



# Menstrual Hygiene in South Asia:

## Synthesis Report



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# Executive Summary











This report provides a summary of the status of menstrual hygiene (MH) in schools in South Asia. It describes the context for MH in schools and progress in the implementation of MH services since 2018. It identifies progress and gaps in achieving sustainable and inclusive MH services in schools at scale. It draws together opportunities for further promoting and mainstreaming MH in schools in South Asia.

## Progress in the region

The country snapshots reveal that most countries in the region have amassed significant experience in implementing effective MH and WASH in Schools (WinS) programmes. Country highlights include:



<b>Afghanistan:</b> 	The School Health Policy (2019) calls for dedicated MH facilities for adolescent girls as well as timely and accurate information in line with the National MH Guidelines. The production of the MH teacher guide, talking book, and comic book as well as training manuals on MH were a major achievement.
<b>Bangladesh:</b> 	Government schemes, including initiatives under the Ministry of Health, have provided funding for pads for vulnerable girls and women. A value-added tax (VAT) has been waived on materials used for making sanitary pads.
<b>Bhutan:</b> 	The Red Dot Campaign was launched on MH Day in 2019 to promote the segregation of used sanitary pads before their disposal in schools and nunneries. Social media has been successful at spreading awareness, information, videos, and messages of MH solidarity by NGOs, government officials, celebrities, and youth.
<b>India:</b> 	Cross-sectoral collaboration amongst ministries contributed towards national policy and advocacy efforts to address school WASH needs with a special emphasis on MH. State-level, costed, MH plans have been developed in Maharashtra, Gujarat, and Assam which will contribute to fully-equipped schools for up to six million girls.
<b>Maldives:</b> 	Various projects and campaigns (e.g. Project #Cupvert) have been launched to reduce the impact of single-use pads on the environment and to break the taboos around reproductive and menstrual health.
<b>Nepal:</b> 	A 'dignified menstrual movement' is taking place in Nepal that has led to growing policy awareness about the health, education, and social consequences of poor MH. The Government of Nepal (GoN) is providing free, compostable, sanitary pads in 2020-2021 to girls of menstruation age studying in public schools.

<p><b>Pakistan:</b></p> 	<p><i>The Puberty Book</i> has been endorsed in Sindh with plans for a roll out in schools; other provinces have similar plans. MH indicators have been integrated into the EMIS in Sindh and Punjab provinces.</p>
<p><b>Sri Lanka:</b></p> 	<p>Learnings from MH in schools are being applied to households and public places such as offices, bus stands, marketplaces, and religious temples under the World Bank-funded Water Supply and Sanitation Improvement Project (WaSSIP), implemented by the National Water Supply and Drainage Board.</p>

## Challenges

Despite significant progress, critical gaps remain:

**Monitoring:** Monitoring and evaluation must be improved to provide evidence of what works. It is important now to consolidate existing knowledge to inform future efforts.

**Materials and standards for effective disposal:** There is a need for strengthening innovation on MH, including pad-disposal technology, menstruation-friendly toilet design, and basic designs/specifications for locally-made, hand-made pads with a focus on facilitating the ‘last-mile’ delivery of products or shaping of the market.

**Social support:** Training has increased awareness on MH and increased social support. Trainings have produced a cadre of teachers and others with confidence and capacity on MH who have gone on to embed training activities into their lessons. Follow-up and mentoring support would help make it more effective.

**Leave no one behind:** To support inclusive MH at scale, the in-country capacities required to better identify and reach vulnerable populations and groups should be built. Additionally, representatives from different vulnerable groups should be supported to provide specialised advice and identify actions going forward.

**The COVID-19 pandemic affected girls’ abilities to maintain MH during lockdown measures in a number of ways:** The pandemic coincided with the cyclone, monsoon, and flooding season, which

exacerbated the vulnerability of the poor population. Supplies of sanitary products were limited; schools and homes already lacked basic water, sanitation, and handwashing services; restrictions in the daily activities of girls and women created anxiety and stress around menstruation (e.g. accessing pads and keeping periods secret). In most countries in the region, the COVID-19 pandemic disrupted the MH planning/training activities for 2020. Responses included efforts to maintain supplies through distributions, making homemade pads, and promoting online sources for social support, information, and training.

## Opportunities

**Cross-sector integration and coordination:** MH is a multi-sectoral issue that requires integrated action from Education, WASH, Gender, and other sectors requiring support to national alliances or coalitions.

**Outreach and engagement on MH:** The region has one of the youngest populations in the world. Advances in social media can be harnessed for MH including to generate information, build virtual networks, and exchange stories/experiences in real time chats and video.

**Disposal:** Countries in the region are aiming to become menstrual-waste free by eradicating the practice of using disposable sanitary pads and replacing them with biodegradable pads. Total sanitation strategies represent an opportunity to take forward zero-waste options for menstrual waste and build the capacities of operatives.

# Introduction



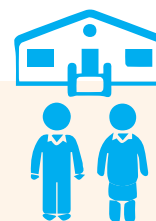
This report provides an update on the status of MH in schools in South Asia since the first synthesis report in 2018. It describes the context for MH in schools and progress in the implementation of MH services. It identifies progress and gaps in achieving sustainable and inclusive MH services in schools at scale. It draws together opportunities for further promoting and mainstreaming MH in schools in South Asia.

This summary is accompanied by eight new country snapshots that provide a brief overview of the status of MH in schools in Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. This report includes a special focus on the

implications for ensuring MH during the coronavirus disease 2019 (COVID-19) pandemic.

This report is based on a literature review and key informant interviews with MH practitioners and advocates in the eight South Asia Association for Regional Cooperation (SAARC) member countries and working at regional or global levels. The term menstrual hygiene (MH) is used in this report, which is commonly used in the region. This report reflects that MH requires a comprehensive approach and recognises the links between menstruation and health, wellbeing, gender equality, education, equity, empowerment, and rights.

## Key components of MH services in schools



**MH-friendly WASH facilities should:** be adequate in number; in a safe location; age specific; gender-segregated; clean; provide privacy (with features such as doors and internal locks); be easy access to water supply (for washing body and clothes); have adequate lighting; rubbish bin with lid inside toilet cubicles (for disposal and associated waste disposal chains); handwashing stations with soap and water; and mirrors. Management and accountability mechanisms should be in place to ensure MH services are provided in a sustainable manner.



**Accurate, age-appropriate, and pragmatic information:** User-friendly communication resources that provide practical MH guidance as well as biological information. Girls report preferring to receive information before menarche, as well as afterwards.



**Social support:** Girls do not want to be teased or subject to restrictions and taboos while menstruating. Practical and emotional support is required from peers (e.g. forums where girls can talk and exchange experiences), men, boys, teachers, and parents. This includes ensuring everyone receives information about MH so they can understand what girls are experiencing and can provide support (e.g. resources, guidance, patience, etc.) to help break down barriers.



**Materials and their effective disposal:** Girls want to use (and dispose of) their preferred materials for sanitary protection and have the possibility of accessing emergency supplies in school if needed. Access to pain relief could also help improve concentration in class.

# Progress



The 2018-2020 country snapshots reveal that across the region significant experience has been gained in implementing effective WinS programmes. Progress in the region includes: integrating MH into national policies; costed plans and strategies; active multi-stakeholder coalitions and alliances; advocacy has influenced MH decision-making (including VAT removal on pads); MH studies; and research. A number of resources and guidance has been produced including MH books, guidelines, and toolkits; training for teachers; affordable and accessible menstrual materials; and improved WinS. The highlights are discussed below.



## Enabling environment

An enabling policy and institutional environment are essential components of MH services in schools to be provided for all girls and sustained.



### **Policies, strategies, and guidelines:**

Governments are continuing efforts to integrate MH into various policies, strategies, and guidelines including national norms and standards on WinS. For instance in Nepal, MH is included in the National Education Policy, WASH Sector Development Plan (2018), and integrated into national and provincial WinS strategies. In Sri Lanka the Ministry of Education (MoE) is finalising the National Comprehensive School Safety Guidelines, which include MH.

There are also countries in the region planning new MH strategies. In Bangladesh a multi-sectoral National Strategy on MHM has been developed. In Nepal the Dignified Menstruation Policy awaits finalisation. Pakistan developed the first sector-wide Comprehensive Action Plan for MHM. A number of states in India have developed costed-MH action plans.

As a number of countries in the region have achieved Open Defecation Status (ODF) status, the importance of MH has been acknowledged in

their post-ODF strategies. For instance in India, the Guidance of Menstrual Waste issued in 2018 has been updated by the *Swachh Bharat Mission-Phase 2 guidelines* (Government of India, 2020) with MH included in state solid- and liquid-waste management strategies. In Nepal MH is also part of plans towards Total Sanitation.



### **Monitoring:**

MH indicators (based on the JMP questions for schools) have now been considered for schools. In Pakistan MH indicators have been integrated into the EMIS in Sindh and Punjab provinces. In Sri Lanka the National Accreditation system for School Health Evaluation includes one indicator on MH (i.e. their definition of 'adequate toilet' includes facilities for managing menstrual waste).



### **Private- and public-sector funding:**

Funding has been leveraged to support MH for adolescent girls in schools, ranging from alumni support to build MH rooms in school toilets in Sri Lanka to increased investment by corporates like TATA Trusts and Viacom in India.

Innovations have been trialled to increase the affordability of pads or change behaviour. In Bihar the Mukhyamantri Kanya Uthan Yojana (launched in 2018) is an online conditional cash transfer of around INR 300 per year to enable school-going



adolescents to buy sanitary pads. It is paid into their parents' bank accounts. Financial incentives are used to stop families using chhaupadi huts in Doti district in Nepal. Such innovations should be evaluated and rolled out if judged successful.

### **Advocacy:**

MH Day has been supported by a range of actors active in each country. Many countries in South Asia have been proactive in promoting MH Day each May, particularly India, Nepal, Bhutan, Pakistan, Afghanistan, and Bangladesh. MH Day has grown into a movement that involves all types of actors and people, ranging from UN agencies to government ministers to local grassroots organisations and young people. In 2020 MH Day partners adjusted to the constraints caused by the COVID-19 pandemic by organising online MH Day events. In Bhutan a week-long MH awareness-raising campaign, was led by the Ministry of Education and supported by the Ministry of Health, UNICEF, and SNV. The Red Bracelet Campaign began online on 20 May; the bracelet has five beads representing empowerment, dignity, hope, love and care, and solidarity. The Campaign culminated on MH Day with the launch of the knowledge book on MH by the education minister. In Afghanistan MH materials were launched on Girls' Hygiene Day in 2018 (the Afghan variation on MH day) by First Lady Ms. Rula (Bibi Gul) Ghani. The First Lady's support to break cultural taboos around menstruation has been critical to the national roll out of MH guidelines.

Conferences dedicated to MH have also been held in the region with participants including activists, governmental representatives, NGOs, CBOs, politicians, donors, social entrepreneurs, the private sector, media, adolescent girls, and other youth. These include The MenstruAction Summit held in Nepal in 2018 and the MHM India Summit 2019.<sup>2</sup>

### **National coordination platforms:**

Several countries have established national coordination mechanisms for MH actors to identify national priorities. These include:

- In India the Menstrual Health Alliance (MHA) which now has approximately 35 organisational members and has undertaken a range of advocacy, research, and learning.
- In Bangladesh the MHM Platform has advocated for a national MH strategy, reducing the price of products, and waiving the tax on pads.
- The National Technical Working Group (TWG) in Pakistan meets once a month, chaired by the Ministry of Climate Change. Provincial MHM Working Groups are also operational. The National TWG developed a sector-wide Comprehensive Action Plan for MH roll out in provinces.
- In Nepal the Menstrual Health Practitioners Alliance now has 50 organisations working on around 80 initiatives throughout the country. GIZ funded a convenor to run the alliance and support regular meetings.
- In Afghanistan MHM committees exist in Kabul (2016) and the five zones (2018). National Technical Assistance staff in the provinces support MH committees including in schools.



## **Accurate, age-appropriate, pragmatic information**

A variety of teaching and learning materials have been developed. For instance in Afghanistan, UNICEF and the Ministry of Education (MoE) prepared an MHM Teacher Guide, talking book, and comic as well as training manuals on MH. The Guide has been translated into local languages and disseminated across 22 provinces. In Nepal the national school curriculum and textbooks for grades six to nine (approximately ages 12 to 15) have been updated to include menstruation and chhaupadi. In Pakistan *The Puberty Book*, developed by Real Medicine Foundation supported by UNICEF in 2018, has been endorsed by the Government of Sindh and there are plans for further scaling at the national and provincial levels. In Bhutan SNV, UNICEF, MoE, and MoH (2020) launched a Knowledge Book on Menstrual Health and Hygiene based on the formative studies carried out by various stakeholders (including Public Health Engineering Division, MoH, SNV, the School Health

<sup>1</sup> <https://www.aljazeera.com/news/2019/12/nepal-offers-cash-women-shun-menstrual-huts-191204073621275.html>

<sup>2</sup> [www.myhealthrightsfuture.com](http://www.myhealthrightsfuture.com); MenstruAction 2018 [www.youtube.com/watch?v=pnsWuUfszVU](https://www.youtube.com/watch?v=pnsWuUfszVU)

and Nutrition Division, MoE, and UNICEF). In Bangladesh a madrasa resource book on life skills for adolescents was produced in 2020. In Sri Lanka UNICEF supported the development of education materials including a snakes and ladders game for adolescents, a booklet on 'creating space for dialogue on menstruation', and a puppet show to dispel MH myths.



### **Training and capacity building:**

Across the region, a wide range of people have been trained on MH, which offers a significant opportunity for taking forward MH over the coming years. In a number of countries a standard package has been developed for MH which include Training of Trainers (ToT), manuals, and IEC materials. Significant effort into supporting capacity building at the national level and in some cases sub-national levels have been made.

In Pakistan the first national ToT was conducted by the National TWG in 2019. A pool of teachers from Pakistan were trained as Master Trainers in Nepal (150 different teachers in the last two years). WaterAid has also developed an MH package in Pakistan which includes teacher training manuals, training materials for school WASH clubs, and IEC material. Sector partners have agreed to roll this package out in provinces.

In Nepal an MH training package manual has been developed to accompany the roll out of the pad distribution programme with the technical assistance of the Nepal Fertility Care Centre (NFCC). The Family Health Division of the MoH and MoE launched the 'Integrating Menstrual Hygiene Management into School Health Programs' manual. A training package developed for teachers by the National Health Training Centre in 2019 (with the technical assistance of NFCC) is yet to be endorsed.

In Bhutan each school has a School Health Coordinator who receives annual training on the seven key hygiene behaviours from Health Centres in collaboration with the Ministries of Education and Health and UNICEF. Bhutan Nuns Foundation holds workshops in nunneries and monasteries for MH training.

WaterAid Bangladesh built the capacity of 300 female teachers as lead facilitators for MH and promotes interactive classroom modules on MH for teachers to use as part of their regular lesson plans.

In India the Government of Maharashtra made MH a mandatory part of school curricula for both girls and boys. In Gujarat the Department of Education started weekly MH classes (since 2019) for senior secondary female students. In Uttar Pradesh the Kishori Suraksha Yojana (Adolescent Girl Protection Scheme) delivers key MH messages to girls in classes 6 to 12. MH is one of the topics in the Adolescent Life Skill Module in Bihar.

To make the most of these resources, support needs to be increased for follow-up, encouragement, training resources, and the monitoring of teachers and others.



### **Peer to peer education:**

A number of initiatives promote peer-to-peer education and support on MH including in India: in Rajasthan Didi & Bhaiyya Samuh (elder sister and brother groups), Kishor & Kishori Samuh (adolescent boys' and girls' groups), and in Uttar Pradesh Garima Girls. Sathiyas (friends) and Vikas Mitras (friends in development) have also been trained to support girls. In schools the Bal Sansad (Children's Cabinet), members of 'Meena Manch' (a student platform in Bihar), and School Health Adolescent Health Ambassadors are also supporting outreach.



### **Online outreach:**

Technology has helped accelerate outreach. Girls with mobile phones have been targeted with SMS-based polls and live chats on MH. Maldives has high mobile phone and internet coverage across the country, meaning that awareness materials have been shared through various social media channels, particularly Facebook. In Bhutan a Facebook campaign 'Red Dot Bhutan' has been used to share videos and messages and coordinate partners, from government, NGOs, teachers, the media, religious bodies, and a range of other actors. Similarly, in Sri Lanka, the 'Red Moon Period' campaign was launched on Facebook for MH Day.

In Maldives UNFPA, in collaboration with the Society for Health Education (SHE), launched the mobile app *Siththaa* (Now I know!) to increase awareness on MH and sexual and reproductive health. The app also has a chat feature for questions. UNFPA Maldives, SHE, and other partners have piloted virtual Safe Space Sessions on MH for girls and parents on different atolls (e.g. Laamu and Gaafu Dhaalu), where human anatomy as well as MH are discussed. Similarly, in Uttar Pradesh, India (Mirzapur), MHM Learning Labs and e-learning modules have promoted awareness in upper primary schools. Students are encouraged to bring their parents to visit the lab to discuss issues around MH with counsellors. Through UNICEF's interactive phone-based platform, U-Report, adolescent and youth have discussed MH in India; chatbots were used to create awareness and build knowledge of MH. WaterAid Bangladesh and The Daily Star newspaper produced a webpage called 'Let's talk about period' which provides information and answers questions<sup>3</sup>.



## Materials and their effective disposal

Cloth remains the most common material used, particularly in rural areas. Across countries efforts are continuing to increase access in different ways to a variety of sanitary products, from disposable sanitary products to locally-made reusable products as well as menstrual cups. In Sri Lanka the SAARC Chamber Women Entrepreneurs Council has supported women to make low-cost, organic, sanitary pads. One brand is *Sinidu* (meaning soft), a packet of ten pads cost LKR 80 (USD 0.5). In Nepal GIZ facilitated the procurement of two pad-making machines designed by Muruganatham Arunachalam from India. GIZ provided technical training to two women's cooperatives for the production and supply of the raw materials for low-cost, sanitary pads.



### Pad-distribution programmes:

Various governments in the region have committed to provide sanitary pads to all girls in public schools.

- In Nepal the Ministry of Education, Science and Technology (MoEST) launched a pad-distribution programme in all secondary level schools in

coordination with local governments. The Ministry of Health and Population has prepared audio video materials to show girls how to use sanitary pads.

- In Bhutan the Ministry of Education has supplied 184,000 free sanitary pads to 107 remote schools (including three special institutions and 17 nunneries) since 2019. The initiative is funded by UNICEF.
- In Bangladesh government has committed to distribute free sanitary pads for poor women and adolescent girls. The Ministry of WASH and the Ministry of Women and Children Affairs are distributing free sanitary pads to the 4,628 health and family welfare centres across the country.
- Indian states (such as Gujarat and Maharashtra) have highly-subsidised, pad-distribution programmes.

Pad banks have been created in some schools to improve the supply of pads. MH Corners (Bhutan, Bangladesh, Pakistan) include stocks of emergency sanitary pads and soap as well as paracetamol for period pain; they are maintained by the School Management Committee/Parent Teacher Associations.



### Affordability:

Efforts are underway to reduce the cost of commercial sanitary pads through waving VAT. The Government of Bangladesh exempted VAT and the supplementary duty on imported raw materials required for manufacturing sanitary napkins, which is expected to lower the price of sanitary pads by 40 percent. In Bhutan imported sanitary pads, tampons, and cups include sales tax and import duty. Thus local entrepreneurs are producing more-affordable disposable and reusable pads.



### Innovations:

In Pakistan UNICEF launched a nationwide MHM Innovation Challenge providing USD 1,000 in seed funding and mentorship to youth to develop projects to improve MH. The projects ranged from a virtual MH support programme (to destigmatise conversations on MH) to an MH-inspired animation and artificial intelligence chatbot offering advice to adolescent girls dealing with menstruation issues. Learnings informed Pakistan's participation in a 2019 'Generation Unlimited Global Youth Challenge' where Red Code, an all-female youth enterprise

<sup>3</sup> <https://www.thedailystar.net/lets-talk-period>

making reusable sanitary pads, was awarded USD 20,000 to scale up their initiative.



### **Disposal options:**

The main options for disposal for schools in the region include incinerators and waste separation. In India disposal is included in the SBM-Gramin (SBM-G) programme. In Maharashtra a budget of INR 203.5 million (approximately USD 2.7 million) has been leveraged from SBM-G for the provision of school incinerators. In addition to this, the SBM-G is also promoting research on the effectiveness of incinerators. Low-tech options such as matka (earthen pot) incinerators are being adopted (Maharashtra Lulla Foundation). In Bhutan the health minister launched an electric incinerator for disposal of sanitary pads at nunneries (donated by Clean Bhutan and Bhutan National Bank).

Research is also underway in India on disposal options, supported by the MHA and National Environmental Engineering Research Institute (NEERI), on the effect of the deep burial of pads on soil and water. GIZ has also supported research on pad availability and disposal options in Nepal. Biodegradable pads and menstrual cups are being promoted where MH-waste disposal is an issue such as in India and Maldives.



### **Campaigns against menstrual waste:**

Across the region campaigns are underway against menstrual waste. For instance in India #TheFreePeriod and the Green The Red campaign promote awareness on reusable/sustainable menstrual options. In Bhutan schools, nunneries, the Ministry of Education, and UNICEF launched the #Reddotcampaign on MH Day to promote the safe disposal of used sanitary pads and reduce the menstrual footprint. Maldives has a growing challenge in managing its solid waste, worse in the small islands, due to the size of the island communities, insufficient infrastructure, and waste-transportation difficulties. Zero Waste Maldives and #unfpamaldives are promoting reusable and safe-disposal options to reduce menstrual waste.



## **MH-friendly WASH facilities**

In the region significant progress has been made on ensuring that separate toilets are available for girls and boys in schools. In some cases schools have an additional room or cubicle for girls to manage their MH. Access to WASH facilities is generally higher in lower-middle-income countries (Bangladesh, India, Sri Lanka, Pakistan, Nepal, Bhutan, Maldives) than low-income countries (Afghanistan). Countries are also making progress on adapting infrastructure and materials for students with disabilities. However, there is limited disaggregated information on access in different types of schools (public and private schools; religious schools; and special schools or community/satellite schools serving disadvantaged populations).

Small-scale interventions have been piloted as demonstration projects for the school community and local government. For instance in Pakistan, WaterAid supported 160 girls' schools in three districts with girl-friendly sanitation facilities and training. WaterAid demonstrated this model in 60 schools in Islamabad, which the government sees potential to scale. In Bangladesh WaterAid has a design that includes: running water inside the cubicle, a handwashing device, washing and drying facilities (for used cloths), disposal facilities, and MH corners inside the cubicle. The facilities are also inclusive for people with a disability. WaterAid is advocating for the Teachers Training Institute, School Management Committees, the Parent Teachers Association, and local governments to take up the model.

In Sri Lanka the National Guidelines for School WASH include a design for MH annexures for schools and private funding has been mobilised from communities and alumni to build them. In Afghanistan MH rooms are now integrated into the toilet block to avoid the embarrassment caused by a standalone latrine/room. In Bhutan a school's Annual Health Plan for girls often includes changing rooms (retro-fitted into existing latrine stalls). The rooms have a bucket with a lid, a bucket of water, a jug, and soap. Progress has also been seen in providing WASH in religious institutions such as monasteries, nunneries, and religious schools (madrasahs).



## Social support



### *School community:*

Teachers are often the main source of information on menstruation. Thus schools have a key role in providing social support on MH. School-based health and nutrition services or school-based counselling services offer girls advice on menstruation, pain killers, spare sanitary pad or cloths, underwear, or a space to rest. In Bhutan every school has a School Health Coordinator who receives annual training on MH. In India under the School Health Ambassador Initiative every government school has two teachers selected as Health and Wellness Ambassadors to raise awareness on preventive health, including MH. States also have trained Accredited Social Health Activists (ASHAs) anganwadi workers, and Auxiliary Nurse Midwives to provide information and support to adolescent girls on MH.



### *Religious leaders:*

Taboos, beliefs, and restrictions on girls' activities during menstruation persist in many countries – particularly in relation to religious taboos. Religious leaders have been engaged to break the religious taboo around MH. In Pakistan religious leaders have become MH champions by creating awareness and support through their religious teachings, under the Ehad Campaign. In 2018 UNICEF held a consultation with 45 prayer leaders on religious attitudes towards menstruation. As a result the Council of Islamic Ideology, a constitutional advisory body, published a positive religious stance on MH. Examples are also available from Bhutan where monks and nuns have been engaged in MH and in India where the Global Interfaith WASH Alliance (GIWA) has promoted interfaith discussions on MH.



### *Community:*

Social support for MH is becoming more widespread, particularly where there are pools of influential champions including government, civil society, journalists, youth ambassadors, and

celebrities. MH champions across the region include sports stars such as the Lalitpur Patriots cricket team through the 'Period Power' campaign in Nepal. The cricketers have been trained on MH and promote MH through their public appearances, at cricket stadiums for their matches, as well as on social media. In Maldives Girl Guides Associations have also been involved in raising awareness among students and parents.



## Leaving no one behind



### *Residential schools:*

In the Indian states of Madhya Pradesh and Maharashtra, UNICEF and WaterAid together supported residential schools for girls from Scheduled Castes and Scheduled Tribes (Kasturba Gandhi Balika Vidyalayas (KGBVs)) and girls' hostels with improved WASH, interactive sessions on MH, orientations for teachers, hostel wardens, anganwadi workers, and ASHAs. MH has been integrated into girls' life skills activities. In Telangana hygiene kits have been provided in KGBVs and in Jharkhand the MHM Chachi Box (MHM Auntie Box) has been provided to KGBVs<sup>4</sup>.



### *Out-of-school girls:*

Community-based outreach programmes have been scaled to reach out-of-school children (OOSCs). In India the Integrated Child Development Services (ICDS) cadres as well as anganwadi workers, have been trained to reach out-of-school girls on MH (i.e. through the Scheme for Adolescent Girls in Bihar).

In Afghanistan 60 percent of OOSCs are girls. UNICEF has produced MH guidelines for girls and teachers in provinces with low-female enrolment to reduce the risk for further dropout amongst adolescent girls. An MH talking book has been developed for Community Health Workers and Family Health Action Groups to use during their house-to-house visits to educate hard to reach women and girls, including out-of-school girls in communities.

<sup>4</sup> The boxes contain comic books, IEC material, other MH information as well as a stock of reusable sanitary pads.

In India and Sri Lanka (especially in Central Province), girls in the tea estate areas have been targeted for MH activities. In India MH is included in specific events, such as Village Health and Nutrition Day, Rashtriya Bal Swasthya Karyakram (RBSK) Day in the tea estate regions/areas, and online workshops for girls on making reusable, cloth pads with Ecofemme, a pad company.



### Disabilities:

In Bhutan girls with disabilities (and their caregivers) were included in the MH Day 2020 activities of SNV and their partner Ability Bhutan Society. A girl with a visual impairment took part in the Red Bracelet Campaign video and activities. Options to translate the national knowledge book into braille are being considered.

In India MH training and awareness sessions have been conducted for girls with visual impairments in schools in Uttar Pradesh as well as for children attending the Nakoda School for Deaf and Dumb. A study in Bangladesh found that girls with mental disabilities depend on their mothers/sisters for their menstrual management and do not have knowledge on menstruation or hygiene management

(Chowdhury, 2019). In Nepal, the Bishesta campaign was developed to improve understanding and behaviours around MH for people with intellectual impairments and their caretakers. It was developed and run by WaterAid and the London School of Hygiene and Tropical Medicine.

In Bhutan three monastic institutions now have inclusive toilets that provide safe-drinking water with handwashing facilities, proper lighting, and water-heating systems. Planners and architects have been trained on construction guidelines for inclusive toilet designs for persons with disabilities. In Afghanistan the MoE developed a 'National WinS Design & Construction Manual' which includes gender considerations and access for people with a disability.



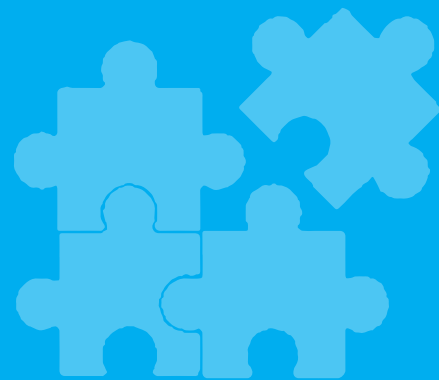
### Emergencies:

In Bangladesh sanitary pads are included in emergency packages for girls and women affected by disasters. In Sri Lanka which faces frequent flooding (both seasonal monsoon and sporadic heavy storms) UNICEF and its partners developed four different disaster-related messages and campaign materials for Menstrual Hygiene Day 2020.



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# Gaps and challenges



**Despite significant progress, critical gaps remain.**



## Monitoring

Few countries include MH in national monitoring systems. The monitoring of outputs and outcomes of MH interventions is still weak. The monitoring of the Sustainable Development Goals offers an opportunity for the inclusion of an MH indicator into national monitoring systems (such as EMIS). In addition to facilitating progress on measurement and reporting, it would incentivise action.



## O&M for WASH facilities

The effective O&M of school WASH facilities remains a key challenge for many countries in the region. National governments set targets to progressively upgrade WASH facilities. Schools often have access to one service (either water, sanitation, or handwashing) but not all three. Where facilities exist they may not be MH-friendly (e.g. lockable doors, access to water (including warm water in cold climates), the availability of soap and body/anal cleansing materials, emergency sanitary materials, and a bin with lid inside cubicles). A number of countries provide a showering or changing option in MH rooms/annexes; however, these require evaluations to determine their effectiveness/value for money in order to standardise the design.



## Materials and standards for effective disposal

The private sector can facilitate the supply of affordable sanitary products in the region. The quality of locally-made sanitary pads is variable at present as relates to standards for absorbency, comfort, ease of drying, and other features. Many countries are improving the reach and quality of MH products by strengthening the whole supply chain. In Sri Lanka improvements in the quality of local, sanitary- napkin production are being made with the support of the Sri Lanka Standards Institute. In Pakistan UNICEF has been partnering with multinational private sector companies (P&G and Unilever) to raise awareness in schools and communities as well as to increase the supply of low-cost sanitary items. Monitoring is required to ensure that sanitary-pad manufacturers reflect VAT exemptions on prices, so that girls and women can benefit from cheaper sanitary pads.

Free sanitary products are being distributed to girls in schools. Provision should ensure girls can access their preferred type of product and enough of the product to meet their needs. Care should also be taken to avoid embarrassment and stigma associated with accessing free products (See JMP, 2020).<sup>5</sup>

<sup>5</sup> Progress on drinking water, sanitation and hygiene in schools: special focus on COVID-19: [https://washdata.org/sites/default/files/2020-08/jmp-2020-wash-schools-highlights\\_0.pdf](https://washdata.org/sites/default/files/2020-08/jmp-2020-wash-schools-highlights_0.pdf)

## Social support

Parents and other relatives, as well as the wider school community, can provide support to ensure that girls can manage menstruation in schools. Without the right information, parents, relatives, and the community can limit girls' ability to stay in school after menarche. Girls may lack support when they leave home to go to school such as residential schools for girls from Scheduled Caste and Scheduled Tribes (KGBVs) or hostels in India or Maldives.

## Leaving no one behind

Governments are progressively working to ensure that school WASH services and materials are accessible for all students, including those with

disabilities. Not all countries have national data on the availability of inclusive WASH services (such as accessible toilets and sinks). Where such data exists definitions vary, making cross-country comparisons difficult.

More attention is required to identify those students who may be most disadvantaged. Reaching girls in remote or inaccessible regions is another challenge in some places. For instance Maldives is a geographically-fragmented country and those living on remote islands may lack information.

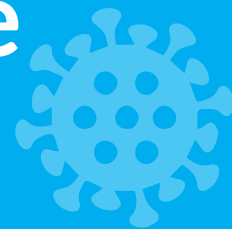
Another area where more support is needed is for MH champions. MH champions who themselves have disabilities or come from disadvantaged communities. Such champions may require resources (guidance and training tools) as well as funding to support them in their role.



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# Case study: MH in the COVID-19 pandemic



For many countries in the region, COVID-19 presented a health and humanitarian crisis. Global school closures in response to the COVID-19 pandemic have had an unprecedented impact on MH for girls. The social and economic impacts of lockdown measures have been felt in a number of ways.



## Materials:

### Issues involved:

Supplies of commercial sanitary products have been limited, and a fall in income has affected the affordability of pads. The manufacturing of sanitary products was also disrupted as small-scale production units switched to producing face masks. Prolonged school closures have had negative impacts on girls' access to pads, for instance disrupting school-based, pad-distribution programmes. Community-based, free, pad-distribution programmes were also stopped during lockdown.

### Regional examples:

- In India instructions were provided on how to make home-made, cotton, cloth pads for those who had never used cloth before.
- In Pakistan P&G distributed products.
- In Bhutan sanitary pads were included in the take-home ration for those impacted by COVID-19.



## WASH services:

### Issues involved:

Schools were used as shelters and quarantine centres, which had consequences for WASH facilities. An increased, household demand for water for hand hygiene may have resulted in less for menstrual needs. Away from home public toilets or shared sanitation facilities may have been closed.

### Regional examples:

- The importance of a readily-accessible and reliable supply of water; sufficient handwashing facilities; and toilets for students and staff that are readily accessible, well maintained, and kept clean were recognised.<sup>6</sup>
- All countries developed protocols on when, where, and how to safely reopen schools, which includes WASH.

<sup>6</sup> JMP (2020) Progress on drinking water, sanitation and hygiene in schools: special focus on COVID-19: [https://washdata.org/sites/default/files/2020-08/jmp-2020-wash-schools-highlights\\_0.pdf](https://washdata.org/sites/default/files/2020-08/jmp-2020-wash-schools-highlights_0.pdf)

## Social support:

### *Issues involved:*

Restrictions in daily activities created anxiety and stress around menstruation (e.g. accessing pads and keeping periods secret). Girls also reported less privacy in changing or washing and drying reusable pads/cloths during lockdown, due to the fact that male relatives were at home all day.<sup>7</sup>



## Enabling environment (evidence and advocacy):

### *Issues involved:*

The COVID-19 pandemic disrupted MH planning activities for 2020 and beyond. Training frontline workers including community health workers, teachers, and other school staff moved online which prevented access for some. The ability to research or monitor MH was compromised by restrictions on travel and face-to-face meetings. While many countries routinely collect information on WinS, relatively few have national data on MH. A number of countries in the region launched rapid assessments of MH in response to COVID-19. Menstrual Hygiene Day 2020 activities also shifted online.

### *Regional examples:*

- In India MHA and WaterAid produced an advocacy brief on supply-chain issues.
- In Nepal virtual meetings were held on MH hygiene, health, and COVID with panel discussions and advocacy.
- WaterAid Bangladesh undertook a study on how women managed their periods as well as how the lockdown impacted the supply and sales of menstrual hygiene products.
- In India an online training was held for state-level trainers and actors in health and education.



## Leave no one behind:

### *Issues involved:*

Prolonged school closures threaten to reverse recent gains in enrolment, retention, and graduation with life-altering consequences for girls in the region. Furthermore, the pandemic coincided with the cyclone, monsoon, and flooding season, affecting over 70 million people across the region, which exacerbated the situation and increased vulnerability amongst the poor population.

### *Regional examples:*

- In Sri Lanka MH Day messages referred to flooding and in Bangladesh dignity kits were provided in response to Cyclone Amphan.

The COVID-19 pandemic has further underlined the importance of MH and led to renewed calls to accelerate access to WinS products and information.

<sup>7</sup> WaterAid Bangladesh (2020) Menstrual Hygiene Management Challenges Associated to COVID-19 Pandemic in Bangladesh: <https://www.wateraid.org/bd/publications/menstrual-health-and-hygiene>

# Opportunities



**There are opportunities to expand action on MH: through coordinating across sectors at different levels, increasing engagement with young people, and developing technical options for disposal and waste management.**

## Cross-sectoral integration and coordination on MH

There are many different types of actors working on MH in the region. MH actors are increasingly collaborating to take MH forward. Established coordination mechanisms offer an opportunity to increase engagement and coherence across sectors. There are examples of effective cross-sector coordination and collaboration, particularly between the WASH, health, gender, and education sectors. There are also examples of increased engagement by the private sector to build strategic partnerships and the incorporation of MH into national sanitation campaigns (such as the Clean Green Pakistan Movement which also supports increased integration and coordination). The integration of MH into different sector policies provides an opportunity for expanding commitment and action. There are further opportunities for better coordination, convergence, and collaboration to ensure roles and responsibilities are clear and national platforms centrally collect evidence and learning from innovation. Continued momentum requires resources, clear roles, and responsibilities.

## Outreach and engagement on MH

The expanded use of social media in the region has enabled a large number of youth to engage on MH. Social media campaigns have been run on themes such as disrupting taboos, breaking the culture of silence on menstruation, challenging decision-makers, and promoting biodegradable products. Examples include: the We the Future platform, Twitter (e.g. No-Chutti (No break), #LetsTalkAboutPeriods), and Facebook. Films such as *Pad Man* have generated

mass awareness. Online games have also been developed on sexual and reproductive health (Bangladesh, Maldives). In Pakistan and Afghanistan advocacy continues for MH to be introduced into the school curriculum, so that children learn about the issue at a much earlier age. Continuing to build a network of MH trainers with follow up, mentoring, and refresher trainings across ministries is another opportunity. In this way MH has been used as an entry point for promoting the empowerment of women and girls, addressing gender inequalities, discrimination, and social injustice.

## Disposal and waste management strategies

As a number of governments in the region are making free sanitary products available in schools, more evidence and innovation is needed on how to effectively dispose of used materials. Countries such as India and Bangladesh are setting standards for monitoring menstrual waste disposal in line with environmental policies. In India and Nepal action plans and urban, solid-waste strategies are being developed. Research is underway to understand the environmental impacts of incinerators and landfills as a long-term solution together with other disposal options (such as compost and vermicomposting). Wider engagement with the private sector may accelerate progress, including linking waste-management service providers, and encouraging social responsibility among commercial pad suppliers around disposal. It is important to catalyse innovations in technologies and other disposal solutions that are cost effective, sustainable, and climate resilient.



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