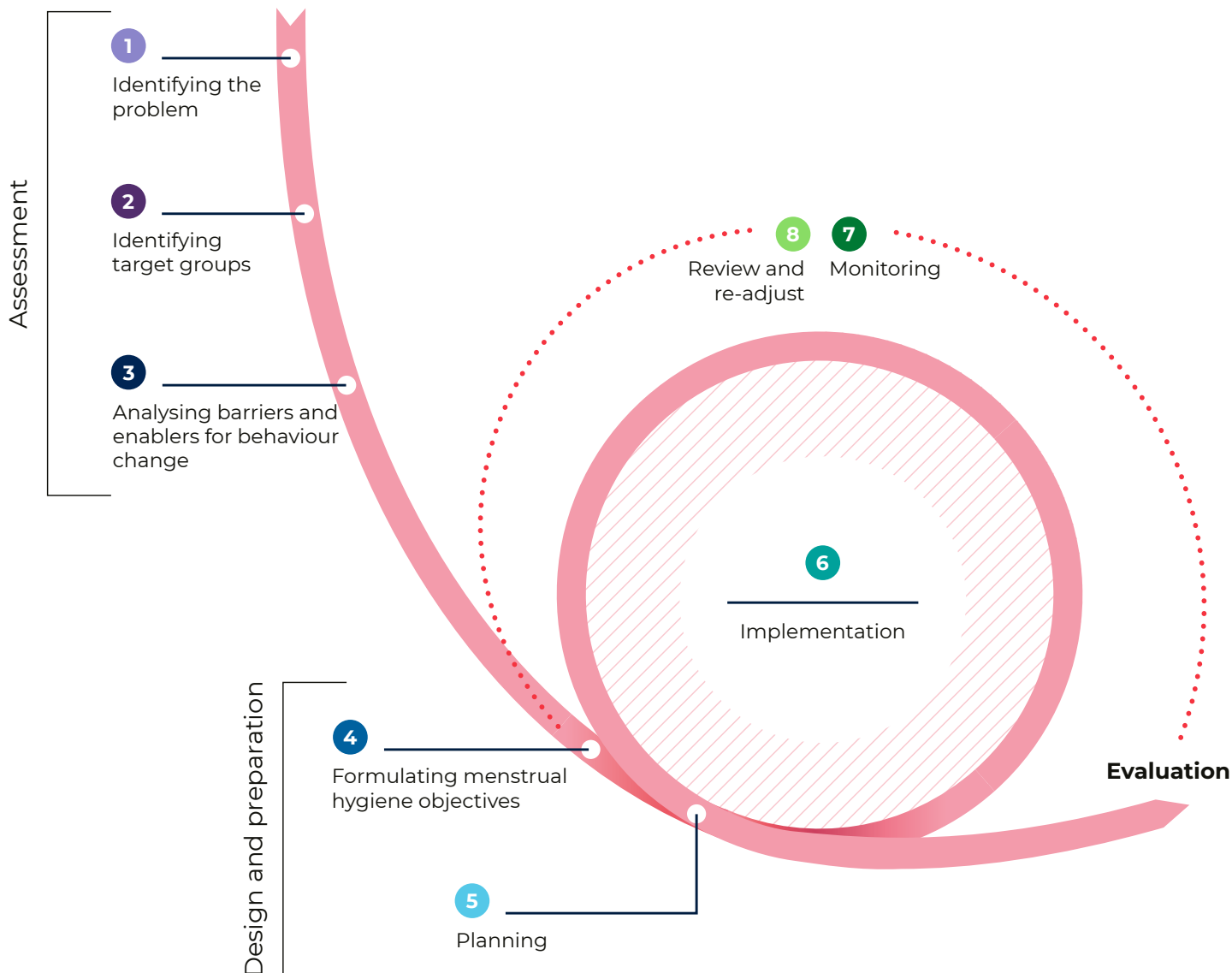
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OVERVIEW OF CASE STUDIES INCLUDED

	COUNTRY	FOCUS	TITLE	RELEVANT STEPS OF THE MHM CYCLE
1	Malawi	KAP study in a school	Using a KAP study to explore MHM in rural primary schools in Malawi	Steps 1 2 3
2	Vanuatu	MHM in disaster contexts	Participatory research to improve MHM actions in disasters in Vanuatu: understanding socio-cultural aspects and locally adapted MHM kits	Steps 1 2 3 8
3	Iraq	User-centred design for local adaption	User-centred approach for local adaptation of MHM kits and education materials in the Iraqi context	Steps 5 8
4	Sri Lanka	Menstrual waste (incinerator)	Participatory 'ABC' process for addressing menstrual waste and behaviour change in Sri Lanka	Steps 1 2 3 6
5	Nepal	Local advocacy	Local advocacy with government and communities to end the harmful "chhaupadi tradition" in rural Nepal	Step 6 6 Advocacy
6	Bangladesh	Participatory monitoring, collecting feedback	Participatory monitoring of WASH facilities and MHM distributions in Cox's Bazar, Bangladesh	Step 7
7	Cote d'Ivoire	Designing an MHM in schools intervention	Designing a WASH in schools project with an MHM component in Cote d'Ivoire	Steps 4 5
8	Pakistan	MHM corners within hospitals; community MHM "champions"	Promoting improved MHM in rural Pakistan through community champions and 'MHM corners' in hospitals	Step 6

THE EIGHT STEPS FOR MHM ACTION



GETTING STARTED – THIS LEARNING DOCUMENT

Purpose

This learning document is a collection of experiences from Red Cross Red Crescent National Societies in menstrual hygiene management (MHM). Experiences from both emergency contexts and long-term programming are included.

The aim is to give practical “how to” recommendations, tips that National Societies have learnt, and tools developed through implementing MHM programmes which others can learn from, adapt, and apply in their own MHM actions.

By compiling these lessons and tools in one place, we hope that they can be used by others to make developing and implementing quality MHM programming easier – using what already exists and learning from others’ experiences, rather than ‘starting from scratch’ each time.

The overall objective of this learning document is to enable National Societies to design and implement appropriate, effective, and quality MHM actions, by learning from others’ experiences.

This learning document complements and should be used together with [IFRC’s MHM Guide and Tools for addressing MHM](#), and [IFRC’s Hygiene Promotion in Emergencies guide](#).

This first collection of Red Cross Red Crescent global MHM experiences (published in December 2020) is intended to be updated in 2022 with a wider variety of experiences from National Societies. If you would like to share your work, or are interested in further information about any of the National Society experiences included in this document, please contact wash.geneva@ifrc.org.

Who is this learning document for?

This learning document is for anyone who is involved in menstrual hygiene management action or planning to implement MHM activities in future programming.

In particular, those working in the water, sanitation and hygiene (WASH), protection, gender and inclusion (PGI), and health (including sexual and reproductive health) sectors, may find this learning document useful.

How to use this learning document

Each of the eight case studies included in this compilation highlights a particular topic, area, or component of each project. The idea was to focus the case studies, in order to make it easier for users to find and extract the information which is relevant and useful for them. Information on the broader project, or implementation of activities outside of the focus area of each case study, is not included.

Use the ‘Overview’ on page 4 to find a case study about the topic you are interested in, planning to implement, or currently working on. For example, do you want to know more about knowledge, attitudes and practices (KAP) surveys for MHM, or advocacy? Training on MHM, or menstrual waste management? Go to that case study to learn more and find tips and tools that can be useful for you.

Each case study has the same structure:

▼ What information is included?	
Background	Short background of the project and context
The details: what was implemented and how	Short explanation of activities implemented: methodology or approaches, target groups, tools used, main results
Challenges and what we learned	Key challenges encountered, how they were addressed (if relevant) and lessons learned
Tips and tools	Advice for others implementing similar projects, including example tools that can be adapted





USING A KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) STUDY TO EXPLORE MHM IN RURAL PRIMARY SCHOOLS IN MALAWI

Who was this implemented by?	When?	What is the focus of this case study?	Which step(s) of the MHM cycle?
Malawi Red Cross Society, supported by Swiss Red Cross	2018	KAP study in a school; mixed-method assessment involving boys and girls	Steps 1, 2, 3 Assessment

Background

For many girls in Malawi, managing their menstruation every month continues to be a challenge due to a lack of access to information, MHM products, and adequate WASH facilities – particularly in schools.

The Malawi Red Cross Society (MRCS), with support of the Swiss Red Cross, conducted research to explore the MHM knowledge, attitudes and practices and associated influencing factors of both female and male students in primary schools in rural Malawi.

The results of the KAP study would serve i) to enable design of culturally appropriate and evidence-based MHM project interventions in schools in Malawi with a similar context, and ii) as a baseline for the project to track changes in MHM knowledge, attitudes and practices over time.

This research was conducted as part of the second phase of the Integrated Community-Based Health Programme, implemented in Mzimba and Salima districts.

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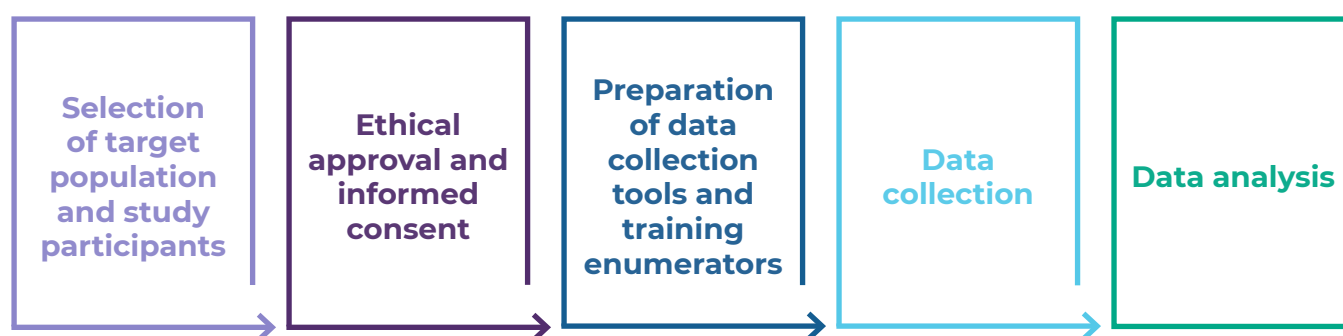
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Overview of the KAP study process



The details: implementation

A mixed-method study including a survey, focus group discussions, interviews and direct observations was used.

The KAP study addressed the following key research questions:

- **Knowledge:** How much and what do students in rural Malawi know about menstruation and its management? What are their sources of information, and what are the main barriers in accessing appropriate information?
- **Attitudes:** What perceptions of menstruation and its management do schoolgirls in rural Malawi have? How prepared are they for the onset of menstruation and what are their needs?
- **Practices:** How do schoolgirls in rural Malawi demonstrate their knowledge and attitudes concerning MHM through their actions and what is the current state of use of sanitary products?
- **Main influencing factors:** Who and what influences Malawi primary school students' knowledge, attitudes and practice? In what ways do they influence MHM? What are the local threats and opportunities?

Because the study focused on preparedness at the onset of menstruation, **primary school students in standard 8 grade were selected as the target group**. Although some girls start menstruating in earlier grades, students in standard 8 are at least 12 years old and better able to articulate and express themselves compared to students in lower grades. Girls in standard 8 are also more likely to have started menstruation and thus have experiences to share.

To avoid stigmatization of those students participating in the study, entire standard 8 classes were included (with female and male students). Information was provided on the study and written informed consent sheets were signed by the pupils and their caregivers in order to participate. In total, **522 students (49% male and 52% female) from 17 schools submitted informed consent and were included in the study**.

Ethical approval to conduct the study was obtained from the National Health Sciences Research Committee of Malawi. The study was also approved by the district education managers, the district commissioners of Salima and Mzimba, and the targeted schools.

The mixed-method design included:

- **A questionnaire for female and male students.** Questions for boys focused only on knowledge and attitudes, while girls were also asked about sources of information, influencing factors, and their MHM practices. Students were interviewed by a trained volunteer of the same gender, in the local language. Kobo Toolbox was used for data collection, using tablets. The questionnaire was pre-tested in one school and then revised based on feedback.

- **Focus group discussions and key informant interviews** involving a total of 120 girls, 42 boys, 7 mothers' groups, 14 teachers and 7 community members. These were audio recorded in the local language, transcribed, and translated into English. These discussions and interviews were semi-structured and based on open questions.
- **A school survey** to assess the school environment based on a closed interview with an employee of each school, as well as a **sanitary inspection walk** (for direct observation of WASH facilities, for example).

Quantitative data was analysed using the statistical software package STATA. Qualitative interviews were analysed through the software NVIVO, with findings used to triangulate survey results and to gain a deeper understanding.

Results

Several results which are interesting to highlight include:

- For girls, increased knowledge was associated with better MHM practices and with reduced absenteeism. The use of disposable sanitary pads was positively associated with school attendance during menstruation.
- For girls in Mzimba, physical experiences such as pain and discomfort were mentioned as key challenges, while girls in Salima mentioned more psychological challenges like fear of soiling or staining clothes, embarrassment and being teased by boys.
- Boys' sources of information were shown to be very limited, mostly depending on observations of girls' behaviour (e.g. noting that girls missed school, soiled their clothes in class, or saw them washing and drying absorbent materials). Interestingly, boys' increased knowledge of MHM was associated with higher levels of teasing and with more absenteeism of girls during their menstruation.
- 85% of girls reported the onset of menstruation as a bad experience, with recollections of feeling scared, shocked, embarrassed, disgusted, or upset. 52% of girls had never heard about menstruation before it started.



MRCS volunteer conducting an interview with a schoolboy.

© Swiss Red Cross / Daniela Enzler



Curious to learn more?

Full results from the KAP survey are available in the report "[Menstrual Hygiene Management \(MHM\) knowledge, attitude and practices of adolescents in rural primary schools in Malawi](#)".

Challenges and what we learned

Challenges	What did we learn
Taboos and stigma around menstruation may have prevented some girls and boys from talking openly, and the study not capturing their true views or experiences. A KAP study relies on self-perception (e.g. what each individual sees, feels and understands) which can create potential biases.	Training and motivation of the study team were shown to be key to getting students to talk openly. Pairing students and interviewers of the same gender also helped in increasing their comfort to share experiences.
Students were aware that interviewers were from MRCS. Given the highly positive reputation of the organization, this may have resulted in some bias from students answering the questions in a way that would be viewed favourably.	In future studies, it may be better to involve MRCS volunteers from different communities, with whom participants may be less familiar, or engage other stakeholders in conducting the study to minimize this bias.
The study sample did not include students that had already dropped out from school – this was beyond the scope of this study due to missing registers and population census information.	Attendance registers could be used as a more valid means for investigating absenteeism in future studies.



MRCS volunteers conducting a focus group discussion on MHM with female school students.

© Swiss Red Cross / Daniela Enzler

Tips and tools

1. *Privacy in all aspects is empowering: girls don't want others to know they are menstruating*

The study found that girls rarely use the existing MHM rooms at schools, because they need to ask for a key at the teachers' office and everyone would know that they are menstruating. Girls in most schools which were part of the baseline study did not have the chance to hide their menstruation status, which may lead to embarrassment, teasing and potential absenteeism.

Combining latrines and MHM rooms into one facility for girls which offer the benefits of both is recommended: a private latrine with waste disposal, space in the cubicle for water (e.g. a bucket) including discreet drainage, and a shelf to put soap, clothes or clean sanitary materials during washing and changing. The facility should have a neutral, non-MHM related name to avoid further disclosure of menstruation.



TOOL: [PGI Assessment Question Library](#) provides information on how to include aspects of dignity, access, participation and safety in WASH assessments.

2. *Including men and boys in KAP studies is critical to 'get the full picture' and to enable planning of effective MHM actions*

Boys are a great source of information, especially concerning attitudes. A key finding was the association of higher average knowledge in boys with more absenteeism of girls during menstruation. Careful consideration of how information on MHM is transferred and communicated to boys is needed.

It is important that male teachers and headmasters understand and fully support boys being included in the study. Having an experienced and competent interviewer for boys was very important to minimize embarrassment and encourage sharing of information.



TOOL: More information on the inclusion and engagement of boys and men can be found in the [full KAP report from the MRCS/SRC study](#).

TOOL: [Short paper from Wateraid and Vatsalya \(2017\) about the role of men and boys in community management of MHM](#), and how to engage them for effective programming.

3. Always use a mix of methods to gain a deep, meaningful understanding and ensure data is correct

The open interviews and discussions with girls, boys, teachers and mothers' groups allowed for deeper discussion, and led to valuable insights on the atmosphere in schools, rumours, harassment, misinformation, and trusted supporters and sources of MHM information.

Be cautious when extrapolating results from different areas or contexts. An in-depth understanding of MHM knowledge, attitudes and practices in each district and local context is necessary in order to design programmes which are appropriately tailored to each community.



TOOL: [IFRC's MHM tools](#) include both quantitative (survey, WASH facility checklists) and qualitative (focus group discussion guides, checklists) resources.

TOOL: [PGI Focus group discussion planning guide](#) will help to prepare a safe and inclusive setting for focus group discussions.

4. Take advantage of mobile data collection tools to improve timeliness and efficiency of surveys

[KoBo Toolbox](#) was used for the questionnaire, which motivated the interviewers (volunteers), reduced the risk of losing data, and saved time. Data was directly saved, compiled, and prepared for analysis which saved time. Data and results can be monitored in real-time by the project team, and any issues or errors identified and solved quickly.

Make sure that the digital tools are programmed and set up properly: take the time to test data collection in real conditions. Allow for adequate time to train interviewers of different genders in the use of mobile data collection tools.



TOOL: [IFRC's Rapid Mobile Phone-based \(RAMP\) survey toolkit](#), including [technical considerations](#) when designing a mobile-phone based survey, [practical field guide for implementing](#) a mobile-phone based survey and [guide for training](#) a mobile-phone based survey team.



PARTICIPATORY RESEARCH TO IMPROVE MHH ACTIONS IN DISASTERS IN VANUATU: UNDERSTANDING SOCIO-CULTURAL ASPECTS AND LOCALLY ADAPTED MHH KITS

Who was this implemented by?	When?	What is the focus of this case study?	Which step(s) of the MHH cycle?
Vanuatu Red Cross Society, supported by Australian Red Cross and James Cook University	2019–2020	MHH in a disaster/emergency setting; participatory research to develop locally adapted MHH kits and understand socio-cultural aspects of MHH	<p>Steps 1,2,3 Assessment</p> <p>Step 8 <i>Prepare for future disasters</i></p>

Background

Vanuatu Red Cross Society (VRCS) is highly experienced in responding to disasters and has been working to integrate menstrual hygiene management (MHH) into its disaster preparedness and response programming.

In 2018, the VRCS, supported by Australian Red Cross and James Cook University, carried out research to identify opportunities to strengthen programming and interventions to support MHH among women and girls in disaster contexts.

The study aimed to identify the locally-preferred items for inclusion in an MHH kit and to explore the socio-cultural aspects of menstruation likely to impact MHH in disaster settings in Vanuatu.

The research

The mixed method study involved girls and women trialling one of four randomly allocated sanitary products, followed by quantitative data collection on product acceptability through a short paper-based survey, and qualitative data collection through focus group discussions and interviews.

The study took place at four sites, one urban and one rural on each of the islands of Efate and Espiritu Santo.

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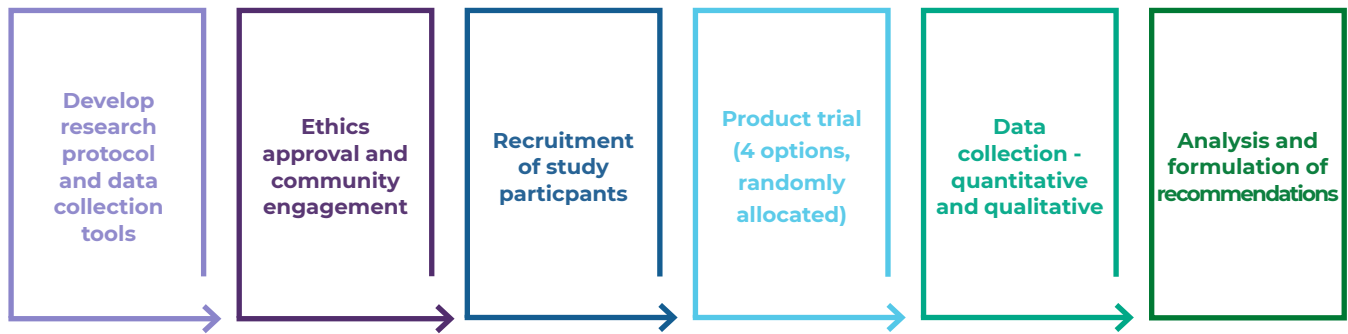
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Overview of the research process



The study was reviewed and approved by the James Cook University Human Research Ethics Committee and the ethics committee at the Vanuatu Ministry of Health.

Study population and sampling

After community consultation, 192 girls and women were recruited across the four study sites. In line with cultural norms, women and girls were recruited into three different groups based on their marital status and age: young single, younger married and older married. VRCS staff selected women and girls from the community, based on their connections and knowledge of community members (purposive recruitment).

Product trial

Within their marital status grouping and location, the 192 women and girls were randomly allocated an MHM kit including one of four sanitary products to trial. Two of the sanitary products were disposable (both locally available), while two were reusable (one locally produced and one imported).

In addition to the sanitary products to trial, each MHM kit contained the following locally procured items:

- Plastic bucket with lid
- Two sets of underwear
- Laundry soap and personal soap
- Clothes-line and pegs
- Menstrual hygiene information sheet in Bislama (local language)

Education on the use, care and disposal of the allocated product was provided to each participant. Participants were asked to trial their allocated product over one to three menstrual cycles.

Qualitative data collection and analysis

Qualitative data was collected via 12 focus group discussions with 125 participants. Key topics explored were:

- Menstruation knowledge, attitudes and practices and impact of local beliefs/taboo
- Experience of using the supplied sanitary products
- Perceived barriers and enablers to safe and dignified MHM in a disaster context
- Suggested possible interventions to improve MHM in a disaster context



Interview during data collection.

© Sandra Downing, James Cook University

Interviews were also conducted with two women with disabilities to better understand their concerns, experiences and preferences.

Focus group discussions and interviews were conducted in Bislama (the local language) by trained VRCS staff and volunteers, and digitally recorded with the permission of participants. Recordings were transcribed in Bislama then translated into English. Qualitative data was thematically analysed by two of the researchers.

Quantitative data collection and analysis

Quantitative data was collected via a short paper-based survey completed by 136 participants (response rate 71%). The survey used a likert scale of emoji faces and asked the participants to rate the sanitary product they trialled across five categories:

1. Fit ("they fit into my underpants securely")
2. Comfort ("they were comfortable and didn't irritate my skin")
3. Absorbency ("they were absorbent and didn't leak")
4. Smell ("they absorbed the blood smell")
5. Changing ("they were easy to change")
6. Recommend to others? ("they are a product I would recommend")



Data from the completed survey forms was entered into an Excel spreadsheet and analysed using descriptive statistics (proportion and frequency counts).

Results

Several interesting results are highlighted below, with others included in the challenges and lessons below:

- Sharing of WASH facilities poses many additional challenges for women and girls during menstruation. Women and girls are concerned about having access to sufficient water in evacuation centres and about men's attitudes to their increased requirements during menstruation.
- Lack of access to sanitary materials in a disaster context is a major concern for women and girls. Absorbency and access to water (for washing of reusable pads/materials) are key determinants of acceptability of MHM products.
- Washing and drying of sanitary pads is seen as a private matter and needs to be conducted out of sight of others, particularly men. To avoid smell which would attract flies and dogs, disposable pads are often washed out then discretely dried and hidden, before disposal at the end of each menstrual cycle.
- Distributions are often done by men and at the same time as other non-food item distributions. Women find this embarrassing and inappropriate, and, if they have questions, are unlikely to ask them; this prevents them from gaining important knowledge/information about use of MHM products. In past disasters, MHM materials have sometimes been distributed without information on how to use and care for the products (if reusable), resulting in some women not using the supplied product.



VRCS volunteer preparing MHM kits for distribution as part of the trial.

© VRCS



Curious to learn more?

Full results are available in the report "[Research on responding to menstrual hygiene needs of women and girls in disaster settings in Vanuatu](#)".

Challenges and lessons in conducting the research study

Challenges in conducting the research study	What did we learn
The length of time between recruitment and data collection at each site and the variation in menstrual cycle length resulted in some participants not menstruating during the trial period. The supply of disposable sanitary pads was only adequate for one menstrual cycle due to budget constraints, which limited participants' experiences of using them.	The timing of post-distribution monitoring of menstrual hygiene items needs to be well planned in advance. Any earlier than 1.5 months, and there is a risk that women and girls have not menstruated and so have not actually used the pads or MHM items. Depending on the type and number of pads/materials distributed, after two–three months it can become difficult for women and girls to remember what happened during distribution, what they received, how they felt, or whether they liked using the pads distributed etc.
While it was planned for each focus group discussion to only include women/girls from the assigned participant groups (young single, young married, older married), in some instances the focus group discussion contained a range of participants. This may have influenced the participants' desire to speak openly, particularly for the younger girls.	The focus group discussions were facilitated by experienced female VRCS volunteers from the communities themselves. During the discussions they were aware of the potential for some participants to be shy and uncomfortable with speaking about their experiences, and they made efforts to put all participants at ease.
Focus group and interview recordings were transcribed in Bislama (the local language), then translated into English by VRCS staff and volunteers (rather than professional transcribers and translators). This may have resulted in loss of nuance in some instances.	To help counteract any loss of meaning in the translations, the research team had regular discussions with VRCS staff and volunteers and the lead researcher took notes during fieldwork which could help to verify translations and fill in any gaps.
A degree of sampling bias can be expected because VRCS staff used their organizational and personal relationships to reach community members and select women and girls to be included in the study (purposive recruitment).	To counter this bias, a strong randomization process for allocation/trial of sanitary products was utilized.



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Challenges and lessons in addressing MHM in disaster contexts

Challenges identified in addressing MHM in disaster contexts	What did we learn
<p>Distributions of MHM items are often done by men and at the same time as other non-food item distributions. Women find this embarrassing and if they have questions – especially around use of sanitary products – they are unlikely to ask them.</p>	<p>It is important to work together with community leadership and groups to determine locally appropriate, inclusive distribution of MHM kits that reaches all age groups. Women should be engaged in decision-making about distribution processes and lead on this where possible.</p> <p>Focusing on preparedness, one recommendation was to revise VRCS's standard operating procedures for distribution of non-food items, incorporating different strategies for MHM kits, as well as regular re-supply of consumables.</p>
<p>MHM materials have sometimes been distributed without information on how to use and care for the products (if reusable), resulting in some women not using the supplied product.</p>	<p>Culturally appropriate education and demonstration on how to use MHM kit contents must be provided at the time of distribution, specifically targeting younger girls (who are potentially more shy about menstruation), in addition to older girls and women.</p>
<p>Gender norms have traditionally limited women's ability to be heard during disaster planning and response. Women and girls are usually not involved in disaster assessment and planning, which means decisions are made often without consideration or full understanding of MHM and WASH needs.</p>	<p>Women and girls should be actively involved in disaster preparedness planning and response (for example through participation in disaster planning committees and emergency assessment teams), so that their needs and concerns are taken into account, and their valuable skills, knowledge and experience are used in planning that affects them.</p> <p>Advocate and work with national humanitarian and cluster structures (e.g. Inter-cluster Coordination Group and the Gender and Protection Cluster) to raise awareness of restrictive practices (especially those that effect mobility and community participation) that may impact on women's and men's ability to engage in recovery activities.</p>
<p>Attitudes of men and boys influence the feelings of shame and embarrassment experienced by women and girls during menstruation.</p>	<p>MHM awareness should include boys and men to address discriminatory gender attitudes, norms and harmful practices, and so that they gain a greater understanding of women's and girls' needs, including specific WASH facility requirements, additional water needs, and separate MHM kit distributions.</p>

Tips and tools

1. *Socio-cultural norms and restrictive MHM practices can affect the whole family during disasters*

Gender roles and socio-cultural norms (expectations for how to behave, think and feel) can make the practical aspects of managing menstruation challenging, particularly in disasters. Study results indicated that restrictive practices during menstruation may impact on a woman's ability to engage in activities such as attending distributions, communal cooking of meals in evacuation centres and replanting gardens. This can also result in husbands and other family members taking on additional duties while women and girls are menstruating, reducing their capacity to engage in response and recovery activities.



TOOL: [PGI Assessment question library](#) provides information on how to include aspects of dignity, access, participation and safety in WASH assessments.

2. *Don't forget about women and girls with disabilities who may need extra support*

Women and girls living with disability have individual and specific MHM needs and preferences, which should be taken into account in planning of MHM kit distributions and WASH facilities. Consider planning separate focus group discussions with persons with different disabilities and ensure the use of varied and inclusive facilitation methods to allow full participation.

Work with community leadership structures and community groups to identify women and girls with disabilities who may require outreach distribution of MHM kits and other special items (for example for incontinence, if relevant).



TOOL: [Sex, Age, Disability Disaggregated Data guidance in the PGI Assessment Question Library](#) provides information about collecting disability specific data, and understanding community composition.

TOOL: Research article - [Systematic review of menstrual hygiene management requirements, its barriers and strategies for disabled people](#) (Wilbur, Torondel, Hameed, Mahon, & Kuper, 2019)

3. WASH facilities that allow women and girls to privately wash, dry and dispose of menstrual materials appropriately are essential

Private, segregated emergency WASH facilities with sufficient water, a discrete option for disposing of menstrual waste, and a place to wash and dry pads and personal items are key for enabling improved MHM practices so that women and girls can manage menstruation hygienically and with dignity.

Women and girls need to feel confident that others, especially men and boys, will not see them or their menstrual materials. Design of emergency WASH facilities should take into account a range of mobility needs (for example, for those with physical disabilities, but also elderly and pregnant women).

The research found that sharing WASH facilities, for example in evacuation centres after a disaster, poses many additional challenges during menstruation. Women and girls are concerned about privacy, and about others (especially men) seeing them manage menstrual materials. They also reported being concerned about having access to sufficient water in evacuation centres and men's attitudes to their increased requirement for water during menstruation.



TOOL: IFRC's Minimum standards for inclusive, MHM-friendly [latrines](#), [bathing areas](#) and [solid waste management](#) are tools that can be used for both monitoring and assessment of WASH facilities, and measuring how well they meet the WASH needs of menstruating women and girls.

4. Develop MHM kits based on what users need and prefer, and the country disaster context

Consultation with women and girls should guide the selection of any hygiene, dignity or menstrual hygiene related items to be distributed. In Vanuatu, availability of water strongly influenced the preferences for disposable or reusable materials.

MHM kits to be pre-positioned could potentially include both disposable and reusable sanitary products, so they are appropriate for a broader range of situations (e.g. rainy, dry or monsoon season, evacuation centres where water may or may not be easily accessible).



TOOL: Annex 2 [page 39]: Focus group discussion guide and Annex 3 [page 45]: Post-distribution survey, after trial of the sanitary materials, from the full report '[Responding to menstrual hygiene needs in disaster settings in Vanuatu](#)'.

TOOL: IFRC's example MHM tools: [post-distribution survey](#) and [post-distribution focus group discussion](#).

TOOL: IFRC's [Minimum items to be included in MHM kits](#) or dignity kits for menstrual hygiene.

Rosie's World

MENSTRUAL HYGIENE MANAGEMENT EDUCATION GUIDE



English version of Rosie's World
educational guide, adapted for Iraq



USER-CENTRED APPROACH FOR LOCAL ADAPTATION OF MHM KITS AND EDUCATION MATERIALS IN THE IRAQI CONTEXT

Who was this implemented by?	When?	What is the focus of this case study?	Which step(s) of the MHM cycle?
Iraqi Red Crescent Society supported by French Red Cross	2018–2019	Local adaptation of MHM kits and education materials	<p>Step 5 Planning</p> <p>Step 8 Review and re-adjust</p>

Background

In Iraq, women and girls are often trapped in a culture of shame, taboos and misinformation surrounding menstruation. In some parts of the country, there is the belief that girls and women should not cook during menstruation as they could spoil the food. Some women believe that bathing during menstruation will cause chronic infections that could lead to cancer.

In response to this, in recent years the Iraqi Red Crescent Society (IRCS) has strengthened its MHM interventions, with a focus on promoting MHM education and awareness, supporting women and girls with MHM items where needed.

This case study focuses on the process that the IRCS, together with the French Red Cross, (FRC) has undertaken to adapt global MHM tools to the Iraqi context, in particular MHM kits and Rosie's World education materials.

National and local adaptations of MHM programme tools and MHM kits

IRCS first introduced MHM into their programmes in 2018. At that time, IRCS focused on adapting the global MHM tools to the country needs and context. This included assessment, planning and monitoring tools (e.g. focus group discussion guides, checklists) to understand socio-cultural aspects of MHM in Iraq and to adapt WASH infrastructure.

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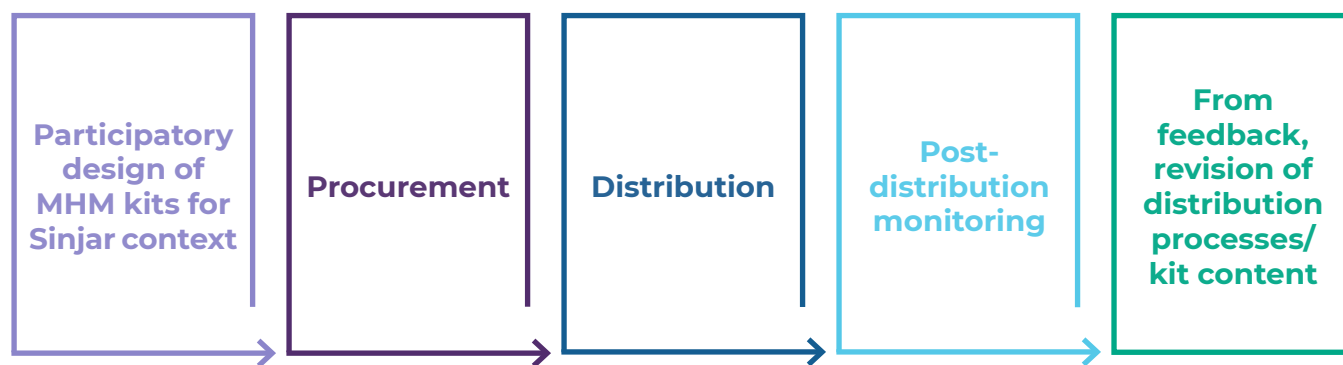
Along with these programme ‘tools’, based on **participatory consultation and user feedback, IRCS developed MHM kits** (pads, underwear, buckets, soap etc.) at a national level, and then further localized the MHM kits in Sinjar province, as part of an early recovery programme.

Women and girls from different IRCS branches were consulted to understand which items were considered essential by Iraqi women, and whether other items were considered important in the Iraqi context and should therefore be included in MHM kits.

During this first round of participatory consultations, several important findings and requests arose. For Iraqi women, it is important that the “soap bar” in the MHM emergency kit be **Laurel soap** (or Aleppo soap) which is widely used and accepted by users. **Intimate washing lotion** was not included in the standard MHM kit, however many women considered this product to be fundamental and therefore it was added into the Iraqi MHM kits. In addition, due to the lack of reusable pads on the Iraqi market, **only disposable pads** are part of the Iraqi MHM kit.

The IRCS are committed to localizing the MHM kit even further within Iraq and understanding whether there are different preferences and needs depending on the geographical area or region they work in.

The example of Sinjar: sub-national localization of MHM kits



This process was done in a recovery context, where there is more time to engage with communities.

To involve women and girls from the community in the design of MHM kits and selection of items (quality and quantity), IRCS together with the FRC, conducted a number of focus group discussions in 2019 in the area of Sinjar, a town situated in the north-western part of Iraq.

IRCS was keen to understand whether there were differences between rural and urban areas, in terms of MHM needs and preferences. Therefore, schoolgirls from the urban area as well as women and girls from a nearby rural area were selected for these focus group discussions.

Findings showed that schoolgirls preferred single-use disposable pads in order not to have to carry their used pads until they came home to wash them, and that women and girls that live in rural villages preferred reusable pads.

Type and content of MHM kits developed

Based on these preferences and context, IRCS developed two types of kits for the different groups within the local population in Sinjar:

1. School girls in urban area – MHM kits with disposable pads.
2. Women and girls in rural areas – MHM kits with reusable pads (because they do not have access to markets which sell other types of menstrual materials).

Based on consultation and feedback captured during the focus group discussions, the MHM kit contents were decided and included sanitary pads (disposable or reusable, see above), underwear, soap, small plastic bags, intimate washing lotion and a small plastic bin with lid.



IRCS volunteers conducting a focus group discussion with women and girls in Sinjar and discussing MHM kit content.

© Bassima Hussein

Distribution

Two distributions of Sinjar adapted MHM kits were carried out reaching a total of 2,250 women and girls across ten schools and eight villages. MHM kit distribution was done separately (not together with other items). The team responsible for the distribution was female, locally selected and from the same culture as the women and girls receiving the MHM kits.

The MHM programme was carried out in both Yezidi and Arab communities and the religion of the volunteers was not an obstacle in creating strong and constructive collaboration with the women and girls in the communities.

Post-distribution survey

A questionnaire was developed in Arabic and English on the KoBo Toolbox platform, based on the example available in the IFRC MHM Guidelines (see Tools section below).

Post-distribution monitoring was carried out following each distribution – 16 weeks after the first distribution and 2 weeks after the second distribution. 98 women and girls were interviewed.

Results and improvements for future distributions

Results from the post-distribution monitoring survey after the first distribution showed that more than half (54%) of women and girls felt embarrassed during the distribution when collecting the kit.

Based on this feedback, the team changed the following elements to improve the second distribution:

- Kits were distributed in a cardboard box rather than in a plastic bag (which was transparent and made products visible to others).

- Males were not involved in the distribution process at all, only female staff and volunteers. Although males never distributed the items directly to women, their involvement in other aspects of the distribution process led to women and girls feeling embarrassed.
- Distributing the kits door-to-door may make women feel more comfortable, rather than receiving the kits among a group of women and girls.

Overall, women thought the items inside the MHM kit were good quality, very comfortable or comfortable to use, and easy to use with very few reporting leakage, itching or burning. The demonstration of how to use, wash, dry and dispose of pads was well received and felt to be very useful, however many reported washing reusable pads with hot water rather than cold water (as recommended).

The MHM programme in Sinjar enabled women and girls to menstruate with dignity and change their perceptions around menstruation. Results from pre- (2019) and post- (2020) implementation surveys showed **a significant increase in women reporting that they were able to leave the house normally while menstruating: increasing from 22% before the intervention to 79% after the intervention (a 57% increase).**

Adaptation of MHM education materials for girls called “Rosie’s World”

The MHM educational guide called “Rosie’s World” has been adapted to the Iraqi context to enable school students to improve MHM knowledge and awareness.

As part of IRCS’s commitment to strengthening MHM interventions, a training for female and male volunteers was held in Erbil in 2019 with support of FRC. Following this training, volunteers expressed their desire to focus on schoolgirls in order to prepare them for puberty and menstruation. To this end, “Rosie’s World” was introduced to the participants and subsequently adapted for use in Iraqi schools.

What is “Rosie’s World”?

“Rosie’s World” is an informal educational guide on menstrual hygiene where girls learn through the story of Rosie and engage in fun activities surrounding menstrual hygiene management. “Rosie’s World” was originally developed by WASH United in India and then adapted to sub-Saharan Africa.

The guide is divided into two main parts, each part being one training session. Throughout the first part, the reader realizes that getting a period is a normal biological part of growing up. In the second part, the guide explains how menstruation is not dirty, but a sign of good health.

The whole guide is written through the perspective of Rosie, a girl, which allows the reader to identify with her and learn about MHM in a more natural way.

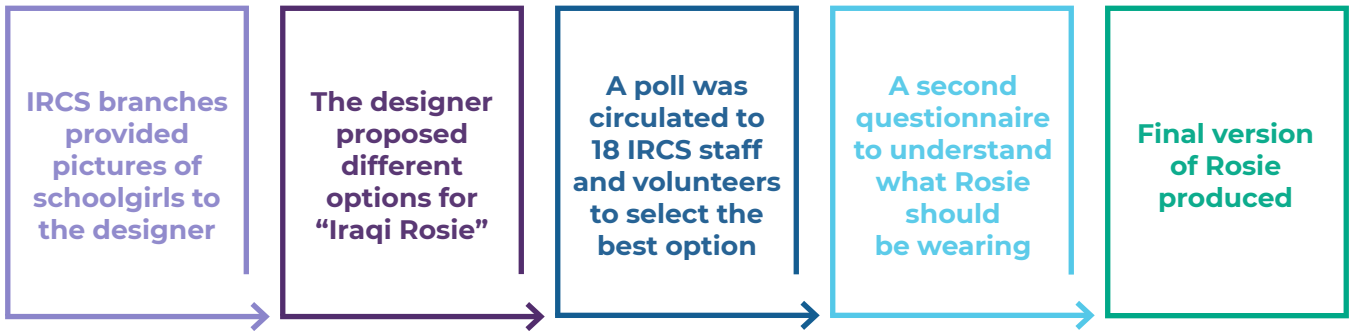
Adapting the materials and Rosie to the Iraqi context

As well as translating the text into Arabic and ensuring terms and language aligned with the Iraqi context, the ‘original’ Rosie had Indian or African origins and needed to be adapted to look like an Iraqi girl who students could easily relate to.



Rosie, adapted for Iraq

The participatory steps taken to finalize Rosie's adaptation were:



First, IRCS branch volunteers took several pictures of different schoolgirls which were sent via Whatsapp to the designer, with consent of the schoolgirls. The designer then proposed two different versions of Rosie and her friend.

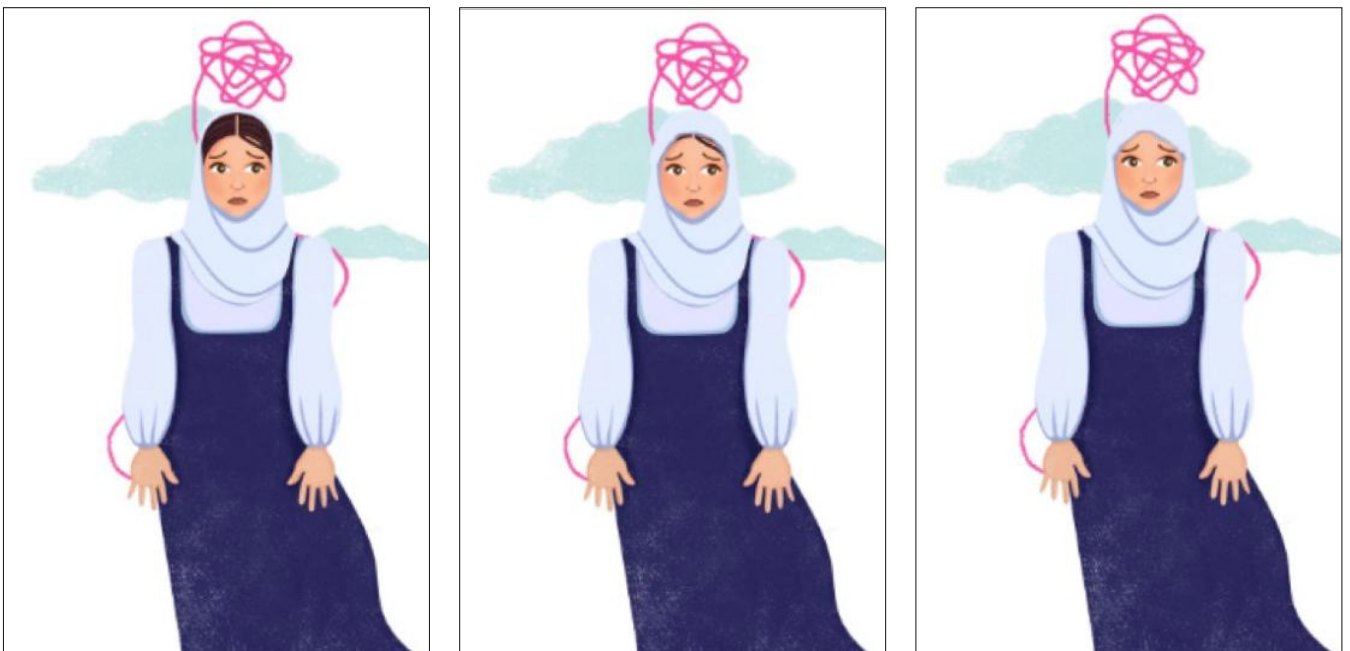
To make this process as participatory as possible, IRCS and FRC coordinated a poll with the 18 IRCS branch volunteers and staff who participated in the MHM workshop.

The objective of the poll was to collect feedback on **different options for Rosie and her appearance**, making sure her outfit would be acceptable according to the dress code standards of different governorates in Iraq and that girls from different regions of Iraq could identify with her.

Once the best version of Rosie was selected, another questionnaire was sent to the staff and volunteers in order to understand how Rosie should be dressed. Questions included:

- How much hair should the veil cover (example below)?
- How covering should the skirt / shirt be?

Consensus was reached on the hair and dress of Rosie, and staff and volunteers (particularly women) were happy with the final appearance of Rosie. Collecting feedback in this way ensured that the Iraqi version of Rosie was as realistic as possible.



Challenges and what we learned

Challenges	What did we learn
<p>Most women who reported avoiding leaving their houses during menstruation, stayed home because of pain. The recommendations made by volunteers to relax, stretch, use a hot bottle and herbal teas were often not enough for women to deal with their menstrual pain.</p>	<p>Menstrual pain is an important issue for many women and girls that can impact mobility during menstruation. Include questions on menstrual pain as part of focus group discussions for assessment and monitoring, to understand how it is managed by women and girls, and what their preferences are. Explore linkages with community and school health clinics, if possible, for advice on medication.</p>
<p>During initial focus group discussions, as part of the first MHM programme, women felt that intimate washing lotion was essential to include in MHM kits. However, the budget for MHM activities was elaborated before the focus group discussions and so lotion and other items requested by women were not procured. During post-distribution monitoring, women complained they did not have enough pads and were lacking washing lotion to manage their menstruation.</p>	<p>Post-distribution monitoring is an absolute necessary step to improve the quality of the programme, and women and girls should always be consulted, and their preferences and needs accounted for.</p> <p>It is important to manage expectations during focus group discussions, and be upfront about which requests, items and support are able to be provided as part of programmes.</p>
<p>Although men and boys have limited understanding of the physical process of menstruation and take an active part in perpetuating taboos, they do not yet take part in small group MHM sessions in communities or schools, and are only engaged through global events (e.g. MHM day).</p>	<p>It is important to communicate with and involve men and boys in MHM programmes, so they can help to actively reduce stigma and address harmful cultural taboos or restrictions on women and girls and are supportive of activities such as MHM kit distribution.</p> <p>Male volunteers and staff are an important resource for this and may need additional training or support to feel comfortable and confident to discuss MHM with other men.</p>

Tips and tools

1. Keep users at the centre of adaptation processes and MHM programming

Menstruation is a very personal thing. Women's and girls' needs, preferences and strategies for managing menstruation vary greatly across ages, cultures, religions, locality (urban versus rural) and context (availability of water, privacy, displacement etc.).

A user-centred approach for the design and adaptation of MHM programming (including kits, information materials and activities) ensures that actions are locally appropriate, and effective in supporting the dignity and health of women and girls.

Involving users in a participatory way, collecting feedback throughout each stage of the project cycle and then acting on this feedback, will ensure MHM programming is responsive and that it adapts to meet changing needs and challenges faced by women and girls.



TOOL: IFRC's [MHM Tools](#) include focus group discussion guides (assessment and post-distribution monitoring), checklists for monitoring of inclusive MHM friendly WASH facilities, feedback and complaint logs, etc.

2. Always combine a post-distribution survey with focus group discussions and interviews to understand the important 'how' and 'why' questions

Post-distribution monitoring for MHM should focus on qualitative information (e.g. focus group discussions and key informant interviews, observations), in addition to quantitative surveys. While surveys often lead to important learnings, the important 'how' and 'why' questions around MHM can only be answered and understood by having conversations with women and girls.



TOOL: IFRC's [Post-distribution focus group discussion guide](#) and [Post-distribution monitoring survey](#).

3. Raise awareness and confidence of girls as agents of change



TOOL: Arabic and English version of [Rosie's World MHM education guide](#).

TOOL: [Training package in Arabic and English for 3-day workshop on MHM, developed by IRCs and French Red Cross](#).

4. **MHM kits are flexible: they can be adapted at a country and/or local level, distributed in emergencies or incorporated into longer-term programming**

There are a number of essential items that are critical to enable women and girls to manage their menstruation (going further than just pads and underwear, and including items to support washing, drying and disposal).

Consultation with women and girls should guide the selection of any hygiene, dignity or menstrual hygiene-related items to be distributed. This includes aspects like size and colour of underwear, type of laundry soap (e.g. bar or powder, scented or unscented), and type of disposable pad (with or without 'wings', absorbency etc.).



TOOL: See Chapter 2.5 'Making sense of kits and items for menstrual hygiene' in [IFRC's Guide and Tools for addressing menstrual hygiene management \(MHM\) needs](#), for important considerations when planning, designing, distributing and monitoring MHM kits.

TOOL: IFRC's [Minimum items to be included in MHM kits](#) or dignity kits for menstrual hygiene.

5. **Manage MHM kit distributions in a sensitive way, and ensure that they reach everyone**

Distributions of MHM kits should be managed in a sensitive way, based on the preferences and input from women and girls. This may include distribution through women's groups, distribution directly after school or at other venues where girls are together – or directly to each household, if possible, as part of the programme. To maximize the attendance at distributions, consult women and girls ahead of time about their availability and preferred location. Establish special measures to provide equal access to persons with disabilities.



TOOL: [IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies](#), see sectors on WASH, non-food distributions and disaster risk reduction.

TOOL: IFRC Protection, gender and inclusion in emergencies training – [Facilitator](#) and [Participant manuals](#) for introductory course for gender sensitive and inclusive programming, through a framework of dignity, access, participation and safety (DAPS).

PARTICIPATORY 'ASSISTING BEHAVIOUR CHANGE' (ABC) PROCESS FOR ADDRESSING MENSTRUAL WASTE AND BEHAVIOUR CHANGE IN SRI LANKA

Who was this implemented by?	When?	What is the focus of this case study?	Which step(s) of the MHM cycle?
Sri Lanka Red Cross Society and IFRC	2019–2020	Menstrual waste (locally made incinerators), participatory process for assessing and planning behaviour change intervention	Steps 1,2,3 Assessment Step 6 Implementation

Background

Gallella is a remote Muslim community in the North Central province of Sri Lanka, which is extremely vulnerable to seasonal floods. In 2019, a strong monsoon led to damaging floods which destroyed houses, property and crops, and disrupted livelihoods.

During a monitoring visit as part of the flood response operation, the local Sri Lanka Red Cross Society (SLRCS) branch in Polonnaruwa and IFRC conducted several interviews with those affected and visited the schools which had been used as temporary displacement sites.

The team observed piles of garbage in and next to the school premises and discovered that the presence of menstrual waste (used sanitary pads) prevented men from cleaning the venue. The SLRCS decided to use the "Assisting behaviour change" or ABC approach at the school to solve problems with menstrual waste and promote improved MHM practices.

This case study focuses on the process and experiences of SLRCS in using the ABC approach in Gallella School, with a specific example of a locally made incinerator for menstrual waste.

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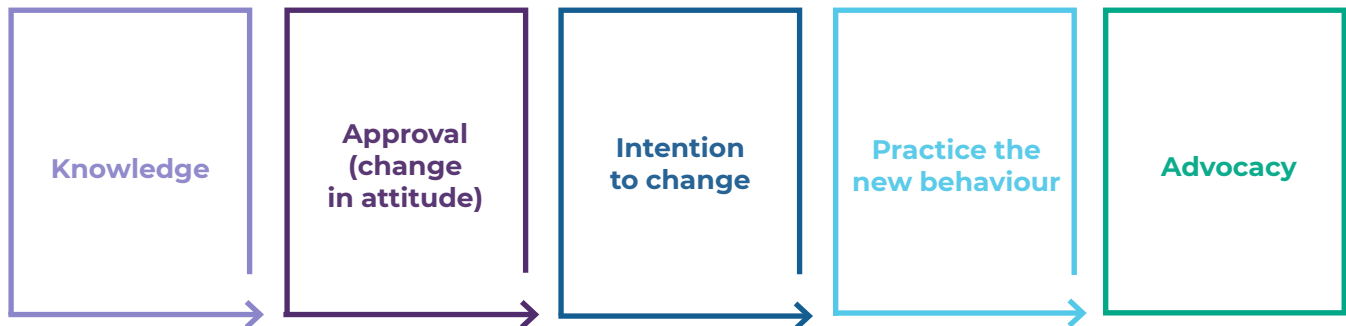
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What is an ABC approach?

The 'assisting behaviour change' (ABC) approach is a ten-step process that SLRCS uses to support communities to learn and follow new behaviours, and 'unlearn' the undesirable behaviours. The steps align with IFRC's eight steps for Hygiene Promotion and MHM actions.

The ABC approach is community-centred, and aims to address the whole cycle of an individual's behaviour change: from a person gaining knowledge, approving of the behaviour through changes in attitude, intention and practice of the new target behaviour, and then finally forming habits and advocating to others.



Community participation within the ABC approach is sensitive to gender and age and adapted to the religious and cultural context of the target community. A key focus is involving community influencers, for example community leaders or teachers, so they can act as role models to mobilize change.

Details of the ABC process in Gallella to solve menstrual waste problems

Note: This intervention aimed to address a public health problem around handling menstrual waste, rather than the underlying cultural taboos and beliefs on MHM held by the community. SLRCS is planning this second step for the future.

Analysis of the problem, the target behaviour and its determinants

This includes analysis of current practices, community perceptions of the problem, causes of the problem, stage of change, and analysis of barriers and motivators, benefits and resources for the change process.

In Gallella School, girls have access to latrines with garbage bins for disposal of used sanitary pads. When the bins get full of used sanitary pads, the male school cleaners do not want to handle the bins. Men consider menstruation to be "dirty". The presence of sanitary pads makes men uncomfortable, and handling menstrual waste is unacceptable. Waste is not disposed of properly and it piles up around the school.

A facilitated group discussion model was used (see Tips and Tools section below). The first discussion was held with community influencers: the school principal, female and male teachers, some parents, and a male field officer of the SLRCS team, who is also Muslim. A number of other focus group discussions and interviews were also conducted, which identified three main concerns:

1. How to burn the menstrual waste
2. How to prevent men from handling the sanitary pads
3. How to ensure privacy of girls

User-centred programme design

This step includes involvement of users and community influencers to suggest possible solutions, decide on and design the programme activities, taking into consideration the data collected in the analysis phase.

The school principal and the parents suggested burning menstrual waste could be a solution. Some of the options that were considered included 'burning the pads' and storing them in one place to isolate them, however, the issue of collecting them from the bins and burning them outside remained.

The discussion then focused on options that prevented men from carrying the pads to the burning site. Questions such as "if the girls get a place where they can drop the pads nearby the toilets, would they carry them out?", were asked by the community. These questions led the team to consider an incinerator as a viable solution. However, privacy was also questioned. For this reason, it was decided to add a covering metal wall to allow women and girls to burn pads without being seen.

The user-centred process for developing the final incinerator design was:



Men and women sat together during a third community discussion to decide who will do what. The school principal suggested to give the welding work to a parent whose livelihood had been affected and male parents agreed to help with the installation. The women decided to install the incinerator just next to the female toilet of the school, so that privacy is maintained.

Girls drop their menstrual waste into the upper chamber of the incinerator (see photo). Twice a week the cleaning/maintenance staff at the school ('minor workers') use kerosene to burn the waste.



A group of girls learning how to use the incinerator.

© SLRCS



The new incinerator is connected directly to the latrine through a pipe.

© SLRCS

Support the process of change and maintaining the new behaviour as habit

Change the intervention based on which stage people are at (e.g. knowledge, approval and practice). New practices need to fit with cultural and traditional values, and sufficient time and support are needed for the new practice to become habit.

A few months after initial construction, the school decided to review the position of the incinerator and to connect it directly to the latrine through a pipe (picture below). This allows girls and women to manage their menstruation with more privacy.

The local SLRCS branch provides support to continue the new behaviour, though ongoing training for teachers and regular visits. The school development committee follows up and supports the children, for example if there are problems with lighting the incinerator.

Evaluating the process, and advocating beyond the programme

Evaluating the process and the changed behaviour, with suitable measures and indicators. Promoting the behaviour and advocating with others beyond the project to change.

As of October 2020, the incinerator is still used, and the design has been adopted by other schools in the area. Post-intervention monitoring is planned.

Challenges and what we learned

Challenges	What did we learn
<p>There was a significant hesitation of many team members to talk about menstrual hygiene and menstruation in general, and with a Muslim-male principal because of the strong stigma and taboos around menstruation. It took several discussions and meetings before the SLRCS team finally talked openly about MHM, challenging their own inner barriers, the myth that they had that “it is impossible to talk about MHM with Muslim men”.</p>	<p>MHM is a very much an unspoken issue in many communities. Unless the silence is broken, we will not be able to find a solution, identify barriers and change-makers.</p> <p>Build the confidence of volunteers through training and practice discussions. Remember that it may take time for people to open up or feel comfortable speaking about MHM. Using the facilitated group discussion model (see Tips section below) can help to “break the ice” on taboo or controversial topics.</p>
<p>In diverse cultural and ethnic settings, WASH facilities and strategies that worked in one area do not necessarily work in a neighbouring community. The socio-cultural context, challenges and preferences can be very different, even within the same country.</p>	<p>Adaptation is key. Rather than replicating the tested incinerator model in other communities, the SRCS district branch has already consulted two more schools where there is a completely different socio-cultural context. Leaving no voice unheard is key to understanding these differences.</p>
<p>All communication, meetings and discussions had a user-centred and inclusive “consultation ladder” approach. This focused on identifying influencers (‘change agents’) and understanding their authority, reach and trust with different groups in the community. For example, the school principal, parents (male and female), Ministry of Health, Public Health Inspector, and the girls themselves, were involved throughout the process.</p>	<p>By taking a user-centred approach which focused on participation of all “layers” of the community around a particular issue (in this case, menstrual hygiene), the project was better able to identify and address the potential barriers to behaviour change.</p>

Tips and tools

1. Menstrual waste is an issue for the whole community; particularly men who are often key actors in waste management

Women and girls need private, appropriate ways to dispose of used pads and cloth, that they feel comfortable using both day and night. Men are often key actors in waste management, and so they must be consulted and involved in MHM programmes, particularly with decisions around menstrual waste.



TOOL: [Compendium on Menstrual Disposal, Waste Management & Laundering in Emergencies \(2020\)](#), Colombia University and International Rescue Committee.

TOOL: IFRC's [Minimum standards checklist for inclusive, MHM friendly solid waste facilities](#).

2. Local examples and existing solutions can help facilitate discussions and ideas

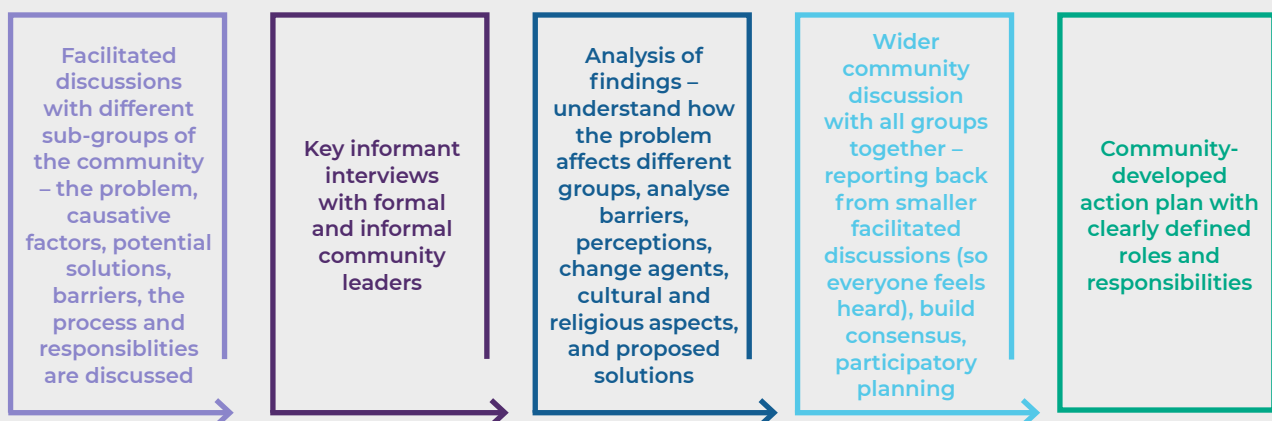
Making use of inter-agency learning and resources from longer-term WASH programmes can help to facilitate discussion and ideas from the community on adapting to the local context.

The incinerator model had been piloted in Myanmar in a WASH programme implemented by Oxfam and Solidarite International. Having an existing example of an incinerator made it easier to have a conversation about specific aspects and get feedback from the community on how to adapt and improve it. Design drawings, photographs of real examples and simple models (e.g. made from cardboard) can all be used, as appropriate.

3. Use facilitated group discussions to “leave no voice unheard” and maximize community participation in decision-making and programme design

SLRCS's participatory consultation process aims to gather ideas from all “layers” of people in a given community or social system, and to strengthen the voice of everyone in the community (rather than only the leaders or influencers). The key steps in the process are shown in the diagram below.

For this process to be successful, the facilitators have to be multilingual and have at least a minimal level of cultural awareness and subject knowledge in order to facilitate maximum outcomes from the meeting.



LOCAL ADVOCACY WITH GOVERNMENT AND COMMUNITIES TO END THE HARMFUL “CHHAUPADI TRADITION” IN RURAL NEPAL

Who was this implemented by?	When?	What is the focus of this case study?	Which step(s) of the MHM cycle?
Nepal Red Cross Society, supported by Australian Red Cross, and Swiss Red Cross	2014–2019	Local advocacy to end the harmful traditional practice of “chhaupadi” and promoting MHM in rural schools	Step 6 Implementation

Background

In Nepal, menstruation is commonly considered unclean and impure. The “chhaupadi tradition” means that girls and women are often restricted from touching people, cooking utensils, religious and other items during menstruation. They are restricted from eating certain types of food and are also required to sleep outside in a menstruation hut or “Chhau”. “Chhaupadi” can result in poor hygiene, as females are only allowed to bathe once they have finished bleeding.

The Nepalese government declared “chhaupadi” illegal in 2005, and in 2019 passed a new bill which imposes a three-month jail sentence on whoever makes a woman observe this custom. Despite these actions, “chhaupadi” is still deeply rooted in some parts of Nepal and therefore many households are still practicing it.

The Nepal Red Cross Society (NRCS) aims to support the Chhaupadi Free Plan, launched by the national government, through MHM interventions around the country. Since 2015, the NRCS has implemented a number of water, sanitation and hygiene (WASH) projects where MHM is included as a component, both at community and school level.

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NRCS and supporting partners are also part of the [Menstrual Hygiene Management Partners' Alliance](#), an informal group of organizations, including policymakers, practitioners, the private sector, researchers, youth and the media which aims to advance MHM in Nepal.

This case study focuses on the advocacy approach taken by NRCS as part of the Chhaupadi Free Village Campaign, obtaining support from the local government and community to successfully end “chhaupadi” and advocate for MHM rights. ‘Sani-shops’ are also highlighted as a method used to support access to MHM materials in rural areas.

The details

Before implementing any project, the NRCS local branch consults and involves the local government. The NRCS considers “change agents” as fundamental to implementing projects that include a behavioral change component.

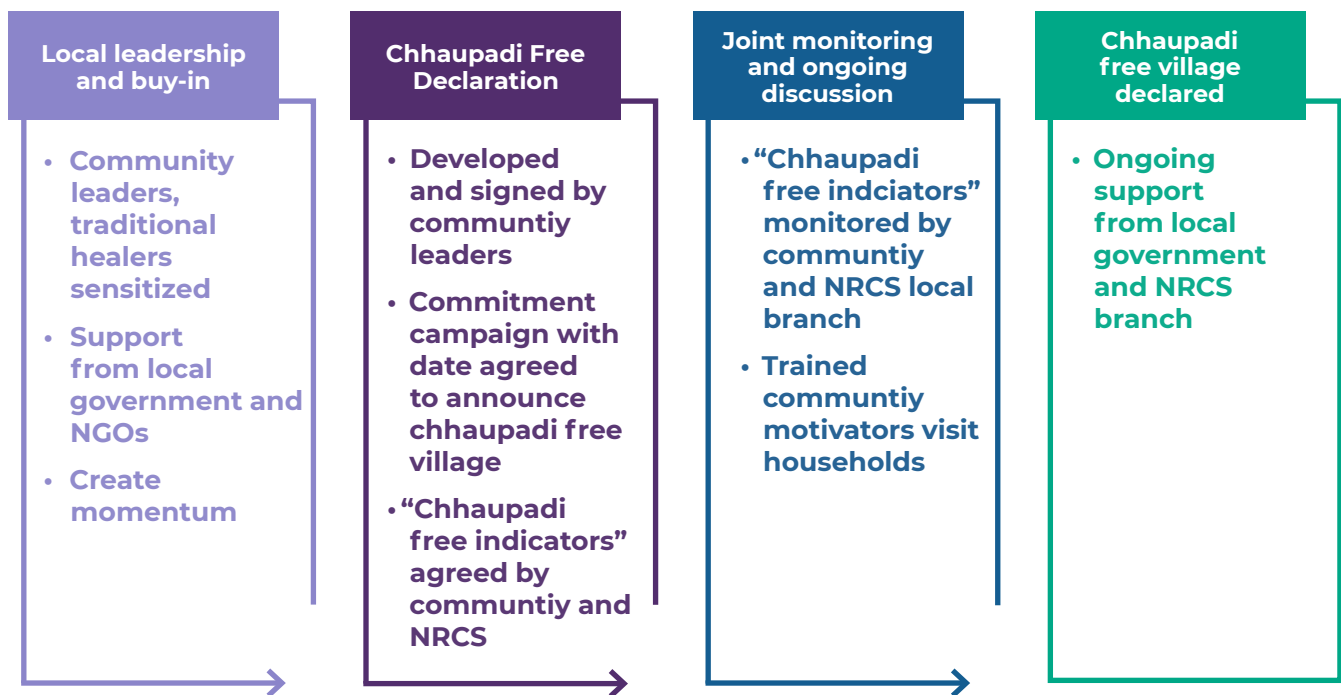
Change agents can be local government officials, religious leaders, traditional healers, or, for MHM in schools, members of the school management committee, teachers and Junior Red Cross. NRCS involves ‘change agents’ by training them on MHM and relying on them to implement part of the project.

A. The Chhaupadi Free Village Campaign in Bajhang district

Since 2015, NRCS has targeted five village development committees¹ in Bajhang District which have low sanitation and water coverage. In 2017, NRCS carried out a survey which explored the correlation between menstrual practices, literacy, habits, and age of menstruating women. The majority of women (61%) used no sanitary pads (or equivalent material) while menstruating.

NRCS decided to include an MHM component in this project, using the Chhaupadi Free Village Campaign Approach promoted by the Nepalese government. The ultimate aim of this campaign is to sensitize local leaders on the topic of MHM, secure their commitment to making a village chhaupadi free, and then make them accountable to do so.

Key activities as part of the Chhaupadi Free Village Campaign approach taken by NRCS are:



¹ Village development committees (VDCs) are now called rural municipalities.



Students making re-usable sanitary pads, Rolpa

© Resham Bahadur Khadka

NRCS first seeks support from the local government, local non-governmental organizations and groups to **create momentum around MHM**. This is followed by **training** of government officials on MHM, gender equality, domestic violence and child abuse, which allows the NRCS branch to involve them when talking to the community later on.

The **traditional healer of the village is consulted** and asked to also take part in the programme. Members of the community then attend a number of **'orientation sessions'** where the topic of menstruation is discussed and where both males and females learn how to sew pads. Based on the cultural context, men are initially trained separately from women.

The second step of the campaign is about making the village leader accountable. A **Chhaupadi Free Declaration is drafted jointly** by NRCS and the leader, signed and displayed in a visible place within the community.

The NRCS, together with the community, then decide on **"chhaupadi free indicators"** that the local branch will monitor over time. Examples of these indicators for women and girls include:

- No restrictions on food while menstruating
- No restrictions to touch other people
- Free movement during menstruation
- Not confined to the "menstrual hut"
- Use of sanitary pads

Usually, these steps are not enough to eradicate the "chhaupadi" practice within a village. To keep momentum and change going, 30 trained community motivators visit every household in the area each month. These meetings usually last between 30 minutes to one hour, and barriers and motivators to the "chhaupadi" practice are discussed at household level.

As of 2020, four out of the five targeted village development committees in Bajhang are "chhaupadi free".

B. Sani-shop approach

As part of the Bajhang WASH project, the Sani-shop approach aimed to increase access to and use of MHM materials in rural or remote areas.

NRCS supported women entrepreneurs with money to purchase materials for sewing pads (rather than ready-made pads), to encourage women to learn how to make their own pads and to go to local shops to buy the necessary materials. Many women in rural Nepalese contexts were not used to wearing underwear and therefore were not familiar with the concept of menstrual pads.

There were three main steps:

Step 1: NRCS volunteers train the community women's group on how to sew reusable pads. Community 'change agents' join the session, in order to motivate the women to use the pads and explain their benefits.

Step 2: One participant is selected as a local entrepreneur, usually someone who already owns a local grocery shop. They sell the materials for sewing pads and other sanitary materials (e.g. nail cutters, toothpaste, toothbrushes, combs, handwashing soap, mirrors and underwear). These items are either locally purchased or procured by NRCS, as a revolving purchase. The shops may also sell ready-made reusable pads (for income generation).

Step 3: Continued support to the local entrepreneurs who run the Sani-shops is provided by the NRCS branch to make sure they run smoothly. For instance, sending additional material when the shop runs out of it.

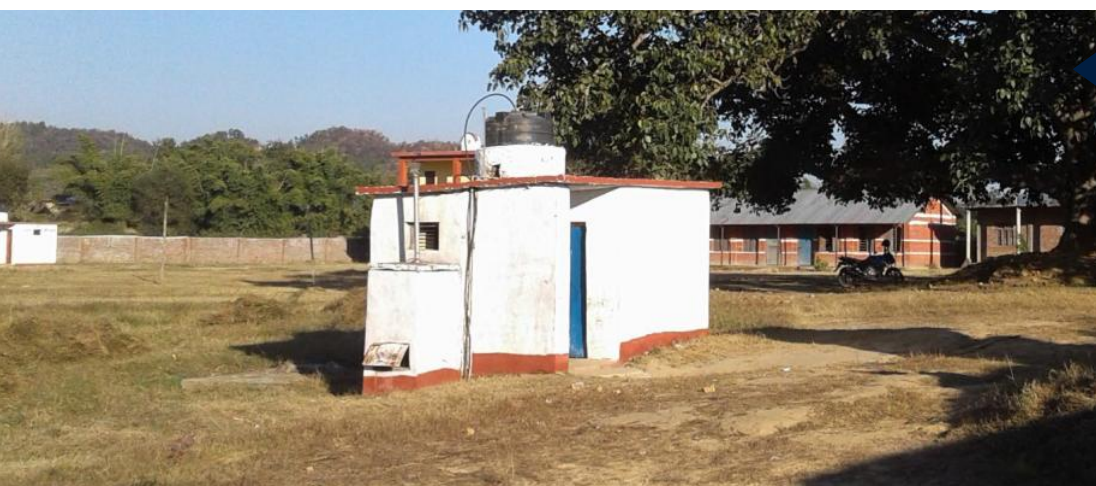


C. MHM in schools as a component of WASH programming

NRCS, supported by Swiss Red Cross, are implementing several WASH programmes in Karnali Province and Province 5, including activities both at community and school level. An assessment done in 2015 showed that 21% of schools did not have a separate toilet for girls, 23% had no water in the toilet and almost 30% had no facility to dispose of menstrual pads.

During implementation, the issue of MHM became increasingly obvious, and the project team decided to incorporate an MHM component into the project focusing on schools. Key activities include:

- Classroom sessions on MHM, "chhaupadi" and child rights, ensuring that boys and girls participate
- Sessions to teach girls and boys how to sew reusable menstrual pads made from local materials, with involvement of school management committee members and teachers
- Availability of disposable pads at school, for girls in need (e.g. if they start their period at school). A female teacher is in charge of the pads, and is responsible for ensuring that they are regularly replenished.
- Gender-friendly toilets with attached incinerators are constructed in schools, in order to ensure safe waste management. The used disposable pads are burnt regularly by the school caretaker. Discussions are ongoing with key government actors on how to make the sanitary pad disposal more environmentally friendly.
- Advocacy to incorporate more content on MHM in the school curriculum.



Gender friendly school toilet with incinerator for menstrual waste, Dang.

© Resham Bahadur Khadka



Curious to know more?

[Correlation between menstrual hygiene practices, literacy, food habits and age of menstruating women in Bajhang: A case study](#); Nepal Red Cross Society (2017)

[Menstrual Hygiene Management on the Forefront: a Life-Saving Intervention for Women and Girls in Rural Nepal](#); Nepal Red Cross Society and Swiss Red Cross (2017)

Challenges and what we learned

Challenges	What did we learn
Older generations are usually very attached to their culture. In households where different generations live together, this can make changing perceptions of menstruation (including the “chhaupadi tradition”) more complicated in some parts of Nepal.	Cultural change takes a long time and needs coordinated efforts from all levels of society to support the change process. To overcome this challenge, when possible NRCS encouraged the grandparent to accompany the employed household member to the city for a short period of time (a few days), with the aim of being exposed to cultural changes.
Decisions about the type of products used by women and girls for MHM also depend on the male family member, because they are responsible for money and decisions on household spending.	NRCS found that interaction and discussion across different groups within the community (males, females, schools, mothers’ groups, and other community groups) increased social awareness of this issue. In schools, involving both male and female students, school management and teachers to raise awareness about MHM and to sew reusable sanitary pads has been a valuable approach from a sustainability perspective.
There is very limited availability of MHM products in local markets, due to the small rural communities and distance from district towns (where there are bigger markets). Menstruating females use old rags or used cloth which can be unhygienic if not washed, dried and stored properly.	There are opportunities for entrepreneurship at a local level in reusable pad-making. Developing opportunities such as Sani-shops through existing community groups strengthens the ownership and demand for MHM items.
Even once a village is “chhaupadi free”, it is often still unacceptable for women to use the same latrine as others during menstruation. It can be very difficult for women to find an appropriate time to use the latrine. In addition, a lack of water and private cleaning and changing facilities at household level means women often go to the river where they report feeling uncomfortable due to the openness and insecurity.	In addition to “chhaupadi”, there are a number of strong taboos, beliefs and restrictions around menstruation that impact the access of women and girls to the WASH facilities they need to manage menstruation with dignity. These restrictions could be incorporated into future MHM projects.

Tips and tools

1. Take advantage of national level advocacy platforms for coordination and sharing best practices

The [Menstrual Health Management Partner Alliance](#) is a national platform which is active in policy advocacy, research, developing capacity and sharing information and experiences. Bringing everyone working on this topic together has led to a “stronger voice on MHM”, brought about changes in national policy on dignified menstruation and criminalization of “chhaupadi”, and the revision of the school curriculum to incorporate age-specific content on menstruation.

2. Gain the trust of communities for open conversations before beginning MHM activities

Incorporate enough time at the beginning of the project to gain the trust of communities, so that they feel comfortable and open up about the ‘taboo’ issues around MHM. A comfortable, open and safe environment is needed to talk about menstruation and bring about change to deeply held cultural beliefs and practices.



TOOL: [PGI Assessment Question Library](#) provides information on how to include aspects of dignity, access, participation and safety in WASH assessments.

3. Participatory methods are most useful in low-literacy communities with strong cultural beliefs

Home visits were found to be the best way to initiate discussion on MHM. Many in the community had low levels of literacy, combined with strong beliefs around menstruation. Home visits and other participatory methods such as group discussions allowed for two-way conversations between households and trained volunteers in a safe environment.



TOOL: [IFRC Guidelines for Hygiene Promotion in emergency operations](#) has information on different types of communication methods and approaches [page 53].

4. Use schools as an entry point and children as ‘change agents’

Investing in adolescent girls and boys enhances not only their knowledge and skills, but also those of the entire community as children can influence change of harmful practices at home. It is especially important that boys have an understanding of MHM and harmful traditional practices, because they are the future decision-makers for their families.



PARTICIPATORY MONITORING OF WASH FACILITIES AND MHM DISTRIBUTIONS IN COX’S BAZAR, BANGLADESH

Who was this implemented by?	When?	What is the focus of this case study?	Which step(s) of the MHM cycle?
Bangladesh Red Crescent Society, Swedish Red Cross, German Red Cross, Danish Red Cross, British Red Cross and IFRC	2018	Participatory monitoring of WASH facilities and MHM distributions; collecting feedback to inform revision of programming	Step 7 Monitoring and evaluation

Background

Since January 2017, the Bangladesh Red Crescent Society (BDRCS), together with the IFRC and partners, has been providing assistance across a variety of sectors to Rohingya people who have sought refuge in Bangladesh – many of whom are women and adolescent girls.

Key WASH activities, as part of the current [Population Movement Operation \(PMO\)](#), include water supply, hygiene promotion, construction of sanitation and bathing facilities, and faecal sludge management.

In the initial Emergency Appeal launched in 2017, MHM and related protection risks were identified as a key need; large numbers of households were supported with hygiene kits², and large numbers of women and girls supported with dignity kits³. Dignity kits were one part of a broader protection, gender and inclusion programme to support safety, mobility and dignity of women and girls, especially linked to prevention of sexual and gender-based violence.

² Content (for 5 people for 1 month): disposable razors (4), toothpaste (3), toothbrushes (5), body soap (15), shampoo (2), towels (5), nail cutters (2), combs (2), laundry soap (5), rope (1), buckets (2), clothes pegs (15).

³ Content (for one female 11 years or older): bucket (1), sandals (1), underwear (4), menstruation cloth (2), soap (1), solar torch (1), cotton dress “maxi” (1), thick cotton cloth “thami” (1), headscarf “orna” (2), towel (1).

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In 2018, the Swedish Red Cross and IFRC undertook a review which aimed to identify key actions to improve MHM support for women and girls in terms of the washing, drying and disposal of menstrual items.

This case study focuses on participatory monitoring of WASH activities as part of the Rohingya operation in 2018, particularly around MHM related distributions, WASH facilities and menstrual waste.

Collecting feedback to inform responsive programming

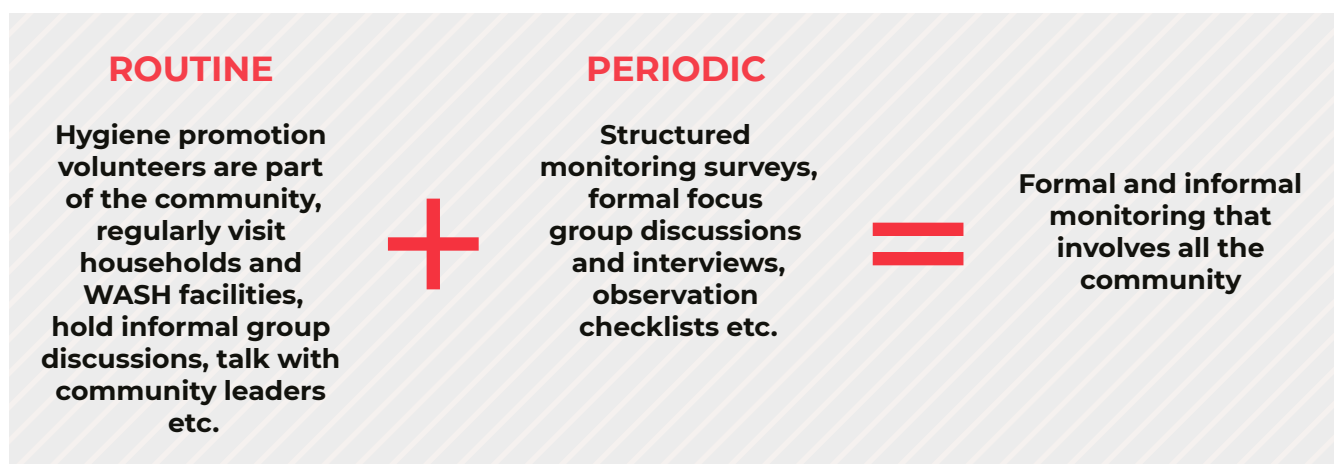
A. Monitoring through hygiene promotion volunteers and periodic surveys

Feedback from women, girls, men and boys should be continuously collected to check the progress of MHM actions, and used to revise, readjust and improve programming so that it meets changing needs.

Key activities included:

- Post-distribution monitoring for hygiene and dignity kits
- Monitoring the use, appropriateness and maintenance of WASH facilities

Routine monitoring through ongoing hygiene promotion activities and **periodic formal monitoring**, which involve all the community, are both important and can complement each other (see diagram).



For example, female hygiene promotion volunteers conducted focus group discussions every week with various women's groups, where they asked questions on MHM. Hygiene promotion volunteers would be constantly moving throughout the camps as part of their activities, (such as doing household visits), and could collect informal feedback on status and problems with WASH facilities (for example, when a latrine was full or overflowing and needed to be de-sludged).

Routine monitoring activities should be included as part of the operational implementation plan. It is important to plan the 'when' (e.g. how often, every week or day), 'who' (e.g. volunteers, National Society staff), and 'how' (e.g. group discussions, participatory activities or tools, household visits, WASH facility observations etc.).

Large post-distribution monitoring surveys on user satisfaction were done following hygiene and dignity kit distributions. These surveys generated important learning, and also improved volunteer capacity and knowledge. Following the dignity kit monitoring survey, focus group discussions were held to discuss feedback, including on additional items to be included in revised dignity kits (for example, bras and an additional torch).

At that time (2018), MHM kits were not yet developed for the context nor being distributed.



Block of latrines in
Cox's Bazar

© Swedish Red Cross /
C. Giles-Hansen

The review carried out by Swedish Red Cross/IFRC in 2018 explored key actions which could improve MHM support for women and girls as part of the operation. Primary data was collected mainly via qualitative methods, including focus group discussions with women (and visits to individual shelters afterwards), key informant interviews and direct observations of latrines, bathing areas and waste facilities, piloting the [IFRC's minimum standard checklists for inclusive, MHM-friendly WASH facilities](#), using mobile data collection.



Curious to learn more?

The full report [Review of MHM actions with a focus on solid waste: Population Movement Operation \(Cox's Bazar, Bangladesh\)](#), outlines findings and recommendations to improve MHM actions as part of the ongoing response and more broadly for future operations.

One key change since the review has been development of MHM kits as a specific relief item, adapted to the Cox's Bazar context.

BDRCS has been distributing MHM kits every six months in a number of camps⁴. A hygiene promotion session is conducted at the same time the MHM kits are distributed, including how to use the items, personal hygiene and the basics of menstruation.

B. Example: communal latrines with menstrual waste disposal

Based on consultation with women and men user groups, BDRCS and Danish Red Cross designed and constructed a number of communal latrines with a system for menstrual waste disposal.

Used menstrual materials are thrown down a small PVC pipe (15 centimetres in diameter) inside the latrine, which connects to a sealed collection pit made from concrete rings (see pictures). Groups of five households share a block of latrines, which include one latrine with menstrual waste.

As well as participating in initial design and planning of the latrines, latrine user groups were involved in monitoring and improving the WASH facility, and its operation and maintenance strategy.

⁴ The MHM kits include a small bucket (5 litres), 6 pieces of cotton cloth, 2 pieces of laundry soap, 2 pieces of bathing soap and a small pouch (for discrete carrying of menstrual materials).

Left: PVC pipe connecting inside of latrine to a sealed pit for collecting menstrual waste, in Camp 19.

Right: Communal latrine with menstrual waste collection pipe (on back wall).

Bottom: Open waste pit behind a block of latrines and bathing facilities in Cox's Bazar, used for menstrual waste disposal.

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Based on initial consultations with the latrine user groups, the decision was made to keep the latrine locked so as to prevent misuse and to maintain cleanliness of the latrine. Monitoring in 2018 found little evidence of recent use and women said they found it uncomfortable to collect the key from a neighbour – partly because then they would know that she was menstruating as she wanted to use the latrine with a place to throw the used pads. The latrines are no longer locked.

What do we still need to investigate further?

As of late 2020, the menstrual waste collection chambers are not yet full and there has been no need to empty them and collect the waste for final disposal. A monitoring visit was planned in 2020 to investigate further, however this was not possible due to Covid-19.

There are a number of potential reasons the chambers have not become full, including:

- In 2018, both the Protection Cluster and WASH Cluster in Cox’s Bazar recommended only distributing cloth or reusable pads. These are disposed of less frequently than single-use disposable pads; approximately every two to six months depending on quality of the cloth, washing and drying practices etc. Women and girls may be disposing of their used cloth in these latrines (e.g. throwing them down the PVC pipe), but the reduced amount to be disposed of could mean the chambers are taking longer than anticipated to fill up.
- Women and girls may not know where the waste is going, or who will eventually be responsible for emptying or collecting it. They may feel uncomfortable if they think that men – either local men from nearby households or male community volunteers – would eventually come to empty the chambers and see or come into contact with menstrual blood or used materials. This is especially relevant because of the strong taboos and spiritual beliefs around menstrual blood and not letting others see or touch it (particularly males).
- The broad plan was to open the concrete chamber once it was full, collect the waste and burn it for final disposal. However, a number of aspects are not clearly defined such as who exactly would collect the waste (husbands/ men of the households responsible for the latrine? Or male volunteers?), and location of burning (burnt inside the chamber itself? Or transported to another burning or incineration site?).
- Women and girls may prefer to dispose of their menstrual waste another way (and are not using the system). Previously in Myanmar, it was common for Rohingya women and girls to bury their menstrual waste in the ground. In Cox’s Bazar, women reported continuing this practice and would bury used cloth in the ground nearby latrines, often at dusk or night so others did not see. All the steps in the menstrual waste process need to be decided together with women and girls, and then communicated clearly to them.
- Women and girls may lack knowledge on how to use the system, or what it is for. They may fear their menstrual waste could be seen by someone else.



Challenges and what we learned

Challenges	Recommendations
<p>There was limited or no involvement of the WASH team in post-distribution monitoring for dignity and hygiene kits. This led to important technical questions not being included in the post-distribution surveys (or included only at a basic level), or the analyses not being detailed enough for decision-making at programmatic level.</p>	<p>Involve the WASH team in any post-distribution monitoring of hygiene and dignity kits, together with other cross-cutting areas. This will ensure the right questions from all sectors are asked, so that the right information is collected and can then be used to adapt and improve programming.</p>
<p>Although the latrines with menstrual waste systems were constructed several years ago, the chambers have never been full and it is unclear how frequently they are actually used. There are a number of possible reasons which still need to be investigated (see above).</p>	<p>Closely monitor the use of latrines and menstrual waste systems and regularly ask women and girls if they use them, why or why not, and what needs to change. The type of sanitary materials used can change over time, especially in a protracted camp context. This influences the type of menstrual waste disposal system that is appropriate.</p>
<p>Distributing personal kits was new for BDRCS and therefore was a learning process. There remain some difficulties for adolescent girls to attend distributions, as well as those with disabilities.</p>	<p>Work with disability-focused organizations to identify those who may need extra support with MHM. Engage with community leaders and males to reduce negative cultural restrictions and taboos, and increase access to distributions or spending (vouchers or other household money) on sanitary items.</p>
<p>Women and girls faced significant challenges in accessing private bathing facilities and finding a convenient place for the disposal of menstrual materials. Because of this, many waited until dusk or dark to bury used menstrual materials in the ground without being seen. However, beliefs around dangerous negative spirits at night, fear of violence from men, and reservations around other people seeing blood and menstrual materials posed a challenge to safe and dignified MHM.</p>	<p>The preferences and input from women and girls should feed into the design and improvement of WASH facilities. Simple and cheap adaptations can make it a lot easier to manage menstruation (e.g. hooks, shelves, mirrors, the angle and material of the roof etc.).</p> <p>For communal latrines, all individual latrines in each block must be connected to (or include) the menstrual waste collection system and should be unlocked, to reduce stigma, embarrassment and fear.</p>
<p>Informal feedback on hygiene and dignity kits may be received by volunteers and/or staff, however, there was no mechanism in place for capturing, documenting, analysing, acting on and sharing this feedback.</p>	<p>Integrate formal and informal feedback collection into existing hygiene promotion volunteer activities. For example, by including several MHM questions in focus groups routinely held with women.</p> <p>Work with Community Engagement and Accountability to incorporate MHM as a standard 'sub-topic' in operation-wide feedback mechanisms so that informal and formal feedback from all sectors is collected.</p>

Tips and tools

1. *Post-distribution monitoring for MHM should focus on qualitative methods (e.g. focus group discussions and interviews) in addition to quantitative surveys*

Detailed understanding (e.g. the 'how' and 'why' questions) on use of menstrual items, experiences and challenges, cultural taboos or issues relating to safety etc. cannot be collected through surveys (quantitative). Qualitative methods such as focus group discussions and interviews are the only way to collect meaningful and in-depth information on use, satisfaction, preferences and challenges, which can be used to adapt and improve programming.



TOOL: IFRC's MHM tools [post-distribution focus group discussion guide](#) and [post-distribution survey](#).

TOOL: IFRC's Minimum standards for inclusive, MHM-friendly [latrines](#) and [bathing areas](#) are tools that can be used for both monitoring, assessment and design of WASH facilities.

2. *Menstrual waste needs to be on the agenda*

Challenges with disposing of menstrual waste can lead to stress, embarrassment and anxiety for many women and girls. There are often strong taboos about others seeing blood or used sanitary pads, which can lead to risky practices such as disposing of pads at night.

Ask women and girls about how they normally dispose of menstrual waste, the coping mechanisms they use, traditional beliefs and cultural practices around menstrual waste, in order understand how best to support them with disposal and which options are most appropriate.

Technical options for menstrual waste disposal must match the type of MHM materials being used by women and girls as well as their preferences. During protracted crises, the type of MHM materials used can change over time – which is why continuously monitoring these changes, the use of WASH facilities and challenges faced, is important to guide changes and improvements to programming.



TOOL: [Menstrual Disposal, Waste Management & Laundering in Emergencies: A Compendium \(2020\)](#), developed by the International Rescue Committee and Columbia University and co-published with 27 humanitarian agencies including IFRC, BDRCS and Danish Red Cross.

TOOL: IFRC's Minimum standards for inclusive, MHM-friendly [solid waste management](#) can be used for assessment and monitoring of menstrual waste.

3. Start with building knowledge and confidence of male and female staff and volunteers – involve at least WASH, health, and protection gender and inclusion in MHM trainings

Having female and male volunteers and staff that are confident and comfortable to discuss MHM is the first step towards being able to address MHM as part of programming. Make sure that volunteers and staff are trained to ask and listen, rather than making assumptions about MHM practices or knowledge based on their own experiences or opinions.



TOOL: [IFRC Minimum standards on protection, gender and inclusion in emergencies \(2018\)](#).

TOOL: See Chapter 3 (page 19) in [IFRC's Guide and Tools for addressing menstrual hygiene management \(MHM\) needs](#), for important considerations when identifying, selecting and training volunteers for MHM actions.

4. Ensure that a 'life-cycle' approach is emphasized along with the three core components of an MHM response

As part of the MHM review in Cox's Bazar, widespread misconceptions of staff that distributing cloth (or pads) and underwear addresses MHM needs, and a general lack of consideration for washing, drying and menstrual waste disposal were identified. Distributing pads and underwear does not address MHM; they have to come together with information, knowledge and facilities for washing, drying and disposal.

Consult with those who menstruate – including women and girls with disabilities – to understand the challenges that women and girls face with washing, drying and disposal, and why (e.g. the beliefs, community attitudes etc.). Always involve users/women/girls in design, siting, operation and monitoring of WASH facilities and services.



TOOL: See [Chapter 2.5: Making sense of kits and items for MHM](#) (page 12) in IFRC's Guide and Tools for addressing MHM needs.



DESIGNING A WASH IN SCHOOLS PROJECT WITH AN MHM COMPONENT IN COTE D'IVOIRE

Who was this implemented by?	When?	What is the focus of this case study?	Which step(s) of the MHM cycle?
Cote d'Ivoire Red Cross Society (CRCI), supported by Netherlands Red Cross	2020	Formulating MHM objectives and planning; MHM in schools	Steps 4, 5 Formulating objectives and plans

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Background

The Cote d'Ivoire Red Cross Society (CRCI), supported by Netherlands Red Cross is implementing a Water, Sanitation and Hygiene Promotion (WASH) in Schools project in Dimbokro district from January to December 2020. The project targets 15 public primary schools with a total catchment area of 28 villages (with a population of 13,190, or 14.5% of the total population of Dimbokro district).

This project has been implemented as a follow up to a community health project that ended in December 2019. It aims to increase the access to safe water, proper sanitation and hygiene in schools (including menstrual hygiene management), contributing to increased community resilience.

This case study focuses on the process of identifying and formulating the MHM components of the WASH in Schools project in Dimbokro district.

Overview of the objective setting and planning process



Step 1: Conducting baseline knowledge, attitudes and practices (KAP) study

A baseline study, including a KAP survey, focus group discussions and assessment of school WASH facilities, was conducted in Dimbokro district, covering all 15 primary schools in April 2020. MHM focus group discussions were conducted to get a better understanding of the knowledge, attitude and practices around menstruation and the preferences of girls for the design and construction of WASH facilities.



School girls in front of a latrine with wall for added privacy.

© Helena Goro / CICI

Key results are highlighted in the table below:

<p>Socio-cultural aspects</p>	<p>Overall, the topic is not a strong taboo in communities in Dimbokro, however, it is expected to be addressed discreetly. There are generally no strong beliefs or cultural restrictions around menstruation. During the focus group discussions in one of the target villages, a woman mentioned that <i>“When your period comes you must not cross the river.”</i></p> <p>Some girls are informed that from the moment they see their menstrual period, they can now be fertile. <i>“If you sleep with a boy you will get pregnant”</i> (quote from a focus group discussion, a statement from a mother to her daughter).</p> <p>Most girls can recall embarrassing episodes of having blood stains on their clothes.</p>
<p>School WASH facilities</p>	<p>All schools lack water, proper sanitation facilities and handwashing stations that would enable girls to manage menstruation. There are no rubbish bins within the school premises and near the latrines where girls can dispose of their pads.</p> <p>When girls menstruate, they go home during recess break at 10 am or during the lunch break at 12 pm. This hampers their participation and performance in class as they are often delayed after the breaks:</p> <p><i>“When I have my period, I go home to wash and put my piece of cloth, my towel to protect me, because at school here there is no water and then there is no toilet.”</i></p>
<p>Health</p>	<p>Most of the girls reported pain and itching during menstrual periods. Some girls reported having taken tablets to deal with the pain but most of them do not have access to drugs or pain is treated by traditional concoctions supplied by traditional healers.</p>
<p>Sanitary materials, washing and disposal</p>	<p>Girls use disposable pads (Vania brand) or old fabric as pads, and change their pads/cloth at home in the toilet or in the shower.</p> <p>Used, soiled disposable towels are usually thrown into the bush, into latrine pits, or buried in the ground. Those girls using reusable cloths wash them at home with soap or bleach and usually dry them in their rooms before re-using them again:</p> <p><i>“You rinse the cloth first before washing and you dry it in the house, because of the boys, you don’t put it outside.”</i></p> <p><i>“I put the towel in a plastic bag and throw it in the bush, I throw it very early so that others cannot see me because it’s shameful.”</i></p>
<p>School setting</p>	<p>Despite the challenging conditions, most of the girls interviewed report going to school during menstruation and only a few stay at home. Only one school principal (out of the 15 visited) mentioned girls’ absenteeism in the event of menstruation.</p> <p>MHM was not part of the general curriculum in schools and this would be a non-existing discussion topic in the school domain. Girls participating in the focus group discussions were eager to address MHM in school, learn more and get more support and mentoring from the female teachers.</p>

Step 2: Formulating objectives and planning

In the original project proposal, the MHM component was not fully described or defined. The assessment and KAP survey revealed important aspects about the MHM context, challenges and needs faced by girls. Based on these findings, the objectives of the MHM intervention were adjusted and refined, in order to make it as relevant and effective as possible in generating improved MHM and well-being for the girls.

The main recommendations from the KAP survey and baseline assessment were:

1. to increase the access to proper sanitation facilities taking into account some of the preferences that girls reported during the survey in terms of privacy
2. to integrate MHM within the curriculum of the schools by training teachers and establishing MHM Forums as guided by the national WASH in Schools policy

Along with teacher training and establishment of MHM Forums, the project included construction of toilets and urinals (separate facilities for girls and boys). An MHM space is integrated into the girls' toilet facilities, as it offers more privacy than in the open urinal.

MHM in Cote d'Ivoire is well addressed in national policies and strategies. For WASH in schools, all MHM activities are integrated within the national '[3 star approach](#)' to School Water, Sanitation and Hygiene (WASH in Schools), widely supported by UNICEF, the Ministry of Education and Ministry of Health.

The CRCI is following this approach as part of their national WASH strategy. The '3 star approach' is designed to ensure that healthy practices are taught, practiced and integrated into the daily school routine. This approach helps schools meet the essential criteria for a healthy and safe learning environment for children and specially to support girls around their MHM needs.

From these recommendations and based on national government policy and the CRCI WASH strategy, the adjusted objectives were developed, and detailed activities planned.

Step 3: Implementation

Implementation has been ongoing throughout 2020, however school closures and restrictions due to Covid-19 have significantly delayed a number of activities. MHM action plans were developed collaboratively by teachers and school management teams following a training in February, and these form the foundation for local action at the schools, supported by the branch and project team.

One approach which has been very successful in this project is the creation of "MHM Forums" at each school. These MHM Forums are a safe physical space where girls can meet once a month and talk openly about menstruation, personal hygiene, and sexual and reproductive health.

The forum is led and chaired by a female teacher; each school has two teachers who act as MHM focal points and forum leaders.

Running the forums has given confidence to teachers and created trust and fluid communication with girls. To be more effective in the set-up of the forums and to contribute to the greater engagement from teachers, the CRCI has also donated menstruation kits to schools to ensure that all girls in the school can access hygiene materials when having menstruation in school. The school management will be responsible to replenish the consumable items in the kit.

Testimonies from girls attending those forums and teacher focal points for MHM have shown the importance of creating safe space for discussion and mentoring.

A teacher in Bendekro School reports:

My name is Koffi Amenan Constante, teacher at EPP Bendékro school. I am the MHM focal point. After the Red Cross training on menstrual hygiene, I identified the girls and created the forum where we can talk about good menstrual hygiene management. I showed the girls the MHM kit and told them to report to me in case of a menstrual accident.

During the examinations, a student in the fifth-grade class noticed the onset of her periods. Discreetly, she approached me for help. We retreated to a place out of sight of others. With the kit the Red Cross made available to us, I cleaned the girl up and handed over a sanitary pad so that she was well protected and confident to return for her examination.

I really think this gesture did the girl a lot of good in the sense she was able to continue and complete her exam without any worries. She was delighted and at the end of the examinations she approached me to say thank you. Without this kit, she would have gone home and would have had difficulties to re-sit the examination later on.

I think that the establishment of such a forum for exchange is beneficial in the sense that our daughters will now know their bodies, also in order to avoid early and unwanted pregnancies.

Challenges and what we learned

Challenges	What did we learn
Continuing access to MHM materials once the project ends is a challenge. Setting up objectives for MHM within the 3 star approach made the local CRCI team think about how to sustain access to MHM material by the girls in school, as the current intervention includes the one-off distribution of MHM kits in the schools, with no concrete plans for replenishment of those MHM stocks.	Distribution of MHM kits is useful to promote the use of MHM items and as an entry point to build knowledge on personal hygiene, disposal etc. Working with school management and local government authorities during the planning phase can help identify ways that access to MHM materials can be supported outside of the project period.
Along with the planning phase undertaken under the 3 star approach, CRCI realized that needs around MHM go beyond their current available resources as it requires investment in solid waste management in schools and communities, and in water infrastructure (due to increased water demand and pressure on water points).	MHM is a cross-cutting issue that requires significant investment across a number of areas. During the planning phase, try to link with local authorities, other existing or planned projects within the district, and other NGOs or organizations which may be working in the area to collaborate and address the needs in a comprehensive way.
Applying the 3-star approach offered a good guiding framework during the planning phase, however, it requires a great investment in capacity building and alignment with school management and local education authorities prior to the implementation stage.	CRCI planned a strong training component in the 15 schools and also an intense monitoring system in collaboration with the education authorities in Dimbokro district. The training is accompanied by a strong mentoring process by the CRCI and Education District Office, as schools need to complete their own implementation plans within the 3-star model in a given period, including actions for MHM, to be able to be officially certified.

Tips and tools

1. *MHM is a community-wide issue – combine school level interventions with those at community and household level for maximum impact*

One important learning from this project has been around how effective is it to focus MHM interventions in schools without combining it with a strong MHM intervention at community and household level – where most of the key MHM influencers and champions (mothers and older sisters, health staff, traditional healers, etc.) are located.

2. *Use a framework to guide MHM objective setting and planning, to make sure the project addresses all essential aspects*

MHM is a cross-cutting and complex issue. A framework which guides the key components and areas to be included in MHM interventions can be useful to make sure that all areas (private, safe and appropriate MHM facilities, access to MHM items and materials, and information) are covered. As in this project, the framework should be aligned and based on national WASH policies and strategies.

3. *Create safe spaces for girls for discussion and mentoring on MHM*

MHM Forums are a safe physical space where girls meet and talk openly about menstruation once a month with a trained female teacher. In this project, they have been very well received and feedback has highlighted the importance of creating spaces and opportunities where girls feel safe and comfortable to discuss MHM concerns and challenges. It is important to make sure that the teacher (or person chosen to lead the MHM Forums) is a trusted source of information for girls.



TOOL: For information on assessments to guide MHM interventions see [Step 1 to 3 in IFRC's Guide and Tools 'Addressing menstrual hygiene management needs'](#).



Female teacher leading an MHM Forum with students.

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PROMOTING IMPROVED MHM IN RURAL PAKISTAN THROUGH COMMUNITY CHAMPIONS AND ‘MHM CORNERS’ IN HOSPITALS

Who was this implemented by?	When?	What is the focus of this case study?	Which step(s) of the MHM cycle?
Aga Khan University (AKU), Pakistan, supported by Swiss Red Cross	2019–2020	MHM corners within hospitals, MHM “champions”, pad-sewing sessions	Step 6 Implementation

Background

Although menstruation is considered natural and a sign of maturity for women in Pakistan, it is also seen as dirty, shameful and something to be dealt with in silence. In addition, women and girls in rural Pakistan face a number of challenges such as lack of information and poor access to and availability of sanitary materials.

Men are generally responsible for making decisions regarding the facilities and services needed by women and girls for MHM – including the availability of toilets and sanitary pads – however, they are rarely involved in or provide support to MHM actions.

Initial research carried out in 2019 found that almost 40% of women did not use any sanitary materials during their menstruation. Half of the women in the project areas had had no information about menstruation when they had their first period. Misconceptions or misinformation about nutrition and sanitation during the menstrual period are common.

The Strengthening Maternal, Neonatal, Child and Adolescent Health (MNCAH) Services Project of Aga Khan University, Pakistan, supported by Swiss Red Cross, is working to improve the knowledge, attitudes and practices in rural communities in Sindh province with a focus on MHM and safe drinking water. The target population is around 100,000 people, of which 20,000 are women of reproductive age.

This case study focuses on key activities as part of the project including setting up MHM corners within two hospitals, pad-making sessions and MHM champions at community level.

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Community health workers show women how to trace the Pad-T model onto cloth.

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Identifying influencers for MHM actions and promoting MHM materials through pad-making sessions

Pad-making sessions were organized to promote the use of MHM materials and raise awareness of menstrual health. These sessions also provided a great opportunity to explore the barriers, enablers, needs, and preferences related to MHM within the community.

During each session (with usually around eight or nine participants), women are taught how to make home-made sanitary pads using local materials. A pre-prepared paper template of the pad was traced onto cloth, cut out and then stitched together by hand (using a needle) or by sewing machine, depending on availability.

During pad-making sessions, the community mobilization team (including both female and male health workers) also identify the most active and skilled participants as MHM champions: key role models and influencers who are enablers for improved menstrual hygiene.

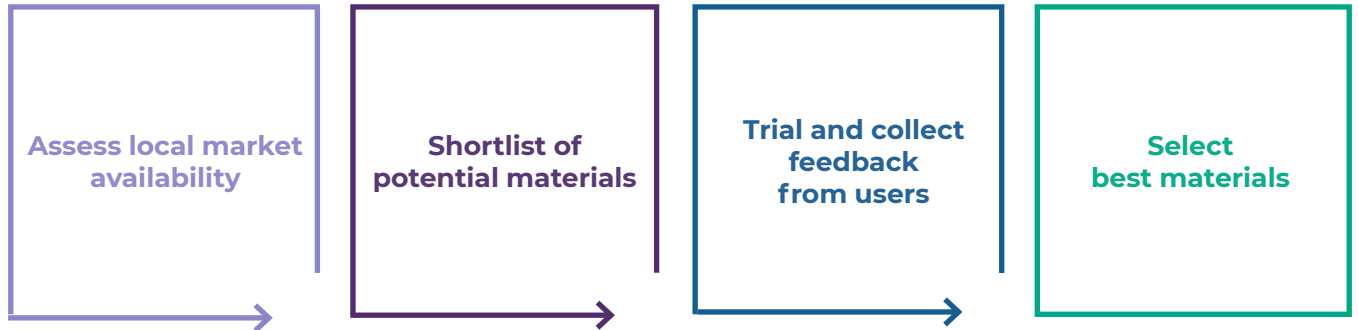
The MHM champions trickle down their acquired skills in their communities on how to prepare pads with locally available materials, as well as providing information and referral to health facilities if needed.

Meet two of the MHM champions!

Ms. Azizan (28 years old) is a well-known voluntary social worker within her community of Jaffar Lund. She has a sewing centre where many women come to sew clothes. As an MHM champion, she provides pieces of cloth to women in need to prepare reusable sanitary pads and counsels women on personal hygiene and health during menstruation.

Ms. Salma (19 years old) is from the village of Khan Laghari. Before the pad-making session, she had seen videos of reusable pad-making on YouTube. During the session she prepared a very good reusable pad, and as an MHM champion she is using her skills to support other women in her community with pad-making.

The process for selecting materials for the reusable pads is outlined below. Various materials were explored in the local market to shortlist affordable, appropriate, and locally available materials for the pads. Feedback was collected from users on an initial model of the pad, which informed further shortlisting and selection of the materials. Cotton jersey was chosen for the cover of the pad due to its flexibility, and pure cotton flannel with a raised surface was chosen as the absorbent (square pieces to be used per an individual's need), due to its thickness, good absorbency and soft texture.



As the pad-making sessions began taking place, the team observed that most women did not use underwear in their daily lives. During menstruation, they would typically continue to wear their usual clothes and change trousers often (around 2 to 3 times a day). An old cloth, sheet, quilt or cushion would be reserved specially for sitting during menstruation.

A revised model of the pad was then designed which could be used without underwear. The modified "Pad-T model" (see images below) is a combined form of reusable pad and underwear.



A team orientation on the Pad-T, the modified model which is a combination of pad and panty.

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MHM corners as safe spaces for awareness raising

Often, women in rural Pakistan are reluctant to go to a health facility or access care for menstruation related problems. In an effort to create opportunities for MHM awareness raising and education, 'MHM corners' were set up in two local hospitals within the Maternal, Newborn and Child Health Departments.

The MHM corners are a safe space where women and adolescent girls can receive information and counselling from health staff about menstrual hygiene and reproductive health.

Women are encouraged to access the health facility through awareness sessions run in the community by community health workers and 'lady health visitors'. Once at the hospital, they are encouraged to visit the MHM corner and are provided with basic information related to their monthly cycle. Changing of sanitary pads, handwashing, managing menstrual pain, food intake during menstruation, washing and care of reusable pads, and safe disposal of used sanitary materials, are also discussed.

The MHM corners are open to all women who come for health services. The district health administration has highly appreciated the establishment of the MHM corners, and it is clear that women visiting them are taking a keen interest in MHM.

The information provided at the MHM corners complements the community awareness sessions, where broader health related topics are covered including family planning, antenatal care of pregnant women, promotion of facility-based deliveries and new-born care. Mothers who have recently given birth are encouraged to access the MHM corners. This is important because poor hygiene conditions, particularly during the postpartum period of heavy bleeding, can increase the risk of infection for new mothers.

Challenges and what we learned

Challenges	What did we learn
During initial meetings with the community mobilization team, women expressed that they were already well-informed about menstruation and questioned what additional information would be provided to them through an awareness session.	Communication strategies should be developed based on the socio-cultural background of the target population. To overcome this challenge, women were invited to discuss health and hygiene of adolescent girls and women more broadly during the initial meetings. During the pad-making sessions however, only MHM was addressed. Women were positively surprised by what they learned about their menstrual cycle and related good MHM practices.
After introducing the first model of reusable pads, it was found that a significant proportion of women in the community did not use underwear or absorbent materials to manage their menstrual flow.	Maximizing interactions and communication with different subsets of the population is important to capture relevant information in a participatory way, helping tailor the intervention to meet a greater range of needs in the target population. To overcome this challenge, the original pad model was modified to a Pad-T model which could be used without underwear.
The project team anticipated that ensuring the successful integration of the MHM corner at the health facility, including that women felt comfortable accessing the MHM corner in the hospital, could pose a challenge.	Establishing MHM corners within the Maternal, Neonatal and Child Health Departments, hiring a lady health visitor from the same community, and working with female health workers all contributed to the successful integration of the MHM corners.

Tips and tools

1. Identify influencers or community leaders or “champions” who can generate community support for improved MHM

Identifying MHM champions has been a very fruitful component of this project. MHM champions are women who belong to the same community as those they support. They are familiar and understand well the barriers and enablers that women and girls face. MHM champions are trusted and known by other women in the community.

MHM champions can also support other women in the community if they face difficulties during menstruation or in making their own pads. Influencers to support MHM actions can be different in different contexts: they could be local or government health workers, traditional healers, midwives, or religious leaders, among others.

2. Tackle taboos and build the knowledge and confidence of the project team first

Given the taboo surrounding MHM in Pakistan, it was anticipated that there may be some hesitation from the project team in engaging with community members on this topic. If project team members themselves held stigmatizing thoughts about MHM, these could be reflected in their behaviour during sessions.

Challenging the taboo around MHM with the project team first is very important. Asking all project team members - both men and women - to attend all trainings together was found to be very helpful in giving team members confidence to spread awareness in the community regarding MHM without any reservations.



TOOL: See Chapter 3 (page 19) in [IFRC's Guide and Tools for addressing menstrual hygiene management \(MHM\) needs](#), for important considerations when identifying, selecting and training volunteers for MHM actions.

3. Ensure the MHM corner is set up in a confidential space and equipped with locally adapted, appropriate resources

MHM corners need to be set up in a private space where women can feel safe and relaxed to discuss menstruation related issues with female health workers, with privacy.

Flip charts, banners and the menstrual wheel were adapted and translated into the local language Sindhi. The menstrual wheel is useful to support basic learning around the menstrual cycle, by enabling women to visualize the monthly cycle and what is happening inside their body.

Samples of pads are also valuable to have to facilitate discussions on proper use, washing, drying and disposal of menstrual materials.

Many discussions with women on MHM will inevitably bring up questions around pregnancy, sexually transmitted infections, intimate hygiene, and possibly sexual or domestic violence. Make sure that everyone who is involved in consulting with women and girls are briefed on protection issues and have up-to-date information on support services (e.g. access to health services including mental health, legal services) that are available.



TOOL: Example information, education and communication (IEC) materials developed by IFRC (various translations and adaptations are available) – for [disposable pads](#), [reusable pads/cloth](#), and [tampons](#).

TOOL: IFRC Protection Gender and Inclusion in Emergencies Toolkit provides guidance on safe referrals: [3.2.1 Quality assurance checklist](#), [3.2.2 Referral mapping template](#), [3.2.3 Sample referral form](#).

4. Don't assume anything about how girls and women manage their menstruation – always ask first before planning MHM actions

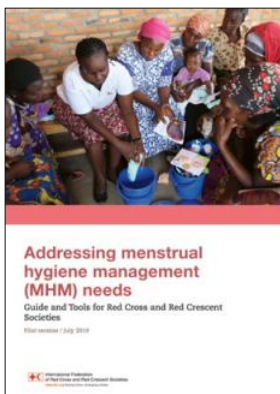
Consultation with women and girls, and participatory assessment of MHM practices, needs, preferences and social-cultural context are critical. While valuable information can be obtained from project staff, volunteers, community leaders and secondary data, it is critical to consult with and collect information directly from women, girls, men and boys.

Differences in socio-economic status, age, education level and many other factors can mean that women and girls in the target communities have very different preferences, knowledge and strategies for managing menstruation.



TOOL: IFRC's [Focus group discussion guide – assessment](#).

KEY RESOURCES FOR MORE INFORMATION



Addressing menstrual hygiene management (MHM) needs: Guide and Tools for Red Cross and Red Crescent Societies (July 2019)

<https://ifrcwatsanmissionassistant.files.wordpress.com/2019/08/mhm-guidelines-v7.pdf>

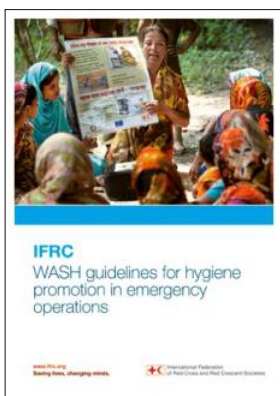
and Tools – available to download in English, French and Arabic:

<https://ifrcwatsanmissionassistant.wordpress.com/menstrual-hygiene-management/>



Periods don't stop in emergencies: Addressing the menstrual hygiene needs of women and girls – A case study from East Africa. (August 2018)

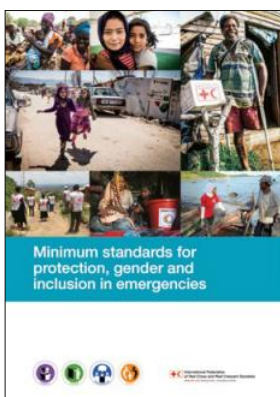
<https://ifrcwatsanmissionassistant.files.wordpress.com/2018/11/mhm-case-study-v5b-digital.pdf>



IFRC WASH guidelines for hygiene promotion in emergency operations (2018)

Available in English, French, Spanish, Arabic, Thai, Russian, Bahasa Malaysia

<https://ifrcwatsanmissionassistant.wordpress.com/hygiene-promotion/>



IFRC Minimum standards on protection, gender and inclusions in emergencies (2018)

<https://media.ifrc.org/ifrc/document/minimum-standards-protection-gender-inclusion-emergencies/>

IFRC Protection, gender and inclusion in emergencies: Toolkit (2020)

<https://media.ifrc.org/ifrc/document/protection-gender-inclusion-emergencies-toolkit/>



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