

MENSTRUAL HYGIENE WEBINAR SERIES BRIEF

INTRODUCTION

Menstrual Hygiene (MH) has been continuously gaining visibility and importance in humanitarian relief and development. MH-issues and responses are inherently inter-sectoral, and offer remarkable opportunities for cross-organisational, international and multi-sectoral cooperation to address this critical dignity issue for menstruators around the globe.

WASH United, Simavi, World Vision and GIZ launched an MH-focused webinar series, as an activity under the MH Alliance. The overall objective of the series was to document and promote learning and connection between menstrual hygiene practitioners and interested professionals from different sectors, with a specific aim to refine and advance the global MH agenda. This five-part webinar series started the week of 28 May ([Menstrual Hygiene Day](#)), and focused on a different aspect of MH each week:

- [Webinar 1](#): The issue, evidence and gaps
- [Webinar 2](#): Solutions to improve knowledge, attitudes, and practices
- [Webinar 3](#): Creating access to menstrual products
- [Webinar 4](#): Infrastructure solutions
- [Webinar 5](#): Advocating for MH

The sessions resulted in lively discussions and participants raising questions, bringing in their own experiences and sharing useful resources. More than 650 people registered to participate in the series, illustrating the growing global movement around MH. It also builds a foundation for a growing MH-focused community of practice, focusing on sharing and learning on MH, especially for NGOs in the global south.

The following is a summary of key recommendations emerging from the five webinars, followed by more in depth briefs for each individual webinar.

KEY RECOMMENDATIONS

1. Ensure that MH programming, product design and research set menstruators¹ at the centre. Programming should be kept simple, based on quantitative and qualitative evidence and be properly monitored and rigorously evaluated. Studies must be comprehensive and go beyond pilot phases, particularly ensuring consideration for environmental sustainability.
2. Apply a comprehensive and inclusive approach to addressing menstrual stigma, including WASH, sexual and reproductive health and rights, and gender-related information. Strengthen menstrual literacy and promote the entire menstrual cycle as a critical aspect of health through high quality information material that empowers girls. Education and awareness are not only required for girls, but also for women and other menstruators, and should involve men, boys, teachers, parents and other stakeholders, while using culturally appropriate, gender-sensitive language.

¹ Since not every person who menstruates identifies as female (i.e. transgender men), the term *menstruator* aims at including those groups in the MHM dialogue. On a global level and particularly in the school setting, the focus lies nevertheless on menstruating adolescent girls and young women.

3. Develop MH initiatives that go beyond providing pads or cups only, but guarantee information to make informed choices, access to WASH facilities -- including safe disposal – and the ability to select from a range of products to meet concerns about product performance, acceptability, context of use, and local supply.
4. Build awareness about appropriate, usable and manageable WASH facilities and appropriate and usable menstrual waste disposal, including its classification as a part and responsibility of local authorities, considering the entire waste chain (i.e. what happens to menstrual waste once it is put in the assigned receptacle)
5. Leave no one behind. Ensure participation and consideration of all in programming, implementation and evaluation, particularly those who are traditionally marginalised or excluded.
6. Consider MH as a proxy to meet the SDGs. It is relevant to health, education, WASH, gender, economic empowerment and many more sectors. Therefore, the ability to meet girls and women via comprehensive MH programmes leads to progress across all the SDGs.
7. Leverage schools as a place to set the directions for Menstrual Hygiene Management (MHM). Integrate [Core questions and indicators](#) of the SDG WASH in Schools monitoring framework related to MHM infrastructure and information access into the respective national Educational Management Information System (EMIS) to properly monitor and evaluate needs and achievements.

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MENSTRUAL HYGIENE WEBINAR I SYNOPSIS

Date: May 31st Thursday 1200h UTC

Topic: Menstrual hygiene- the issue, evidence, and gaps

Guest speakers: Thematic presenter- Dr. Marni Sommer (Columbia University)

Topical presenter- Lidwien Sol (Maastricht University) and KumKum Mahbuba (Simavi)

Topical presenter- Megan Mukuria (ZanaAfrica)

Webinar host: Simavi and World Vision

Organised by: WASH United, Simavi, World Vision, GIZ, an activity of the MH Alliance

Link to the recording: <https://vimeo.com/272825204>

Thematic Presenter: Dr. Marni Sommer (Columbia University)

- **Menstrual Hygiene Management (MHM) working definition:**
 - “Women and adolescent girls are using clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials” - JMP, 2012.
- **Background on MHM**
 - MHM is a growing field that gained additional attention because of lobbying for MHM in the SDGs. Although MHM was not included at the level of a hygiene goal, the process enabled the creation of a working definition, which served to bring awareness to the needs of menstruating girls and to key components needing to be addressed.
 - Growing recognition around MHM; MHM can be viewed as a proxy to meet the SDGs given its relevance to health, education, gender, economic empowerment and so forth. Therefore, the ability to meet girls and women MHM can lead to the possibility to see progress across all the SDGs.
 - Essentials of MHM include information and support, materials and supplies, water and sanitation facilities, disposal and waste management.
 - Within the context MHM Essentials, some unaddressed issues include
 - Knowledge in improved approved for female-friendly toilets and bathing facilities especially among girls and women in fragile contexts including refugees and internally displaced populations.
 - Lack of emphasis on supporting materials such as underwear, soaps, wash basin, and other supporting supplies.
 - Neglected gastrointestinal issues during menstrual period which emphasise the need for easy access to sanitation facilities.
 - Improved solutions for disposal and waste management in both development and emergency contexts that are culturally and environmentally appropriate.
- **The issues**
 - “The need to overcome stigma and restrictions.... ensuring safety, comfort, and dignity.”
 - Globally, the silence around MHM is being broken through increased awareness and actions, though there is still silence in many countries.
- **Global trends on MHM:**

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- Rapid growth in menstrual products
- Increased advocacy and discussions on MHM
- Increasing government engagement and policies on MHM
- **Current Evidence**
 - Rich qualitative data exist on MHM challenges with regards to displaced population, school girls, cultural taboos and stigma, psychosocial impact, and sanitation practices respectively.
 - Growing but limited data exist on the effective holistic interventions for addressing MHM in schools, in emergencies, and engaging boys and men.
- **Gaps and Opportunities for more research**
 - Inclusion of MHM in education policies, and identifying barriers, impact, and solutions of MHM in workplaces, and peri-urban and urban slums.
 - Need for improved measures and rigorous evaluation including quantitative research with validated new measures e.g. on self-efficacy.
 - There exists a ten-year agenda (MHM in Ten) for transforming schools to better meet the needs of MHM for girls; this effort identified gaps and priorities for research in the coming years

Topical presenter: Lidwien Sol (Maastricht University) & KumKum Mahbuba (Simavi)

- The RITU Programme and Study
 - collaboration between academia and implementer with regards to evidence based programming, implemented in rural Bangladesh, and target holistic approach to MHM.
 - Lesson learned
 - A randomised controlled trial study done in selected schools in Bangladesh to identify impact and cost effectiveness of the RITU programme.
 - Provide rigorous MH evidence and draw important lessons from the RITU programme for future implementers and policy makers.

Topical presenter: Megan Mukuria (ZanaAfrica)

- The Nia Project/Study
 - Implement safe, accurate, and cost-effective reproductive health innovations for girls through sanitary pad coupled with girl-centered RH resources and information. Current target population in Kenya.
- Lesson learned
 - Menstrual Hygiene is Products and Education and not just one or the other
 - Dignity through choice of menstrual products
 - Literacy of menstrual materials is important for girls and facilitators
 - Gap in curriculum in menstrual health and in gender and power – the curriculum now addresses this

Key Points on data collection /programmatic work on MHM.

- “Keep menstruating girls and women at the centre of the programmes or studies”
- Build, test, learn, and pivot programme
- Theory of change should serve as the foundation for data collection mechanism and type of data.
- Keep your approach simple
- Research and adopt what already works (avoid reinventing the wheel)

- Avoid collecting cumbersome data
- Low-tech gathering- asking girls/boys/parents to write down questions which can be used for statistical data gathering and comprehensive education.

Resources on MHM

- Links provided by participants and presenters of the webinar
 - How to use a sanitary pad video
 - MHM in Ten global agenda, identifying five key priorities for MHM in schools (can be found using google search engine)
 - Improved MHM technical guidance (e.g. Menstrual hygiene matters, 2012. Available for free online)
 - MHM in Emergencies Toolkit (full guide or mini guide), and check the WASH chapter for the female friendly toilet design for adapting to other contexts
 - Evidence-based programming in WASH and Menstrual Health to ensure gender equality. The case of RITU in Bangladesh.

Key questions addressed in the webinar

- When will the RITU programme be available?
 - Initial (baseline) study will be publicly available in 2019
- How do you frame menstrual health knowledge? (RITU Programme)
 - Use of existing knowledge, development of six survey questions, and focus group in class. However, there are different ways of measuring MH knowledge and not just relying on the six questions.
- How do you respond about gender based violence? (ZanaAfrica)
 - Vast information such as magazines for responding to gender based violence including consents, safe space to discuss, and designated personnel addressing the issues.
- Reusable pads versus disposable pads ? (ZanaAfrica)
 - Education on the options of menstrual products and allow girls to decide choice of menstrual products.
- MHM and psychosocial related stress
 - Rigorous systematic research out of India on psychosocial stress, around menstruation and sanitation on the absence of toilets and facilities for girls and women.
 - Vast qualitative studies that recognise fears, stress, shame, and anxiety and impending trials in quantitatively capturing psychosocial impact.

Unanswered key question from the chat box

- How can we ensure the hygiene of a reusable pad?

NOTE: We discussed more about menstrual hygiene products during our third webinar on 14 June. The recording is here: <https://vimeo.com/275146525>.

MENSTRUAL HYGIENE WEBINAR 2 SYNOPSIS

Date: June 7th Thursday at 1200h UTC

Topic: Solutions to improve knowledge, practices and attitude

Guest speakers: Thematic presenter- Dr. Chris Bobel (University of Massachusetts, Boston)

Topical presenter- Nirmala Nair (WASH United)

Topical presenter- Bosun Jang (Sesame Workshop)

Webinar host: WASH United

Organised by: WASH United, Simavi, World Vision, GIZ, an activity of the MH Alliance

Link to the recording: <https://vimeo.com/273919486>

Thematic Presenter- Dr. Chris Bobel (University of Massachusetts, Boston)

- **Menstrual hygiene and health: Making the case for educational interventions**
 - Globally, several factors influence difficult experiences with menstruation, including inadequate facilities and materials, menstrual pain, fear of disclosure, and most importantly inadequate knowledge about the menstrual cycle.
- **Menstrual stigma is the root of these problems. It:**
 - “Constructs menstruation as a failing, a shortcoming or a handicap.”
 - Naturalises and rationalises menstrual restrictions, including those against carrying out domestic activities, religious observances, and sexual and social activities.
 - “Is a scourge everywhere, including places where high quality menstrual materials and menstrual-friendly infrastructure are both accessible.”
- **Research on effects of menstrual stigma shows that:**
 - It is impactful and ubiquitous.
 - It influences decision making at a number of decision points, such as puberty, breastfeeding and sexual activity.
 - It leads girls all over the world to feel cursed, ashamed, fearful, and embarrassed.
 - It can lead to discrimination and psychological damage.
 - It promotes constant monitoring of menstrual status necessary to function in the public sphere.
 - It discourages accurate information exchange. For instance,
 - Pre menarche, “girls have limited knowledge and understanding about menstruation prior to having their first occurrence of menstruation (menarche).”
 - Even post menarche, girls have distorted or partial knowledge about the menstrual cycle.
- **Recommendations for improving knowledge, practices and attitudes:**
 - Promote menstrual literacy; teach the entire menstrual cycles as a vital sign.
 - Resist the assumption that the body is a problem to be solved. It is not inherently a nuisance, a burden, or an impediment, but our social attitudes and environments can make it so.
 - Encourage a positive view of their body as site of power, pleasure and potential.
 - Use gender-neutral language when and where possible (e.g., menstruator, people who menstruate) because not only girls and women menstruate and not all women menstruate.

- Encourage collaborative engagements with community members who are familiar with social norms and effective and culturally appropriate approaches to promoting attitudinal change.
- Train menstrual health educators to productively address related issues that typically arise when teaching menstrual health.
- “Always put menstruators at the centre.”
- 360o approach to addressing menstrual stigma: “helping girls access their brighter futures through creative, body-positive culturally sensitive, high quality and on-going menstrual cycle education not only for girls but for everyone in girls’ lives.”

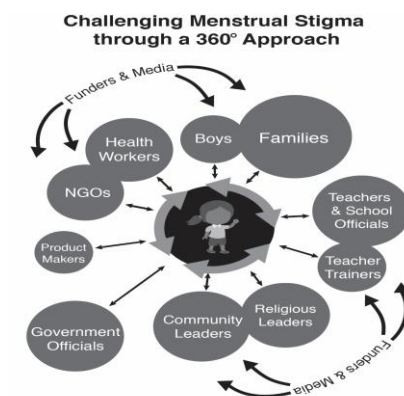


Figure 1: Bobel, 2018

Topical presenter- Nirmala Nair (WASH United)

▪ ‘Ruby’s World’- A Story-based tool

- Menstrual hygiene education guide for girls, following a story and includes games and activities build into the story.
- Developed employing user-centred design process: the solution is defined from the perspective of the user and hence the story is based on real life stories of girls.
- Based on a story of two sisters, in which the older one is unaware and unprepared before her menarche and Ruby, the younger one who faces her menarche well-prepared.
- Compact, i.e. for 2 short sessions only, low-cost, engaging, and attractive design.

▪ Key features of the story

- Encourage girls to ask questions and get answers from the story rather than just sharing what is right or wrong.
- The nature of the tool is such that it increases self-efficacy, confidence and participation through interaction and engagement.
- All characters and incidents in the story are based on real incidents from the field. Therefore, girls identify with the characters of the story, thus making it personal.
- Builds community of girls that trust and support each other in the menstruation journey.
- The trained girl can make MHM related choices out of her own free will and is able to negotiate ways to exercise that choice.

Topical presenter- Bosun Jang (Sesame Workshop)

▪ WASH UP! Girl Talk

- Menstrual education for girls from ages 10-14 implemented in Zimbabwe at a pilot stage.
- An integration of MHM education into the existing WASH UP! curriculum.
- Teachers are trained on how to provide puberty education, under which MHM falls, using the training manual with activity books for boys and girls that contain comics, interactive exercises (including building usable resources like cycle bracelets and reusable menstrual pads), and animation videos.
- Targets both girls and boys - 10 weekly sessions for girls and boys participate in 5 of them.

▪ Learnings and challenges from the WASH UP! Girl Talk

- The programme asks a lot of teachers; increasing their level of comfort in MHM is part of the process.

- Teachers want more facts about puberty and menstruation to share with learners.
- Myths surrounding menstruation are engrained part of the community culture, we must respect them.
- **Reflections from the programme**
 - Support teachers through community advocacy.
 - Provide more facts and carefully approach messaging around myths.

Resources

- [Presenters' slides and webinar information](#)
- [Key facts from WHO on female genital mutilation](#)

Key Questions addressed in the webinar

1. Is Chris Bobel's publication/ book available?
A: Not available till later this year. Hopefully in December 2018.
2. Is it possible to access Ruby's world product and WASH UP girl talk training guide?
A: Yes, Ruby's World is available for use but WASH United will like some feedbacks on the experience of using the product and for more detailed use, contact them directly.
A: WASH UP! Girl Talk can share the materials but are not publicly available and therefore for use, they will have to be contacted directly.
3. What is a good age to start education around menstruation?
A: Recommended age for menarche is 9-14 as most girls experience menarche from age 9
4. Why should only girls be thought about certain part of menstruation? Is there a limitation or rather a boundary beyond which the boys or men shouldn't know about menstruation?
A: From WASH UP!, they felt that it helps to have session for girls in privacy, especially with topics on taking care of reusable pads, creating cycle beads, etc. However, it's still a learning process.
5. Does anyone know of anyone studies or have information on how FGD might impact on menstruation and / or period pain?
A: There is a manual of the WHO that touches the topic among the negative health consequences of FGM.
6. Beside teachers and mothers, who else can be good people to turn to?
A: Adolescent mentors (15-20 years) and peer educator programmes where adolescents themselves educate their peers
A: Opinion leaders in the community should be targeted.
A: Key family members like mother in-laws should be targeted, too

Remaining key questions

- Tackling menstruation myths and stigma is extremely important, but how do you measure this as a programmer?
- What are some M&E and research tools that are effective in doing this?
- Given misconceptions about MHM among trainers and facilitators, how have you discovered how to respectfully address those to ensure that factual information is passed along?
- How can MHM be made an attractive topic for men as well?

MENSTRUAL HYGIENE WEBINAR 3 SYNOPSIS

Date: June 14th Thursday at 7:00 AM PDT

Topic: Creating access to menstrual products

Guest speakers: Thematic presenter- Nancy Muller (PATH)

Topical presenter- Wonder Mafuta (World Vision Somalia)

Topical presenter- Charu Agarwal (Dharma Life)

Webinar host: WASH United and World Vision

Organised by: WASH United, Simavi, World Vision, GIZ, an activity of the MH Alliance

Link to the recording: <https://vimeo.com/275146525>

Thematic Presenter- Nancy Muller (PATH)

• Background on Menstrual Products

- Are a basic human right, and are important regarding health, education, employment, and gender equity
- Absorb blood and prevent leaks, thereby supporting girls/women to live in dignity and confidence
- Include disposable sanitary pads/tampons, reusable cloth/period panties, and menstrual cups
- Influenced by cultural beliefs, and preference influence the type of menstrual products girls/women use
- Disposable sanitary pads are commonly preferred by girls/women
- Reusable cloth/period panties, and menstrual cups are used less often by women and girls due to lack of awareness, distribution channels, standards, cultural beliefs, misinformation, and cost.

• Research on Menstrual Products

- Rigorous research on menstrual products and access is limited and of uneven quality
- Increased incidence of reproductive tract infection (RTI) from improvised cloth use
- Higher perceived reliability of reusable sanitary pads to improvised cloth
- In one study, bacterial vaginosis less prevalent among menstrual cup users than among users of disposable pads
- Increased self-efficacy and reduced stigma among users of period panties
- Increased level of education is associated with use of commercial products
- Safe hygiene facilities reduce risk of bacterial vaginosis
- No evidence on the association of cervical cancer with poor menstrual hygiene

• Menstrual Product access

- Access to improved menstrual products is limited in many settings
- Countries including India, Kenya, Zambia, and South Africa are subsidizing products to help keep girls in school. However, this support faces challenges which include:
 - Single product focus
 - Limited monitoring and evaluation of the programme
 - No performance or quality standards of products for comparison
 - Luxury taxes and lack of systems and policies for products' disposal
- Various models exist to increase access to menstrual products for high, middle and low income populations -- for example: Shops, social enterprise sales models, and subsidies, respectively

• Key Takeaways

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- “Menstrual products are part of the solution and not the solution”
- All types of menstrual products are needed
- There is no one right product
- Keep women and girls in the centre of product design
- Product choice is important
- There is need of research, evidence, quality of products and setting up supportive systems.
- Consideration for menstrual products choice include performance, acceptability, context of use, and supply

Topical presenter- Wonder Mafuta (World Vision Somalia)

• **Be Girl Pilot**

- A partnership between WV Somalia and Be Girl
- Conducted in the northern part of Somalia to examine how access to high-quality durable menstrual products improve girls’ quality of life
- Xi-month pilot process evaluation on school girls
- Intervention included the provision of two Be Girl period panties per girl delivered in an MHM workshop

• **Lessons Learnt**

- Menstruating girls are resilient despite country’s fragility
- More school attendance but access does not necessarily influence school performance
- Holistic approach (i.e. other influences of absenteeism in menstruators) should be considered when deciding what menstrual products to provide to menstruators
- Access to menstrual products can positively change attitudes and influence perceptions of menstruation

Topical presenter- Charu Agarwal (Dharma Life)

• **Making Periods Normal Programme**

- A collaborative initiative based in Bihar aimed at promoting healthy hygiene practices among adolescent girls and women in the community through innovative behaviour change tools
- Promote adoption of sanitary pads and improve access to pads in the community.
- Key aspects of the programme include awareness, accessibility, use, and affordability
- Mobilise women as change agents and sensitise men and boys about menstruation

• **Lessons Learned**

- The successes of the programme include
 - Unique distribution channel of menstrual products
 - Generates income for women entrepreneurs
 - Access to products i.e. sanitary pads helps to improve quality of menstrual health
- The challenge of the programme includes:
 - Weather conditions such as serious rainy periods may disrupt distribution channels.

Key question addressed in the webinar

• **Dharma Life**

- What process did you go through to choose the sanitary napkin provider for the project?
 - Ans: Quality control criteria, nature of production and supply chain, and price point.

- Why are you not offering more than one product?
 - Ans: It is the feasible solution for social impact
- **WV Somalia**
 - How have you involved community groups in access to products?
 - Ans: Imams, teachers, and expectant mothers in the community and the Ministry of Health are involved
 - How do you address pain management for menstrual hygiene?
 - Ans: health team provide drugs such as paracetamol for pain, which are provided with distributed MHM products
- **PATH**
 - What are your thoughts on providing of pain medication or seeking local remedies for menstrual pain management?
 - Ans: Information about how to access pain management product and manage the pain is important, provision of paracetamols is a reasonable approach, and linking to health services is helpful to women and girls
 - What are the economic importance of MHM?
 - Ans: There is a market for MHM products
 - If those local solutions (e.g. banana leaves) work fine, what is meant by "their quality needs to be improved"?
 - Ans: There are issues around quality control for disposable products. There is need for more evidence and data.

MENSTRUAL HYGIENE WEBINAR 4 SYNOPSIS

Date: June 21st Thursday 1200h UTC

Topic: Infrastructure Solutions for Menstrual Hygiene

Guest Speakers:

Thematic presenter – Dr. Bella Monse (GIZ, Sector Programme Sustainable Sanitation, Germany)

Topical presenter – Hashim Khan (GIZ, Sanitation for Millions, Pakistan)

Topical presenter – Arundati Muralidharan (WaterAid, India)

Moderator – Thérèse Mahon, (WaterAid, UK)

Webinar host: GIZ and WaterAid

Organised by: WASH United, Simavi, World Vision, GIZ, an activity of the MH Alliance

Link to recording: <https://vimeo.com/276271838>

Thematic Presenter: Dr. Bella Monse (GIZ Sector Programme Sustainable Sanitation)

- “Schools as places for trendsetting” - MHM as part of Global WASH in Schools SDG Monitoring: Core Questions and Indicators
 - Published by WHO/UNICEF Joint Monitoring Programme for WASH (JMP) in the end of 2016, and is a binding concept for 193 countries
 - Core questions and indicators of the framework ought to be integrated into the respective national Educational Management Information System (EMIS)
- Service levels for MHM in schools based on JMP definitions
 - Basic service level is defined as the global SDG target and relate to MHM indirectly, advanced service levels are to be defined nationally and include direct indicators for MHM
 - Basic service level: gender-segregated and usable (accessible, functional, private) toilets and handwashing facilities with water and soap – indirectly related to MHM
 - Expanded service level: enhanced cubicles with covered bins/disposal mechanisms, lighting, emergency MHM material, access to information,
- Framework has been proven useful in the school setting and can be a model for mainstreaming concepts in other institutions (e.g. health care facilities, workplaces, prisons)

Topical Presenter: Hashim Khan (GIZ Sanitation for Millions, S4M)

- Specific **barriers** that girls face during their menstruation in schools
 - Cultural restriction and taboos
 - Inadequate WASH facilities, lack of access to affordable products, inappropriate disposal mechanisms
- Infrastructure and social attitudes changed: S4M’ **MHM rooms** and accompanying approaches to overcome taboos and silence around MHM in schools
 - Infrastructure measure with proper size and better lighting to facilitate MHM
 - Accompanied by MHM kits and WASH clubs where girls obtain information about menstruation through the story telling approach
- **Open issues:** Menstrual material disposal/reuse

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- Landfill, incineration
- Washing material, drying before reuse

Topical Presenter: Arundati Muralidharan (WaterAid India)

- **Current and future challenges:** sanitary napkin waste load
 - 12 billion non-compostable pads per year which take 500-800 years to decompose; high waste volume, high environmental impact
 - Environmental challenge addressed by entrepreneurs: MH-products made of natural and compostable fibre (decomposition: 3-6 months); medium waste volume, medium-low environmental impact but also not many users due to low availability
 - movement toward reusable products; low waste volume and environmental impact, only few users in urban areas
- **Types of disposal:**
 - routine waste (especially in urban areas), thrown in the open, burial, open burning
 - government currently supports installing incinerators in schools
 - classification of menstrual waste: solid waste to be segregated from other domestic waste under responsibility of the whole waste chain (from waste generator via collector to treatment/recycling)
- **Treatment:**
 - sterilisation, autoclave, chemical treatment that segregates plastic
 - transform: compost, incinerate, recycle
 - incinerator technologies (including waste to energy incinerators), some of which entail environmental harms
- **Evidence, action and knowledge gaps**
 - O&M, cost and placement of incinerators (and ensure their safe usage also for illiterate population): safety, acceptability, effectiveness
 - Build awareness about menstrual waste disposal
 - Monitoring of waste disposal and roll-out of technologies

Resources on MHM

- Links provided by participants and presenters of the webinar
 - [Core Questions and Indicators for Monitoring WASH in Schools in the SDGs](#)
 - [South Asia regional review of MHM in schools](#) (with country snap-shots)

Key questions addressed in the webinar

- What does the S4M' MHM kit contain?
 - Pads, additional clothes (like a scarf) to hide stains or change, tea, information
- How can scale be achieved?
 - Only simple, low-cost solutions can be scaled up to as many schools as possible (instead of sophisticated interventions for few schools only); try to fulfil basic service level (i.e. lockable doors, covered bins in cubicle, access to water and soap) in a large numbers of schools.

- Step-wise approach: start with the simplest interventions, not addressing cost-intensive construction work in the first place but also access to information, for example.
- How is participation and ownership maintained (i.e. how far have girls and teachers been involved in the design of facilities) and taboos addressed while implementing infrastructure solutions? What is done for O&M?
 - There are no architectural specifications on how to universally design MHM facilities in schools (unlike for HCFs). In the building process of S4M' MHM rooms in Pakistan, parent-teacher committees were constantly consulted during negotiations with the Department of Education which also played a role to end with taboos
 - Mobile maintenance units are planned to be implemented to care for O&M, parents will be involved to ensure proper O&M; MHM kits are under responsibility of parents and school management
- What is done for better menstrual waste management and disposal?
 - Work with other sector partner to elaborate possible solutions and to see how to collectively engage with government bodies and development partners (to put menstrual waste management at the top of the agenda); work closer with several government ministries (Ministry of Drinking Water and Sanitation to include MH-waste into solid and liquid waste policy; set standards (in both disposal and production) by collaborating with central pollution control board
- What were the main insights from the Hackathon in India?
 - Much innovation on dealing with menstrual waste in terms of 1) incinerator technologies (e.g., solar powered), but very few with emission control measures; 2) chemical treatments to reduce waste volumes (how can chemical solutions help dissolve cellulosic layer; how can plastic waste be recycled); 3) shredding and separating a sanitary napkin, sterilising waste through UV treatment, and then recycle certain components - like make paver bricks; 4) reusable and compostable products as a waste reduction strategy.

Unanswered key question from the chat box/open issues

- MHM and (internal) displacement/emergencies
- MHM in public spaces (markets e.g.) and other institutions (such as prisons)
- MHM and marginalised groups (disabled people, trans- and non-binary students)
- MHM monitoring at household level
- Low-cost solutions for smaller WASH-projects/ improvements (in rural schools)
- Financing of both design of facilities and waste management

MENSTRUAL HYGIENE WEBINAR 5 SYNOPSIS

Date: July 11th, Wednesday 10:00am EST (live from the High-level Political Forum)

Topic: Putting menstrual health on the 2030 agenda

Thematic presenter: Dr. Inga Winkler (Columbia University)

Panellists: Irene Gai (Kenya Water for Health) and Mahbuba Haque Kumkum (Simavi Bangladesh)

Side-event organised by: Simavi and WSSCC

As part of the MH webinar series organised by: WASH United, Simavi, World Vision, GIZ, an activity of the MH Alliance

Link to the recording: <https://vimeo.com/279541281>

Overview

On 11 July 11 2018 Simavi and WSSCC hosted a panel discussion during the High-level Political Forum on Sustainable Development, about “Putting Menstrual Health on the 2030 Agenda.” This event was the fifth of a five-part webinar series related to menstrual health management and was attended by over 100 in person and online participants. The event was moderated by Hilda Alberda, Director PMEL and Menstrual Health Expert at Simavi. Presenters and panelists were Dr Inga Winkler, Lecturer at the Institute for the Study of Human Rights at Columbia University; Irene Gai, Programme Coordinator at Kenya Water for Health; and Mahbuba Kumkum, Programme Manager Ritu at Simavi Bangladesh.

Thematic presenter – Dr Inga Winkler (Columbia University)

In her keynote address, Dr Winkler emphasised the importance of removing menstrual health (MH) strictly from the water, sanitation, and hygiene (WASH) sector in order to unpack and address issues around menstruation at all levels. She stressed that need to look at the numerous ways that women are affected by menstruation, and how menstruation is directly linked to many of the goals on the 2030 agenda.

Panellists – Irene Gai (Kenya Water for Health) and Mahbuba Haque Kumkum (Simavi)

Ms Gai and Ms Kumkum also called for a cross-sectoral approach, specifically citing Goal 3 (Good Health and Well-Being), Goal 4 (Quality Education), Goal 5 (Gender Equality), Goal 6 (Clean Water and Sanitation), Goal 8 (Decent Work and Economic Growth), and Goal 12 (Responsible Consumption and Production) as areas impacted by menstruation. Ms Gai and Ms Kumkum also spoke about both the challenges and the progress of implementing effective MH initiatives in their home countries of Kenya and Bangladesh respectively.

Discussion

After a lively discussion and audience Q&A, the panellists made the following suggestions on how to integrate and prioritise menstrual health within the SDG framework and national action plans.

- Look beyond schools for implementing MH programmes, there are menstruating women and girls who are not in schools who also need these services and are currently being left behind.
- Develop MH initiatives that go beyond providing pads but guarantee an informed choice about products. The preferences of women and girls in regards to their menstrual products should be considered and will allow them more agency.
- Promote a cross-sectoral approach to MH, with linkages to all the SDG’s in order to address all of the ways that menstruation can impact women’s lives. Menstruation is not just a WASH issue!

The MH webinar series are organised by:



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- Ensure participation of all, particularly those who are traditionally marginalised or excluded. For example, indigenous women, women with disabilities, refugee and migrant women and girls, homeless individuals, gender-non-conforming and transgender men, older women, and incarcerated women face overlapping forms of discrimination and are often left out of the MH conversation.
- There needs to be more systematic studies that gather disaggregated data that moves MH past pilot studies.
- When developing MH programmes, consider all aspects and consequences of the programme, including access to disposal methods and the environmental sustainability of those methods.
- Standardise menstrual health education as part of the national curriculum in schools.

Reflections from online participants

- Really appreciate Dr Winkler addressing that we don't yet have global (or even continent-wide) data on MHM in spite of, for instance, that many organisations assert that 1/10 African girls drop out of school due to menstruation.
- Yes, also agree that we need data and should be included into SDG #3,4 and 5. & I fully agree! I hope we can take that up. I think linkages to girls' and women's mental and emotional health, sense of self-worth and well-being are interesting links to explore.
- The Kenya best practice is a great example; I'm particularly interested in the inclusion of persons with disability. This is our current area of focus...we are reaching out to girls and boys within and out of school with special needs.
- MHM Champions... We should get more Men and Boys involved...and true, it is a human rights based issue on so many levels... Am learning so much!