

Case Study: **Pakistan**

#16 | June 2022

EMPOWERING WOMEN TO PROMOTE SAFE MENSTRUATION IN CHITRAL DISTRICT KHYBER PAKHTUNKHWA (KP) PROVINCE - PAKISTAN



■ Background

Menstrual Health & Hygiene Management (MHH) is a topic of concern for health, education, human rights, water, and sanitation sector. In Pakistan, more than 42 million (roughly 22%) girls aged between 10 to 19 years are at menstruation age¹. Pakistan has the world's second-highest number of out-of-school children with an estimated 22.8 million children, of which the majority are girls. The net attendance drops from 62.3% at primary school to 28.9% at secondary school, while more than half are unaware of menstrual health & hygiene². Menstrual Hygiene is one of the serious issues that need proper attention as poor menstrual hygiene has serious negative impacts on girls and women's health, social lives, and education. Across the country, many girls face challenges in attending schools. The data reveals vast regional/provincial disparities in providing equal opportunities for schooling for girls, with the greatest disparity in Khyber Pakhtunkhwa (KP) province where 52% of girls are out of school, compared to 21% of boys. The net enrolment rate for girls stands at 53% for primary level and this drops to 21% at the middle level. The lack of adequate sanitation facilities particularly impacts girls' retention rates in middle and high schools.

¹ Education Management Information System (EMIS)

² Ibid

Challenges related to menstrual health and hygiene are the same at the provincial level, where girls are even more vulnerable to its negative impacts.

■ Strategy and implementation

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

In Pakistan, MHH is integrated into National and Provincial WASH in Schools (WinS) strategies. At the provincial level MHH is included in the WASH Sector development plan Khyber Pakhtunkhwa (KP) and MHH provincial working group, which is operational since 2017 with the Local Government, Elections and Rural Development Department (LG&RDD) as Chair, UNICEF as co-chair and other departments (Education Dept, Health Dept, Social Welfare Dept), civil society organizations, such as the Sarhad Rural Support Programme (SRSP) and Integrated Regional Support Program (IRSP) and international non-governmental organisations such as the International Rescues Committee (IRC) as active members and contributing towards the MHH agenda.

Within the above strategies, during the years 2018 & 2019, UNICEF initiated a WASH response project for the flood-affected population in the Upper Chitral district of KP with the support of a local CSO - Agha Khan Rural Support Program (AKRSP). The project was focused on WASH-based interventions such as the provision of resilient water & sanitation facilities and hygiene promotion for behaviour change aimed at improving the health of the affected population. MHH was an integral component both in institutions (schools & health care facilities) and at the community level to improve the MHH status of girls' schools and empower women to practice safe menstruation. The main initiatives of the project were:

1. Initial assessment to identify WASH needs in targeted communities and institutions
2. Rehabilitation of drinking water supply systems (DWSS)
3. Improved access to sanitation
4. WASH in institutions (schools & health care facilities)
5. Hygiene promotion & Social and Behavioural Change (SBC) campaigns
6. MHH interventions in girls' middle & high schools
7. MHH entrepreneurship at the community level

■ Progress and results

The total population served by the project is 28,065 individuals, (Women: 7,586, Men: 7,288, Girls: 6,727, Boys: 6,464) through different WASH interventions – ensuring access to improved water, sanitation facilities and key hygiene messages. Results achieved under each component of the project are:

Initial assessment for WASH needs: While conducting an initial assessment to identify the WASH needs of the community, it was observed that adolescent girls & women of menstrual age group are facing difficulty to access sanitary pads as they live-in far-flung areas on the hills having no access to markets – thus they

prefer to use cloth. Also, there was limited awareness of menstrual hygiene among schoolgirls and community women. Thus, the menstrual hygiene component was more focused on upscaling the interventions in government and private girls' schools and increasing the number of community entrepreneurs for MHH training.

Rehabilitation of drinking water supply systems (DWSS): The project supported 12,629 individuals (Women: 3,413, Men: 3,280, Girls: 3,027, Boys: 2,909) provided with safe drinking water through rehabilitation/ restoration of 19 existing water supply systems. WASH committee members were trained on operation & maintenance (O&M) of the DWSS. A Water-testing lab was established at Tehsil Municipal Administration (TMA) and staff trained on water quality testing.

Improved access to sanitation: Improved access to user-friendly, gender-inclusive and culturally appropriate sanitation facilities for community and household use through the construction of 190 latrines for poorest households (identified with the support of village WASH committees), 10 persons with disability-sensitive latrines and 18 public latrines.

WASH in institutions: 1,500 students (765 girls, 735 Boys) in 10 primary schools – (5 boys and 5 girls' school) provided access to safe drinking water, sanitation and hygiene through rehabilitation/ installation of WASH facilities. School WASH clubs were formed to reinforce basic WASH messages on regular basis through club members. In addition, rehabilitation of WASH infrastructure in health care facilities and key hygiene messages on WASH and MHH were delivered to the visiting patients on daily basis through trained health workers.

Hygiene promotion & Social Behavioural Change (SBC) campaigns: 28,065 individuals, (Women: 7,586, Men: 7,288, Girls: 6,727, Boys: 6,464) were reached with key hygiene messages through education and awareness-raising on WASH practices including handwashing, latrine use and MHH. This included SBCC interventions at the community level, mosques, and institutions (schools and health centres) by engaging social mobilizers, community resource persons, religious leaders, community entrepreneurs, teachers, and health workers.

MHH interventions in girls' middle & high schools: Furthermore, 14 girls' schools were provided with MHH-friendly spaces reaching 4,590 girls students to cater for their MHH needs. MHH clubs were formed and MHH resource units have been established to ensure the availability of MHH-related materials including IEC material to help girls know about menstrual health and hygiene management.

MHH entrepreneurship at the community level: At the community level six female entrepreneurs were selected and trained on MHH to manufacture and sell menstrual hygiene products in their communities. They were supported/ facilitated by the provision of an MHH Kit including a sewing machine and other items (one-time support) to produce different sizes of sanitary pads according to the demand of women & adolescent girls. These entrepreneurs also established a network within the women's community & girls' schools for spreading appropriate messages on MHH. The MHH entrepreneurship support had the double objective of improving hygiene management as well as promoting women's empowerment in the community.

■ Lessons learned and way forward

The following lessons were learnt from the project:

- Entrepreneurship program implementation was effective in breaking taboos related to menstruation as it is generally deemed socially and culturally unacceptable to be discussed openly. However, working closely with the local population and adapting approaches that fit the local context and conditions has helped in reducing hesitancy among women and discussing more openly about MHH. Moreover, in far-flung areas like Chitral, having no access to markets, the MHH entrepreneurship program was effective in ensuring access to acceptable quality of sanitary pads locally available for women & adolescent girls to use.
- Many students do not attend school during menstruation days due to inadequate sanitation facilities and the non-availability of menstrual products. As per initial feedback from schoolteachers, the provision of water and latrine facilities in girls' schools equipped with menstrual hygiene products and conducting hygiene promotion sessions for children and teachers, has been helpful in reduction of absenteeism of girls during menstruation days.

Post-activity research/ assessment should be conducted to assess the sustainability of community entrepreneurship work. Furthermore, an assessment should be carried out on MHH practices in girls' schools to measure the per cent reduction of girls' absenteeism in schools during menstruation days. Moreover, it is important to identify opportunities for replication/scaling of similar interventions in other regions/ project areas to support adolescent girls and women for safe menstruation.

Related links:

- [Empowering women to practice safe menstruation](#)
- [Education Management Information system \(EMIS Pakistan\)](#)
- [JMP data](#)

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