Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region

Good Practice Guidance Note

Joint initiative of the Education and Water, Sanitation and Hygiene (WASH) Programmes – UNICEF East Asia and Pacific Regional Office

February 2016
Joint initiative of the Education and WASH Programmes, UNICEF East Asia and Pacific Regional Office (EAPRO)
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Figure 1. Plan Indonesia’s WASH Officer training school teachers in Nageko District, Indonesia (Plan International Indonesia)

Figure 2. Girls looking at a poster on MHM good practices on the side of their latrines, Timor-Leste (WaterAid/T. Greenwood)

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| 10   | A Introduction to MHM across the East Asia and Pacific region | • Menstruation is a natural part of a healthy reproductive cycle.  
• Menstrual hygiene management (MHM) is the management of the hygiene of menstruation.  
• A wide variety of traditional norms, practices and beliefs related to menstruation exist throughout the region – it is important to learn what these are in your own programme area. |
| 12   | B Why MHM is important: Implications of not considering MHM | • Taboos, norms and practices related to MHM, limited access to information, poor access to menstrual hygiene products and to water, sanitation and hygiene (WASH) facilities can have a range of implications which impact on the attainment of the rights of girls and women.  
• Possible implications include: feelings of fear, stress, embarrassment, shame, anger; reduced concentration in the classroom; absence from school; modification to normal activities and engagement with peers; and potential health impacts. |
| 14   | C Overview of good practice for a MHM-supportive environment | • Good practice involves the establishment of a supportive enabling environment, opportunities for development of knowledge and dialogue for girls, boys, women and men, and access to appropriate WASH facilities and sanitary protection materials. |
| 15   | D MHM-supportive enabling environment | • Good practice in the enabling environment includes: government providing leadership on MHM; cross-sectoral coordination; research and learning; monitoring and evaluation; MHM in the curriculum for schools, health systems and professional training courses; and facilitation of suppliers providing different options for sanitary protection materials. |
| 16   | E Research, learning, monitoring and evaluation | • It is important to continue learning about MHM – the experiences, needs, priorities and recommendations of girls and women, as well as effective programming approaches.  
• Learning can be undertaken through formative research, action research or through standard monitoring and evaluation processes. It needs to be fed back into ongoing programmes. |
| 18   | F Teaching and learning materials and methods for MHM | • Teaching and learning materials and methods need to break down taboos and engage girls, boys, women and men in discussion on MHM – a range of examples already exist in the region.  
• Girls’ puberty/MHM books are a particularly useful tool for sharing accurate information on MHM, including where the subject is sensitive, particularly when approved by government. |
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| 19   | G        | - Girls and women in the region who have been involved in the various studies have reported that they use either commercial sanitary pads or reusable materials such as cloth.  
- Support for locally made reusable pads has been available in some Pacific islands and in Lao People's Democratic Republic; more learning is needed on the options for affordable sanitary protection materials. |
| 20   | H        | - A supportive institutional environment is one which allow girls and women to manage their menses hygienically, safely, in privacy and with dignity.  
- Those in charge need to understand the MHM needs of women and girls, ensure appropriate facilities and supplies are available at all times, and encourage a respectful environment for all. |
| 22   | I        | - A range of subjects relevant to MHM should be integrated into the curriculum and taught to both girls and boys. These include the physiology of menstruation, emotional changes and how to manage them, building self-confidence and the need to support each other, correction of misconceptions and practical good practices for managing menstrual hygiene. |
| 24   | J        | - There is a need to reach out-of-school children, their parents, community leaders and other men and women with accurate information on menstruation and good practices for MHM.  
- Integrate MHM into existing opportunities such as health and community programmes, providing opportunities for health and community workers to learn about MHM. |
| 26   | K        | - Girls and women who face special circumstances, such as people with disabilities or who are from minority or marginalized groups, may face additional or different needs for their MHM. It is important to consult them directly to establish their needs, priorities and recommendations. |
| 28   | L        | - Women and girls in emergencies are likely to face additional challenges in managing their MHM, including due to less privacy and losing their normal coping mechanisms.  
- It is critical to consult them on their needs including on the selection of sanitary protection materials and other non-food items and the design of WASH facilities. |
| 30   | M        | - Refer to this section for useful resources and links. |
Women and girls continue to be subjected to multiple challenges when it comes to menstrual hygiene management (MHM), due to things like taboos; norms and practices; a lack of access to accurate information; poor access to sanitary products and poor access to Water Sanitation and Hygiene facilities. The real-life consequences of this, can affect a girl’s education, as well as some of her other rights, including her right to equality, health and dignity.

As such, the Education and Water, Sanitation and Hygiene (WASH) programmes of the UNICEF East Asia and Pacific Regional Office (EAPRO) jointly undertook a comprehensive overview and analysis of the experiences of girls and women, based on the current status of MHM programming and action across the region. This review not only focuses on the school context linked to WASH in Schools (WinS) programming, but also explores MHM in relation to out-of-school youth, at community level, in humanitarian contexts and in the workplace. This study makes a substantial contribution to better knowledge on MHM-related issues.

UNICEF, through its global programmes and its active support of WASH in Schools initiatives in the East Asia and Pacific Region (EAPR), has developed a range of experience for effective WinS Programmes, which includes increasing understanding of how girls accommodate their menses in school, as well as the perceptions of women and girls, and men and boys about this topic, and hence also a greater understanding of what persisting barriers still need to be addressed.

Considering various audiences, the findings are presented in separate documents, i.e.

- A regional synthesis report entitled “Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in East Asia and Pacific – Realities, Progress and Opportunities” and
- An implementation guidance note with selected good practices entitled “Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in East Asia and Pacific – Regional Good Practice Guidance Note”

This Regional Good Practice Guidance Note highlights key lessons; presents examples of promising and good practices; and summarizes the recommended actions for policy makers and practitioners. It has been developed based on the findings from analysis of the current MHM situation across the region and on the basis of good practice from the regional and global contexts. It is a notable contribution to the country, regional and global knowledge base; and it is hoped that the Regional Good Practice Guidance Note provides additional motivation for the continued learning and progress on MHM across the region.

Let me take this opportunity to acknowledge all those who contributed to this review, noting the commendable work of Sarah House, Independent Consultant (Public Health Engineering and WASH). The contributions and overall guidance from Education, WASH and Gender units of the UNICEF East Asia and Pacific Regional Office (EAPRO) are particularly sincerely appreciated.

Wivina Belmonte
Deputy Regional Director, UNICEF
East Asia and Pacific Regional Office (EAPRO)
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# Acronyms

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<td>CLTS</td>
<td>Community-Led Total Sanitation (Timor-Leste)</td>
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<tr>
<td>EAP</td>
<td>East Asia and the Pacific</td>
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<td>EAPRO</td>
<td>East Asia and Pacific Regional Office (UNICEF)</td>
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<tr>
<td>MHM</td>
<td>Menstrual Hygiene Management</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>SRH</td>
<td>Sexual and reproductive health</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WASH</td>
<td>Water, sanitation and hygiene</td>
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**National NGOs** - Clear Cambodia; WaSH Action of Mongolia.

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This synthesis was prepared by Sarah House, Independent Consultant (Public Health Engineering and WASH), along with contributions and overall guidance from Chander Badloe, Regional Water, Sanitation and Hygiene Advisor; Dr Devashish Dutta, Youth and Adolescent Development Specialist; and Hyunjeong Lee, Education Consultant of the UNICEF East Asia and Pacific Regional Office (EAPRO).

The contributors have been very generous as part of this study process. The outputs of this analysis contribute to the country, regional and global knowledge base and it is hoped they will provide additional motivation for the continued learning and progress on MHM across the region.
Introduction to MHM across the East Asia and Pacific Region

Menstruation is a natural part of the female reproductive cycle. It is a vital sign of health and without it life cannot continue. But across the world it is often shrouded in secrecy, taboos and shame. This, combined with poor access to water, sanitation and hygiene (WASH) services, can make managing menstruation challenging. This can negatively impact the educational experiences of girls and women and can affect the attainment of their human rights; including those related to education, mental and physical health, dignity and gender equality.

**Menstruation** – Girls begin to menstruate during puberty at a time known as menarche. It usually occurs between the ages of 10 to 19 years. The woman then continues menstruating until menopause, which usually occurs in her late forties or fifties. Each month an egg is released and travels to the uterus. In order to receive the egg, blood builds up in the uterus which supports the growth of a fertilized egg. If the egg is not fertilized by sperm, the lining of the uterus is released through the vagina as blood; this is the process known as menstruation or menses.

**Menstrual Hygiene Management** – The management of the hygiene associated with the menstrual process. The Joint Monitoring Programme (JMP) of World Health Organization (WHO) and UNICEF, has proposed the following definition of MHM:

> "Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.”
Norms, beliefs, practices and access to WASH facilities across the region

A wide range of traditional norms, beliefs and practices related to menstruation and menstrual hygiene and access to WASH facilities were found to exist across the East Asia and Pacific (EAP) region. Figure 8 highlights some examples.

**Figure 8. Examples of MHM norms, beliefs and access to WASH facilities in the EAP region**

<table>
<thead>
<tr>
<th>In some places the start of menstruation is celebrated as a mark of reaching womanhood; but it can also be considered as a sickness, caused by a spell or a disease</th>
<th>Girls may not know anything about menstruation until it starts, leading to panic and fear, or they receive misinformation</th>
<th>Different restrictions on what they can do during their menses; these can vary by location, but include:</th>
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<tr>
<td>• Restrictions on washing or bathing, some for the whole of their menstrual period</td>
<td>• Not to go out of the house or be permitted to cook, collect water, garden, socialise, play sports or undertake religious activities</td>
<td>• Restrictions on eating or drinking a diverse range of foods and drinks such as sweet, salty, acidic or sour food, eggs, pineapple, coconut water, ice drinks, peanuts, bean sprouts and others</td>
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<tr>
<td>• Having to stay in a separate hut to their family</td>
<td>• Having to stay in a separate hut to their family</td>
<td>• Restrictions on washing or bathing, some for the whole of their menstrual period</td>
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</tbody>
</table>

They are told that disobeying the various rules and regulations around menses, can have a range of implication such as having heavy bleeding, stopping menstruation, causing acne or bad odour of menstrual blood, killing plants, going insane or even dying

Some girls and women believe that you must wash your disposable sanitary pad before disposal and you cannot burn it

Others believe that wiping the first menstrual blood on the face prevent acne, and keeping the first soiled pad can act as anti-venom

Many girls and women do not have easy access to private, clean and safe water and sanitation facilities within which they can manage their menses with dignity.

For example: the coverage of school sanitation across 19 countries in the East Asia and Pacific region varies from 10 to 100% (average = 61%).

This data however may not take into account criteria such as ratio of students to toilets available, privacy, gender segregation and functionality.

(Source: EAPRO Sanitation Snapshot, 2015)

Please refer to research from your own country context to identify the specific norms and practices related to menstruation in your country.
The taboos, norms and practices noted on the previous page, a lack of access to accurate information, poor access to sanitary products and poor access to WASH facilities leads to a range of implications. Examples are highlighted below.

**Frustration of male teachers related to MHM in the Solomon Islands**

“Across all schools, culture and personal comfort levels restricted girls’ ability to discuss menstruation-related challenges or questions with male teachers. This often led to frustration among girls when, for example, they were punished for missing class for going home to change their pad or not excused from school work days when experiencing cramps or headache. Male teachers similarly expressed frustration at punishing girls without realizing that their menses was the cause of absenteeism or low levels of participation.”

(source: Formative research, 2015)

**Fear, stress, embarrassment, shame and anger** – Because of not having the necessary resources to manage their menses; or they have to reduce their normal activities; and because of fear of leaks and odour leading to teasing.

**Reduced concentration and participation in the classroom** – Girls may be frightened to stand up or go to the front of the class because of fear of a leak on their skirt; and they may be distracted by this concern or from physical pain.

**Absence from school for hours or days** – This may be because of fear of embarrassment if there is a leak; because they do not have access to WASH facilities with water and
Why considering MHM is important

Dignity
Taboos, embarrassment, shame

Functioning of WASH facilities and the environment – If there are inadequate facilities, pads may be put down toilets or thrown in the open causing blockages of pipes or contaminating the environment.

Self-reported health impacts – These include menstrual pain/cramps/discomfort; headaches, fatigue, feeling ‘a bit lazy’, tired and inactive; genital itching or pain; pain during urination; dizziness and weakness.

Modification to normal activities and engagement with their peers – Girls do not participate in school activities including during break-time; women spend more time in their homes; some are not permitted to cook, tend their gardens, collect water from open water sources or greet guests; and some have to sleep in a separate hut to their families.

Availability of female teachers

Self-confidence & concentration

Safety
Health

Progress against the Sustainable Development Goals

Gender Equality

Human Rights

Absence or withdrawal from school
Overview of good practice for a MHM-supportive environment

Figure 10 provides an overview of good practice for a MHM-supportive environment.

This has been established based on documented learning from research, good practice guidance and experiences of implementation in the global arena and from across the EAP region.

Knowledge on good practice at every level is expected to continue to evolve over the coming years as implementation efforts are increasingly observed, monitored and evaluated.

Figure 10. Overview of good practice for a MHM-supportive environment
### MHM-supportive enabling environment

The table below summarizes good practice related to the enabling environment. Some of these issues are discussed further in the sections which follow.

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<td>E1</td>
<td>Government shows leadership and commitment to MHM at national and sub-national levels</td>
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<td>1. MHM is incorporated into policies, strategies and guidelines across sectors – for example, those related to education; WASH; adolescence; gender; and reproductive and sexual health (which is sometimes linked to HIV prevention).</td>
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<td>2. Government budgets include funds allocated to interventions supportive of MHM (such as budgets for school WASH construction, operation and maintenance, or availability of pads for menstrual emergencies).</td>
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<td></td>
<td>3. Job descriptions for teachers and other professionals include specific accountabilities for puberty/MHM education and ensuring a safe and MHM-supportive environment (as appropriate).</td>
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<td>E2</td>
<td>There is cross-sectoral coordination, advocacy and engagement on MHM</td>
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<td></td>
<td>1. Coordination occurs across sectors on MHM.</td>
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<td>2. MHM is on the agenda of relevant working groups or coordination mechanisms (sectoral or cross-sectoral), or a stand-alone MHM working group exists.</td>
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<td>3. Cross-sectoral advocacy is being undertaken on MHM.</td>
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<td>4. Opportunities exist for professionals to learn about MHM.</td>
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<td>E3</td>
<td>Research and learning has been undertaken to understand the factors affecting MHM</td>
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<td></td>
<td>1. Formative research and other learning has been undertaken to understand traditional practices, norms and cultural beliefs and challenges facing women and girls, and priorities of women and girls. Particular attention should be made to include girls and women from marginalized groups and people of different traditions, cultures and religions.</td>
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<td></td>
<td>2. Research and learning is being undertaken into the most appropriate interventions on MHM (considering effectiveness, efficiency, outcomes and impact).</td>
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<td>E4</td>
<td>Good practice on MHM is monitored and evaluated</td>
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<td>1. Factors relevant to MHM are monitored as part of national and sub-national government systems and included in assessments and surveys.</td>
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<td></td>
<td>2. Projects and programmes monitor factors relevant to MHM and include associated indicators in project-related assessments and baseline surveys.</td>
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<td></td>
<td>3. Evaluations of education, WASH, WASH in Schools, adolescence and sexual and reproductive health (SRH) programmes consider factors relevant to MHM.</td>
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<td>E5</td>
<td>The national education and health systems incorporate teaching and learning on MHM for girls and boys, women and men</td>
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<td>1. National curriculum includes MHM for primary and secondary pupils, ideally included within puberty or SRH curriculum.</td>
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<td>2. National guidance on curriculum for out-of-classroom activities such as health or youth clubs include MHM.</td>
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<td></td>
<td>3. Standard teacher training includes MHM and short courses available for in-service training.</td>
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<td>4. Standard training for health professionals includes MHM, including counteracting potentially damaging myths and beliefs.</td>
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<td>5. Teaching and learning materials are available for use in schools, health facilities and elsewhere.</td>
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<tr>
<td>E6</td>
<td>Affordable, culturally appropriate and effective sanitary protection materials are available to all girls and women</td>
</tr>
<tr>
<td></td>
<td>1. Government facilitates, supports and regulates the private sector and local community-based organizations to produce pads or other sanitary protection products including affordable options and strengthen supply chains.</td>
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<td>2. Partnerships are considered between the government and the private sector; enabling the private sector to assist in awareness raising and/or the provision of puberty education including on MHM.</td>
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The governments of Fiji, the Solomon Islands, Mongolia and the Philippines have already started to integrate requirements supportive of MHM into their national standards and guidelines for WASH in Schools.

A national coordination mechanism exists in Mongolia for discussing MHM, supporting the formative research and pilot activities under the WinS4Girls programme. WaterAid has supported information sharing on MHM in Cambodia between actors engaged in MHM and including through the national WASH sector coordination mechanism document sharing mechanisms.

In the Philippines, collaboration has been happening between specialists in adolescence, sexual and reproductive health, WASH and school health and nutrition. MHM has been integrated into training for adolescents on life skills and into school health and nutrition programmes.
Research, learning, monitoring and evaluation

MHM-related interventions, whether integrated into broader programmes or as stand-alone actions, are relatively new programming areas. It is important that we continue learning across different contexts. This includes about the experiences, needs, priorities and suggestions of adolescent girls and women, including those who are from minority or marginalized groups; and also to monitor and evaluate programmes and interventions while we continue to progress.

The learning that comes from these processes, both successes and challenges, should be shared with other stakeholders, where possible at sub-national, national, regional and global levels. In this way an increasing body of evidence will be established to inform ongoing programming across organizations, contexts and sectors.

Learning can be undertaken: a) through formative research, both large and small scale; b) through action research and learning; and c) through programme or institutional system monitoring and evaluation processes.

MHM research framework

Figure 11 provides a framework which can be used when undertaking formative research.

Action research and learning

Action research and learning is undertaken by designing programmes, trialling the same, pro-actively reflecting on the successes, challenges and ways to improve the programming and feeding this back into the programming or intervention. The critical element of action research related to MHM is to involve adolescent girls and women and other stakeholders as appropriate, in the process of reflection and making recommendations for improvement.
Figure 11. Framework for research and understanding the factors which impact on MHM
(adapted from Bethany Caruso, 2013)

Societal / government policy
1. Policies, strategies and curriculum
2. Traditional norms, practices and cultural beliefs

Environmental / resource availability
1. Water and sanitation facilities including for solid waste management
2. Maintenance of facilities
3. Availability of affordable and culturally appropriate sanitary protection materials

Interpersonal (enabling support and advice related to MHM)
1. Relationships with the family
2. Relationships with teachers and other people in authority
3. Relationships with peers

Personal
1. Knowledge about the biology of menstruation and menstrual hygiene management
2. Skills for coping and behavioural adaptations
3. Attitudes and beliefs about menstruation

Biological
1. Menstrual variations due to age and features of menstrual cycle (regular, irregular, heavy, light)
2. Intensity of menstruation and implications on health and concentration

Monitoring and evaluation

Discussions are still ongoing as to the most appropriate indicators for monitoring and evaluation related to MHM.

Refer opposite for some documents with current thinking by different organizations as well as broader recommendations related to indicators for MHM.

- Save the Children’s – Operational MHM Guidelines
- EAPRO MHM synthesis report – Annex XVI – Good practice case study GPCS1

For references without links – some will be included on the WASH in Schools mapping website/MHM pages <http://washinschoolsmapping.com/menstrual-hygiene.html>
Teaching and learning materials and methods for MHM

Examples of teaching and learning materials or methods developed on puberty and MHM in the EAP region include:

- Use of the Internet, e-learning and on-line discussion forums (Cambodia and China)
- Girls’ MHM/puberty books (Cambodia, Indonesia, Lao People’s Democratic Republic, Philippines and Mongolia)
- Posters, flip charts, stickers, menstrual calendars (Timor-Leste, Lao People’s Democratic Republic and Myanmar)
- Flip cards participatory exercise (Cambodia)
- ‘Menstrual wheel’ teaching aid (Indonesia)
- Participatory exercises such as case studies for discussion and worksheets in teacher’s guidebooks (Philippines, Thailand and Papua New Guinea)
- Drama by professional actors or senior boys and girls (Lao People’s Democratic Republic and Papua New Guinea)
- Samples of sanitary pads as visual aids (Lao People’s Democratic Republic, Indonesia and Papua New Guinea)
- Involvement of the private sector in puberty/MHM education (Philippines, Indonesia, Papua New Guinea)

Girls’ puberty/MHM books or other guidance that can be taken home are particularly useful. They can provide accurate information for girls and their parents, as this subject may not be adequately covered in the curriculum or the teacher may skip sections. If taken home they can also be read by sisters, friends and out-of-school girls, increasing the availability of accurate information and knowledge.

For examples of videos (from outside the region) with adolescent girls as leads and using humour to break taboos – use the following links <https://stepfeed.com/extra-bits/cookie-jar/ngo-releases-video-tell-girls-theres-shame-bleeding/> (Lebanon) and <https://www.youtube.com/watch?v=PhHLAHqrGvk> (India).
Sanitary protection material options

The existing studies on MHM from across the EAP region suggest that most girls and women use commercial sanitary pads or home-made versions/cloth. A study of MHM in schools in Indonesia indicated that 97 per cent of girls in urban and rural areas were using commercial sanitary pads (UNICEF Indonesia et al., 2015); but in other country studies the figure was lower with more using cloth or home-made alternatives. An example was noted from Lao People’s Democratic Republic where beliefs surrounding pads led some women to choose to not wear any pad but to bleed into their skirts and to stay at home during menses. No examples were identified of girls and women using tampons or menstrual cups. It is possible that they are used in the EAP region, although more likely for girls and women with higher incomes and living in urban areas.

A few examples were identified of guidance being provided on how to make pads. Instructions for the ‘sanikini’ have been included in the girls’ puberty/MHM booklet (see opposite) in Lao People’s Democratic Republic <http://www.growandknow.org/books.html>; and reusable pads are being sold by a private sector organization, Mama Leaf in Vanuatu. The difference between just using cloth and using a reusable pad is that a home-made or locally made pad can be designed to be held in place using a fixing mechanism such as buttons, pockets or ties, so that it does not slip from underwear. Please refer to the front page of this note for a picture of a locally made sanitary pad from the Philippines.

For more information on options refer to Module 3 of ‘Menstrual Hygiene Matters’ (co-published by 18 organizations, 2012, pp. 66–100). It includes good practice related to washing and drying and case studies related to small-scale production and distribution <http://www.wateraid.org/mhm>.
MHM-supportive schools, workplaces and other institutions

Schools, workplaces and other institutions must provide a MHM-supportive environment. This can be achieved by ensuring that staff, teachers, management and parents are trained and confident to support menstruating girls and women; and ensure the physical environment is MHM-friendly. Girls and women need access to accurate information, dispelling local misconceptions and the opportunity to ask questions. They need access to adequate numbers of private, clean and functional WASH facilities where they can change their pads, wash and clean themselves, and where needed to also remove stains from their clothes and clean their reusable pads. They also need access to sanitary protection materials including for ‘menstrual emergencies’ when their menses may start when they are not expecting it. Schools and workplaces should store spare pads; and schools some spare uniforms. The skirt of the school uniform should ideally be a dark colour so that menstrual stains are not so visible. Schools and workplaces should also consider the special needs of girls or women who stay in boarding schools or live in workplace accommodation as they may need additional support. See below for further information.

<table>
<thead>
<tr>
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<th>MHM-supportive institutional environment</th>
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| 11 | • Teachers have opportunity to learn about MHM through pre-service or in-service training.  
• School leadership, teachers and parents (including Parent-Teacher Association) are knowledgeable on MHM, adapt school rules and etiquette, and provide resources for a MHM-supportive environment.  
• Employers understand and support employees’ MHM needs in the workplace.  
• Teaching and learning materials are available in schools and other institutions. |

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<tr>
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<th>Opportunity for development of knowledge and dialogue</th>
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| 12 | • Girls and boys have opportunities for learning about MHM through the curriculum, extra-curricular or out-of-school activities; including dialogue on needs and solutions.  
• Employees have opportunities for learning and dialogue on MHM, including on their needs and suggestions for solutions. |

<table>
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<th>Access to WASH facilities</th>
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| 13 | • Girls, female teachers, other staff and employees, have access to safe, clean, private, gender-segregated and accessible water and sanitation facilities, including waste disposal, that enables them to manage their menses safely, in privacy and with dignity.  
• Particular attention is needed for WASH facilities for girls and women living in boarding schools or workplace accommodation where privacy may be particularly challenging. |

<table>
<thead>
<tr>
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<th>Access to sanitary protection materials</th>
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| 14 | • All girls, female staff and employees are able to access culturally appropriate sanitary protection materials for daily use and also for ‘menstrual emergencies’ (i.e., a supply held by the institution for when someone’s period starts when they are not expecting it).  
• Knowledge exists on different options available for sanitary protection materials |
Figure 17. Reasons for girls and boys to avoid school latrines for defecation in three provinces in eastern Indonesia (UNICEF Indonesia, 2015 <https://drive.google.com/file/d/0B0B-BYqL7CeEcFJNmszY25tY1E/view?pref=2&pli=1>)

Figure 18. Visibility of stains on different coloured school girls’ uniforms (University of Nottingham/S. Jewitt <https://theconversation.com/kenyan-schoolgirls-dread-their-periods-but-simple-changes-could-help-48528>)

Recommendations from girls in the EAP region:

1. Girls should learn about puberty at primary level before reaching menarche
2. Teachers should allow girls to excuse themselves and provide sick leave when necessary
3. Female teachers should teach MHM and parents should also learn to be able to prepare their children
4. Teachers should teach boys and advise them not to annoy or tease girls who are menstruating and tell them not to go to the girls’ toilets
5. Girls’ latrines should be separated from boys’ latrines by a considerable distance and not located too near or too far from the classrooms; barriers are needed between the girls’ and boys’ latrines
6. Important features of the latrines include: private, access to water for washing sanitary pads and genital cleaning, a clean and comfortable place to change, adequate space, lockable doors, hooks, lighting and mirrors for checking stains
7. Latrines should be accessible for children with disabilities including improving the path, more space inside the toilet, a holder or rail, and a sitting toilet
8. Schools should nominate one female teacher to be responsible for MHM in the school
MHM-supportive schools: Integrating MHM into the curriculum

There are a number of topics that can help girls to manage their menses with confidence and help boys to understand the need to be more supportive of their sisters, mothers and peers. These are indicated in the box below.

**Good practice for subjects that should be taught to girls and boys to ensure adequate knowledge on MHM**

1. Physical changes during puberty, including the process of menstruation
2. Hormonal, psychological and emotional changes and how to manage them
3. Building self-confidence and positivity related to menstruation being a natural part of life
4. Good practices in management of menstrual hygiene, such as: how often to bathe; how to use pads, cloth or other materials; how often to change them and keep them in place; how to wash and dry or dispose of them
5. Counteraction of misconceptions which may lead to problematic practices
6. The importance of supporting girls and women when they have their menstrual period
7. Opportunity to discuss and ask questions

(Adapted from the UNESCO Puberty Education & MHM, ‘Good Policy and Practice in Health Education’, Booklet 9, 2014 and ‘Menstrual Hygiene Matters’, 2012)

These subjects are currently not being taught adequately across the EAP region. This leaves some girls with limited ability to manage their menses with confidence, and boys not understanding menstruation and why they should support their peers. The inadequate teaching of MHM may occur for various reasons, some of which are noted below.

**Reasons for inadequacy of current teaching on MHM in different contexts across the EAP region**

1. Only the physiology related to pubertal body changes and/or reproduction are included in the curriculum.
2. Teachers are frightened of the opinions of parents and the wider community, due to the sensitive nature of sexuality and the linkage of menstruation to this subject.
3. Teachers may be embarrassed and lack knowledge, confidence and training to teach this subject.
4. The curriculum may be different from local traditions and beliefs.
5. Lack of teaching and learning materials.
6. The subjects may be optional or not assessed.
Figure 19 shows the inter-connection of subjects within which topics relevant to MHM may currently be taught. Life skills when implemented most effectively, uses more participatory methodologies and helps students gain the values, behaviours and skills to deal effectively with everyday life. But at present the subjects within Life-skills are sometimes considered optional.

Teacher training is essential to ensure knowledge and confidence in the teaching of MHM. In some contexts inviting health professionals or civil society organizations into the school to teach subjects that are sensitive may be useful strategies. But care needs to be taken that all girls and boys have the opportunity to learn about these subjects. They should be compulsory and not optional.

In Thailand, MHM is integrated into the ‘Guideline on Sexuality Education’s Learning Activity’. The subjects are included from primary school grade 1 until lower secondary education, grade 7. They include subjects on how to take care of genitalia, physical and mental growth and girls’ concerns during her period. They also cover relationships and what to do if you are teased, including when menstruating. In Papua New Guinea the ‘Student Teacher Course Book for Health Promoting Schools’ includes some subjects relevant to MHM. It includes a case study for discussion where a girl stains her uniform with blood and has to leave the classroom. Instead of waiting for the teacher, she was so embarrassed that she left school. In Myanmar a Teacher’s series of manuals on ‘School-based Healthy Living and HIV/AIDS Prevention (SHAPE)’ have been designed for different school standards and include subjects relevant to MHM, such as on the hygiene of the genitals and exercises for the pupils to discuss sanitation solutions. Later standards go into more details on menstruation, including emotional issues.
Integrating MHM into community work, youth work and health services

There is a need to reach out-of-school children, their parents, community leaders and other men and women with accurate information on menstruation and MHM, good practices and options.

Significant numbers of children in the EAP region do not attend school, or may only attend primary school, particularly those from the poorest households. Girls and women at household level may also face MHM challenges. This includes not having access to household sanitation or bathing facilities which provide adequate privacy. This may lead them to go to the woods or beach to manage menses. Apart from the time this consumes and risks posed to their dignity, this may pose risks to their safety, as they may be vulnerable to harassment or attack. The benefits of appropriate household sanitation and bathing facilities should be incorporated into the promotion for all community-focused WASH programmes.

Health staff may also require training and confidence building on good practices related to MHM. They may not realize that it needs to be taught to girls and women. They may also believe some of the local misconceptions and may not have access to appropriate teaching and learning aids.

The training of local women’s groups or small businesses in the production of affordable locally made sanitary pads can improve access for those with lower incomes; and also has the potential to offer income-generating opportunities.

The box which follows identifies a few examples of current practices from across the EAP region to reach people from these groups.

**Engaging males as well as females**

It is important to engage boys as well as girls, and male and female teachers and parents. This is so that they will also have accurate information about menstruation and know how to be supportive to their sisters, peers, daughters, mothers, wives and pupils.

In some contexts it is more appropriate to discuss menstruation separately with girls and boys; and in other contexts it may be appropriate to teach both at the same
MHM linked to CLTS, for out-of-school youth and training for staff of health centres

In Timor-Leste, MHM has been integrated into the PAKSI (Community Total Led Sanitation [CLTS]) programme. The BESIK, Be’e, Saneamentu nu ijene iha Komunidade bilateral programme between the Government of Timor-Leste and the Australian Government has also undertaken formative research on MHM at household and community levels (2015).

In Cambodia, Plan International through its partners the Khmer Youth Association and Sovanna Phum Organization has undertaken outreach activities in communities and schools on the physical changes of boys and girls. They have facilitated meetings and activities on SRH including MHM, during their life-skills session and have trained girl consultants as peer educators.

The Family Planning Organization of the Philippines has supported life skills training for out of school youth as part of the ‘Creating Connections’ training which covers life skills for adolescents and includes MHM. The Muslim Youth Religious Organization, Inc. and the Muslim Organization for Social Progress have been supporting ‘Creating Connections’ training with a focus on youth in madrases. Save the Children in the Philippines has been working with Very Young Adolescents (10–14 years) in schools and at the community level, including the provision of adolescent-friendly health services and puberty education including MHM.

Samaritan’s Purse in Cambodia has been supporting a WASH for Health Centres programme and training on MHM for Health Centre Directors, staff and Health Centre Management Committee members. UNICEF Philippines also supported orientations on MHM at the Department of Education Health Units in Regions 6 and 8 during Typhoon Haiyan and Plan Indonesia has provided training on MHM for local community health centres, ‘Puskesmas’.

Recommendations from girls through the formative research in the region has found that girls more commonly recommend the teaching of girls separately from boys and that they prefer to have MHM taught by female teachers; although this is not universal.

Live & Learn Environmental Education supported activities for Menstrual Hygiene Day in Kavieng Papua New Guinea. Thirteen senior girls and boys from Maoim Primary School acted out a drama in front of the whole school and international and local guests. The drama addressed the issue of teasing about menstruation.

Plan International, Indonesia, has supported MHM awareness raising with boys. One schoolboy noted: “I felt funny when I first heard about menstruation. Funny because it talks about genitals. Yet when the teachers explained about it, I started to understand and I no longer mock the girls who are having menstruation. It is a natural thing and every woman experience it, including my mother and sister.” Schoolboy, 12 years old, Nagekeo District, Indonesia)
MHM for girls and women in special circumstances or from minority groups

Women and girls who face special circumstances, such as people who have physical disabilities or who are from minority or marginalized groups, may face a range of additional challenges in their MHM.

All women and girls have a right to privacy and dignity when managing their menses, but women and girls with disabilities may face physical challenges to accessing WASH facilities. Those with mobility limitations with their arms may have problems placing their sanitary protection materials in the correct position. Those with vision-related impairments may face challenges knowing if they have fully cleaned themselves, and those with learning difficulties may need tailored support to learn about MHM.

Girls and women from minority or marginalized groups may have less income, or may live in remote areas, having less access to sanitary protection products. Differences in access to WASH facilities between the richest and poorest can be seen in the EAPRO Water and Sanitation Snapshots, 2015. Those living on the streets face significant problems regarding the access of WASH facilities to manage their MHM (and urination and defecation) with dignity and in safety; and women in prisons and girls in children’s homes can face a range of challenges in accessing as well as washing and drying sanitary protection materials, and having privacy for MHM.

Women and girls, and men and boys with incontinence, face particularly serious challenges, not only with managing their menses (for female), but also their incontinence; an issue that can be highly stigmatizing. They sometimes use sanitary protection materials to try and soak up the fluids, but these can be inadequate due to the higher fluid flows.

Handicap International is working in special schools for children with hearing and vision impairments in the Democratic People’s Republic of Korea and have provided guidance to teachers on how to support girls during menses. They also ensure that the girls have adequate WASH facilities.

In Papua New Guinea, WaterAid has supported the development of a programming tool to help ensure that people with disabilities are involved in WASH projects; and Live & Learn Environmental Education has been considering safety in the design of their school latrines including consulting girls on their siting.
Plan International in Indonesia has been supporting both accessible and MHM-friendly school latrines.

Save the Children undertook a situational analysis in 2013 to reach new areas, involving indigenous communities and with Muslim girls and women. They found some differences in practices between groups, including that some girls washed their commercial sanitary pads and that they tended to face more restrictions during their menses. UNICEF in the Philippines and in Indonesia is working with Islamic religious leaders to identify appropriate guidance for girls.

Mrs. Rong from Cambodia has a bathing bench in a screened area behind her house. She uses it to bathe and to do the family’s clothes washing. She has a supply of water immediately next to the bench that is filled by rainwater from the house roof. Mrs. Rong uses a wheelchair. She finds that the bench arrangement gives her independence in undertaking her personal hygiene as well as to contribute to the household tasks.

(Water, Engineering and Development Centre [WEDC]/Sarah House)

Design features for WASH facilities which can help to improve accessibility for people with disabilities or mobility limitations

**Design of facility and entrance for accessibility:**

1. Minimum cubicle size for latrine of 1.5m x 1.5m
2. Minimum door width of 0.9m
3. Door opens outside the cubicle
4. Large pull handle on the inside for closing
5. Large handle for door lock and hole to insert it into
6. Include some form of seat over the toilet bowl/hole (smooth and easily cleanable; lower seats are easier to get on to for people who crawl along the floor)
7. Use handrails on sides of the path and the seat with 0.5m between the handrail and centre of the seat
8. Paths should be of minimum width of 1m with a maximum gradient of 1:20 or 5 percent
9. Slopes should have flat portions every 10m and there must be a flat landing at the top with enough space for a wheelchair user to rest while opening the door
10. Paths should be slip resistant and there should be some indication for the edges (curbs or colour)

**Additional MHM-friendly features:**

11. Water supply inside the latrine cubicle
12. Include hooks, a shelf and a mirror in which the girl or woman can check for stains
13. Include a bin with lid inside the cubicle and collection and disposal mechanism
MHM-supportive environment in emergencies

Women and girls face particular challenges in humanitarian contexts. They may live in unusually close contact with male relatives or strangers; they may lose their normal coping mechanisms to access sanitary protection materials; and they may face inadequate access to WASH facilities.

Figure 22 identifies the components that contribute to a MHM-supportive environment in humanitarian contexts.

Global experience has shown that sometimes the focus in emergencies has been limited to the provision of sanitary pads in hygiene kits, with inadequate numbers provided for the number of users. Women and girls also need access to private, safe and clean WASH facilities, as well as other items such as soap, bowls and a place to dry or dispose of used cloth or pads. Young girls in particular need information on good MHM practices; as the start of menstruation does not stop just because of an emergency.

It is essential in emergency contexts to ask women and girls what they need and what solutions would best meet their needs. This includes views on the design of WASH facilities and the type of sanitary protection materials they would prefer.

Reflections by women on the quality of the emergency response to a flood situation in the Philippines

Women from peri-urban areas of Mindanao in the Philippines living in camps for four months after being displaced by floods were consulted on the emergency response and how it supported their MHM-related needs or otherwise. Their observations included that:

- Some received health information, but it was delivered using one-way communication.
- Some received hygiene kits, but that not everyone received them as they ran out. In some cases neighbours took additional kits but then didn’t pass them on. The kits also did not come with any information.
- Disposable pads were included in kits, but in insufficient quantities so respondents were also using cloth.
- Portable toilets and temporary sanitation facilities were provided, but they were not big enough for managing menstruation and there was a lack of safety at night and a lack of water.

The above recommendations were documented in the report from a study of emergency contexts in three countries (UNICEF, 2012). Other recommendations from this study included:
Where water and sanitation facilities are poor it can often be easier to use disposable pads, but then disposal mechanisms need to be in place or else soiled pads are often disposed of on top of piles of rubbish.

Respondents noted that toilets were often broken and/ or located in areas that were not safe or have poor access.

UNICEF, Philippines worked with the Department of Education in Regions 6 and 8, Save the Children and other NGO partners to develop a girls’ MHM booklet ‘Growing Healthy’. This was distributed to 100,000 adolescent girls across four municipalities during Typhoon Haiyan in 2012 along with sanitary pads.

Good practice in design of toilets and bathing facilities in emergency contexts

Where possible toilets and bathing facilities should be provided for use by one, or a few families. This will help to ensure better operation, cleanliness and privacy. Where this is not possible and facilities are public or shared, design features should include:

- Latrines and bathing facilities should be gender-segregated and have private entrances using privacy walls – check if women and girls feel these would be helpful – consult them on the design
- They should be sited where girls and women feel safe
- Constant access to water in or near the cubicles
- Solid walls, doors and locks on the inside of doors
- Adequate space, hooks and shelves inside the units to put personal possessions when handling sanitary protection materials
- A full length mirror for dignity and to check stains
- Facilities should be accessible for people with disabilities including handrails, space and a seat
- Collection and disposal system for sanitary wastes

For further information refer to Module 6 of ‘Menstrual Hygiene Matters’ (co-published by 18 organizations, 2012).

Non-food items for supporting MHM in emergencies

Items that are sometimes appreciated in hygiene or dignity kits to support MHM – the number of women and girls in each family must be considered:

- Reusable or disposable sanitary pads or cloth
- Several pairs of underwear
- Wash line and pegs
- Small bucket with lid (for soaking soiled cloths or reusable pads and for storage)
- Soap and/or washing powder
- Torches x 2 (ideally wind up or solar, or batteries) and a whistle (for safety purposes at night)
- Ziplock plastic bags, towel, washing basin
Supportive menstrual hygiene management (MHM) environment in emergencies

Creating a supportive environment during emergencies for women and girls to be able to practically manage their menses hygienically, safely, in privacy and with dignity

- Dialogue with women and girls on their MHM priorities and needs
- Feedback on responses
- Knowledge and information on menses and good MH practices & opportunities for dialogue with trusted others
- Available, appropriate & affordable sanitary protection materials and associated NFIs
- Safe, hygienic and discrete locations to wash, dry and dispose of sanitary protection materials
- Creating positive social norms, breaking down myths, sensitisation of leaders, women, girls, men and boys
- Cross-sectoral communication and action (WASH, camp management, community services, shelter, logistics, health, education, protection) on MHM in emergencies
- Key professionals are knowledgeable, have confidence to, and be able to effectively respond to the MHM needs of women and girls
- Private place to change and bathe, through appropriate, accessible and well-maintained water supply, sanitation and hygiene facilities

The importance of discussing with women and girls should not be underestimated - menstrual hygiene can be taboo; women and girls from different backgrounds may manage their menses in different ways

Adolescent girls will continue to start to menstruate even though there is an emergency; they may not know what is happening or how to manage; It can be a frightening experience; Women may also appreciate information on good practices

Appropriate to what the women / girls are used to and which can be practically used/ washed/ dried/disposed of in an emergency context

Can affect the dignity, hygiene and safety of women and girls, as well as influence preferences for sanitary protection material types

Note that women often don’t like other women knowing they are menstruating as well as men and boys

To ensure coherence in responses and appropriate distribution channels

Staff need opportunities to learn, encouragement from their organisations, and for the various elements of MHM to become a standard consideration as part of the project cycle for emergency responses

Professional responses and dialogue can help to break down problematic MHM related social norms or myths

Can affect the safety and dignity of women and girls as they may go out at night or to hidden areas where they are more at risk of GBV; It is likely to influence preferences for types of sanitary protection materials

Ideally to be integrated with standard WASH facilities

Adapted from: House, Mahon, Cavill (2012) Menstrual Hygiene Matters
Useful resources

**Human rights and MHM**

**Good practice: Overview/introductory resources**

**Good practice: Formative research and assessments**

Haver, J., and J. L. Long, MHM Operational Guidelines (draft), Save the Children, 2015.

**Good practice: Puberty/MHM/teaching materials**
Grow and Know, Website including examples of puberty/MHM books for girls and boys <http://www.growandknow.org/books.html>

Kettaneh, Audry, Scott Pulizzi and Marina Todesco, Puberty Education & MHM, Good Policy and Practice in Health Education, Booklet 9, UNESCO, 2014 <http://www.uvm.dk/~media/UVM/Filer/Udd/Folke/PDF14/Mar/140313_Puberty_Education.pdf>

**Good practice: Engaging men and women**


**Good practice: MHM in emergencies**
Ferron, S., and M. Khan, eds., Hygiene Promotion in Emergencies, no 6., MHM and HP innovation, July 2015.
**Good practice: Community focused**

**Good practice for people with disabilities**
Water and sanitation for people with disabilities <https://wedc-knowledge.lboro.ac.uk/details.html?id=16357>

**EAP region: MHM synthesis report**

The synthesis report also includes a range of in-country resources from across the EAP region in Annex XVII.

**EAP region: country MHM/WinS contexts**
Freeman, Matthew, Murat Sahin and Jeff Sinden, eds., *WASH in Schools, Distance-Learning Course: Learnings from the field 2014*, Rollins School of Public Health, Emory University and UNICEF, 2014 <http://www.unicef.org/wash/schools/files/Learnings_From_the_Field_2014.pdf>


**EAP region: Examples of MHM integrated into national technical guidelines and standards for WinS**


**EAP region: Examples of MHM formative research**
- Cambodia WinS focussed research <http://washdev.iwaponline.com/content/3/4/612>
- Indonesia WinS focussed research
- Timor-Leste community focussed research

**Advocacy and global resources**
Menstrual Hygiene Day, WASH United <http://menstrualhygieneday.org/>

For references without links – some will be included on the WASH in Schools mapping website/MHM pages <http://washinschoolsmapping.com/menstrual-hygiene.html>
“The issue of MHM came to my attention when it was identified as a need in schools and other institutions through the work of UNICEF and the Ministry of Health and Medical Services (MHMS). I realized the significance of this issue, particularly to young people and felt the need in schools and communities. I remember from my time teaching over 40 years ago, that girls who were having their periods would reduce their engagement with others, even at break times, because of fear that they had stained their clothes. It was a huge embarrassment for them and also has the potential to impact on their health. There are strong cultural norms that mean people cannot be open about this issue. Sometimes culture can suppress people.”

“As Director of Environmental Health I see it as an important issue that I have to work on together with the Ministry of Education and Human Resource Development (MEHRD) and the MHMS, to break loose the hurdles and mindset that has previously stopped us addressing it. Previously I was not aware of MHM being dealt with across the globe, but I can see that there are practical ways we can respond to this issue. We have not gone very far yet but the MEHRD, churches, school headmasters and principles have understood it and taken it well. We will also work on this issue in communities, but we will have to take time to think about the most effective entry points. I believe that it is a moral obligation that the ministries of health in all governments should take this issue seriously and include its consideration in their national strategic plans.”

(Director of Environmental Health, Tom Nanau, championing MHM in the Solomon Islands, 2015)

“When I was in lower secondary school, I was sitting and doing my exam, and I felt unusually sore on my stomach and lower back. After I finished my exam I went outside and hung out with my friends on a bench. I felt something wet and a little sticky on my trousers, so I stood up and saw a lot of blood on my skirt. I was so afraid, and I didn’t know what happened to me. I felt very embarrassed and afraid that someone might see it.”

(Schoolgirl, Cambodia)
(Source: Growth and Changes, 2013)

“When we are menstruating, we must not wash our hair because we could die (we heard this from mommy and teacher).”

(Schoolgirl, Indonesia)
(Source: Formative research, 2015)

“We have a toilet but it has only a wall with bamboo. I am worried if people can see and also smell [it]. [I] didn’t use it for changing [for MHM] because there is no water...”

(Woman, Timor-Leste)
(Source: Formative research, 2015)
In 2015, the Education and WASH programmes of the UNICEF East Asia and Pacific region supported analysis of the MHM context across 17 countries in the EAP region, including: Cambodia, China, the Democratic Republic of Korea, Fiji, Indonesia, Kiribati, Lao People’s Democratic Republic, Malaysia, Mongolia, Myanmar, Papua New Guinea, Philippines, Solomon Islands, Thailand, Timor-Leste, Vanuatu and Viet Nam.

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