

# MENSTRUAL HYGIENE WEBINAR 5 SYNOPSIS

**Date:** July 11<sup>th</sup>, 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:



World Vision



giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Simavi  
A healthy life for all.

This event is organised as an activity under the MH Alliance  
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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!