Strategy & Action Plan
of Menstruation Hygiene
Strategy & Action Plan of Mensturation Hygiene
Foreword
Contents

Background And Context ......................................................... 5
Problem Analysis ................................................................. 6
Lack of Awareness ............................................................... 7
Negative Social Norms ......................................................... 7
Political Barriers ................................................................. 10
Physical and Economic Barriers ........................................... 11
Social Ecological Landscape ................................................ 12

Theory of Change Framework ............................................... 18
Awareness ............................................................................. 18
Social Barriers ..................................................................... 21
Political Barriers ................................................................. 23

Communications Approach .................................................. 25
Strategic Principles ............................................................. 25
Communications Activities .................................................. 25
Raising Awareness ............................................................. 26
Social Barriers ..................................................................... 31
Political Barriers ................................................................. 35
Interpersonal Communications .......................................... 36

Action Plan .......................................................................... 40
Phase I: Exploration And Initiation ....................................... 40
Stakeholders Buy-In ............................................................ 41
Phase II: Roll-Out Of Programs ........................................... 41
Phase III: Processing Results And Program Advocacy ............ 42
Draft Action Plan ................................................................. 43

Annexes .............................................................................. 49
List Of Key Informant Interviews (Kiis) ................................. 49
Literature Review ............................................................... 50
Bibliography ........................................................................ 52
Acronyms

BNU  Beaconhouse National University
EPS  Environmental Projection Society
ICT  Information and Communications Technology
IEC  Information, Education & Communications
IVR  Interactive Voice Response
MHM  Menstrual Health Management
NAPA  National Institute of Performing Arts
NGO  Non-Governmental Organization
PR  Public Relations
TA  Target Audience
UNICEF  United Nations Children’s Emergency Fund
WASH  Water, Sanitation and Hygiene
WinS  WASH in Schools
A menstrual period is one of the most challenging routines in a young girl’s life especially when, without the resources to manage their hygiene during the days they are on periods, they may end up not being able to attend school or college, and matters related to their health and self-assurance are compromised. This results in gender inequality and disempowerment.

A number of researches and case studies from different countries, including small studies from Pakistan, refer to girls’ existing knowledge levels around safe and healthy menstruation practices as inadequate. A study commissioned by UNICEF in 2016, “Formative Menstrual Hygiene Management Research: Adolescent Girls in Baluchistan” indicated that girls’ knowledge of puberty and menstrual practices was entrenched in local, social and cultural norms. Furthermore, the study identified significant information needs around physiology of puberty and menstruation; recognition and relief of menstrual symptoms; appropriate menstrual hygiene and management practices; and social, physical, religious and dietary restrictions.

Research further highlights that Menstrual Hygiene Management (MHM) is a neglected issue in Pakistan, contributing to a ‘culture of silence’ that prevents girls from managing MHM with safety, dignity, and privacy [1]. This is primarily owing to the gender order of society where information and conversations around topics linked to female sexuality are actively restricted [2]. According to Mumtaz, Z. and S. Salway (2005), seclusion is the defining element of this skewed gender order, and besides limiting mobility, it promotes withholding of diverse types of knowledge. Within this context, topics related to sexual health are regarded as dishonorable, hence discussions are actively avoided for both boys and girls. It is believed that lack of such knowledge indicates the girls’ minds are pure of shameful knowledge as their innocence is equated to chastity [3]. Whilst changing embedded social attitudes is a challenging task, it is essential to ensure women are able to reduce barriers to a wide range of choices and opportunities and have the space to fulfill their potential. For young girls, this is most evident in the sphere of education; studies on MHM have documented the detrimental impact that poor MHM and social restriction has on attendance and engagement in school activities and self-confidence [1].
A menstrual period is one of the most challenging routines in a young girl’s life especially when, without the resources to manage their hygiene during the days they are on periods, they may end up not being able to attend school or college, and matters related to their health and self-assurance are compromised. This results in gender inequality and disempowerment.

A number of researches and case studies from different countries, including small studies from Pakistan, refer to girls’ existing knowledge levels around safe and healthy menstruation practices as inadequate. A study commissioned by UNICEF in 2016, “Formative Menstrual Hygiene Management Research: Adolescent Girls in Baluchistan” indicated that girls’ knowledge of puberty and menstrual practices was entrenched in local, social and cultural norms. Furthermore, the study identified significant information needs around physiology of puberty and menstruation; recognition and relief of menstrual symptoms; appropriate menstrual hygiene and management practices; and social, physical, religious and dietary restrictions.

Research further highlights that Menstrual Hygiene Management (MHM) is a neglected issue in Pakistan, contributing to a ‘culture of silence’ that prevents girls from managing MHM with safety, dignity, and privacy [1]. This is primarily owing to the gender order of society where information and conversations around topics linked to female sexuality are actively restricted [2]. According to Mumtaz, Z. and S. Salway (2005), seclusion is the defining element of this skewed gender order, and besides limiting mobility, it promotes withholding of diverse types of knowledge. Within this context, topics related to sexual health are regarded as dishonorable, hence discussions are actively avoided for both boys and girls. It is believed that lack of such knowledge indicates the girls’ minds are pure of shameful knowledge as their innocence is equated to chastity [3]. Whilst changing embedded social attitudes is a challenging task, it is essential to ensure women are able to reduce barriers to a wide range of choices and opportunities and have the space to fulfill their potential. For young girls, this is most evident in the sphere of education; studies on MHM have documented the detrimental impact that poor MHM and social restriction has on attendance and engagement in school activities and self-confidence [1].

On-going interventions to improve MHM in the country

UNICEF and other NGO partners are supporting federal and provincial governments to address some of these barriers through the following interventions:

- Conducting research and studies to better understand the knowledge, attitudes, beliefs and practices surrounding menarche and menstruation to inform necessary actions and interventions that enable safe MHM. Following recommendations from the research, MHM information materials including booklets for teachers and girls have been developed, and supplies including sanitary pads, provided at some schools.

- Schools have been supported to construct and rehabilitate washrooms that allow girls’ privacy. Facilities like handwashing stations, soap and disposal buckets have also been provided in schools. WASH clubs in schools have been trained to conduct awareness sessions promoting MHM. In some cases, they have managed to contribute money to replenish sanitary pads in the school.

- A coalition of development organizations including the UN, NGOs and civil society have formed a working group to advocate for better MHM in the country. Some of the activities of the working group include the celebration of MHM Day to create national awareness on the subject.
Problem Analysis

Despite menstruation being a part of the female reproduction process, women in many parts of Pakistan are still unable to access the basic facilities and information to enable them to manage their menstruation in a healthy and confident way. Some of the underlying causes for this include: illiteracy, ignorance about religious teachings, poverty, socio-cultural trends including gender inequalities, and negligence regarding psychological health and poor health facilities. [2]

In Pakistan, research indicates that lack of awareness, social restrictions, and financial, physical and political barriers as some of the factors that prevent women from maintaining good MHM.

Lack of Awareness

Research shows a dearth in knowledge on puberty and menstruation among adolescence in Pakistan. Teachers are often reluctant to discuss the subject, leaving mothers and elder sisters as the primary source of information for girls. Unfortunately, this information is only shared after the girls have had their first period. As a result, most girls start their periods uninformed and unprepared to deal with it.

Language is also a barrier to discussing MHM in Pakistan; many words used to describe menstruation (e.g., ‘Mahwari’ and ‘Haze’) have negative associations and there is no clear neutral and professional terminology. This further contributes to the shyness of teachers, doctors, parents, and the media in discussing menstruation.

Increasing girls’ knowledge of menstruation and MHM can help overcome the profound psychological and emotional problems girls experience when they start their first period unprepared [3].

Key Points

- Girls’ lack of knowledge often comes from social restrictions – new avenues and platforms are required to access our target audience
- Schools and educational institutes currently do not provide enough information to overcome girls’ lack of awareness
- A lack of neutral language to discuss menstruation creates an unwillingness to discuss MHM

Negative Social Norms

Menstruation in Pakistan is highly stigmatized; in part, due to the traditional beliefs and patriarchal nature of society which mystifies female health. In many social settings, menstruation is positioned as dirty, disgusting, and a source of shame. These social attitudes have a profound impact on restricting how girls behave and causing psychological distress. In fact, research shows that ‘inadequate social support, ongoing gender inequality, and social and hygiene taboos around menstruation leave girls experiencing shame, fear, and confusion when trying to cope with their menstrual flow [1]. This has a profound impact on girls’ education as they have reported missing school when they were on their periods. This therefore results in self-enforced normative social restrictions [7]. This has detrimental impacts: it is common for mothers (and sisters) to be unwilling to talk to their daughters and correct malpractice; for fathers to refuse to support the purchase of essential products; and for community leaders to support and uphold dangerous traditional practices.

---

1 Menstrual Hygiene Management among adolescent schoolgirls in low-and middle-income countries: Research priorities, August 2016
This results in both a cause and a consequence of the ‘culture of silence’ (at the private, public and institutional level) meaning that in many communities in Pakistan, key influencers on young girls are reticent to provide accurate information in the face of myths and misinformation.

Societal silence means that misinformation flourishes. This forms the basis of taboos and stigma, which then results in a lack of confidence and discourages communication on key issues, helping reinforce the culture of silence. As such, overcoming the information deficit and social behavior change initiatives that are focused on normalizing MHM, must be considered in conjunction. Traditional practices can be equally damaging as social stigma. They often result in active restrictions on girls’ behavior which can be intimately linked to poor MHM. This includes dietary restrictions (that include the eating of eggs, beef and fish), hygiene related restrictions (that forbids bathing), and religious related restrictions (that restrict prayer and contact with the Quran) [3]. These practices can support the idea that menstruation is something unusual, can generate stigma, and actively result in poor MHM practice.

Key Points

- Social perceptions actively support a ‘culture of silence’ – long term change requires complementary initiatives to remove social barriers
- Traditional practices, including those supported by religious interpretation, support the development of bad practice and stigma
- Gender inequality is hugely problematic in Pakistan. MHM initiatives should look to include and empower girls and women at every stage
Gender inequality also precludes the adoption of good MHM. The World Economic Forum’s (WEF) Global Gender Gap Report 2016 placed Pakistan 143rd out of 144 countries in the gender inequality index [8]. The report highlights the extent of social and political challenges facing women in Pakistan; across each of the four main thematic areas of the report – educational attainment, health and survival, economic opportunity and political empowerment - serious issues were identified in the country. The patriarchal nature of Pakistani society contributes to social barriers not only by preventing women from acting with freedom – due to restrictions and financial dependence - but also through tacit marginalization, which sidelines women’s issues and deems them unimportant.

**Political Barriers**

Currently only the provincial Government of Punjab has policies in place covering MHM. The Ministry of Climate Change (which owns the WASH mandate) and the Ministry of Federal Education and Professional Training as well as its provincial counterparts have made efforts to advocate for MHM to this end. However, more concentrated efforts with a long-term commitment are required for effective policymaking and its implementation. The lack of policy means that girls often approach menarche having received no information in school and study in environments; where key facilities are also lacking. Ensuring appropriate MHM education curricula and facilities can help support wide-scale improvements for girls; a Bolivia based case study found that WASH (and MHM) in schools ‘fosters social inclusion and individual self-respect. By offering an alternative to the stigma and marginalization associated with hygiene issues, it empowers all students and especially encourages girls and female teachers [6].

**Key Points**

- Provincial policy is needed to ensure that there is appropriate curricula and facilities in place in schools
- Mechanisms are required to ensure that policy is enacted as designed
- Experience suggests male politicians in Pakistan are less willing to advocate for women’s issues; perhaps due to the social stigma attached to the issue

**Physical and Economic Barriers**

One of the primary barriers girls face to adopting safe MHM practices is the lack of appropriate materials and facilities. For most girls in Pakistan, particularly in rural areas, there is a lack of appropriate WASH and disposal facilities within public spaces and especially in schools. In Pakistan (and globally) studies have ‘revealed the discriminatory nature of many school environments; menstruating girls have often been unable to adequately manage their monthly menses with safety, dignity and privacy. [7].

In addition, sanitary products are far from ubiquitously available across Pakistan. Many shops do not stock products, directly restricting access to key MHM provisions. The high cost of many sanitary products is another prohibiting barrier. A study conducted in Karachi revealed that many girls were aware that it was healthier to use pads than rags, but could not afford them, even occasionally [4]. Despite this, sanitary pads have been taxed as a luxury item within Pakistan since 2015 [10]; as the tax is approximately 16% of the total cost of the product, this has exacerbated the socio-economic barriers to good MHM. Furthermore, few producers of sanitary products make affordable products for lower socio-economic groups, despite this being potentially commercially viable. Most sanitary pads products range between $1-3 dollars – even though 12.74% of the population has an average income of $1.25 per day [11] [12].
As MHM is a cross-cutting societal issue, delineating the specific needs and capabilities of groups within society are important to creating an effective communications strategy. This strategy will consider the profile, barriers and opportunities facing both young girls and those persons and institutions who influence their behaviours and social environment.

Specifically ensuring girls can practice good MHM is dependent on an understanding of the complete social ecological landscape in which girls (the primary target audience) operate in Pakistan. Beyond individual girls themselves, there are several different groups and stakeholders that ultimately influence their awareness and decisions around MHM.

Figure 2 Social Ecological Model
These stakeholders are categorized into the following three comprehensive groups based on their significance for the program

**Primary Target Audience: Young girls aged 9-18**

Literature indicates that 13 is the average age that girls start their periods, and almost all girls have their period between 10 and 16 years [13]. As such communications should consider girls between 9-18 to ensure they receive key information prior to menarche and during their early teenage years when social pressures are often highest. As has been revealed from an analysis of research and the other levels of the socio-ecological model:

- Girls face a severe lack of information; due to lack of education policies and a culture of silence developed due to the patriarchal nature of society and the stigma around women’s bodies and health.
- Many girls are unable to access appropriate MHM products due to expense, lack of independent incomes, and both external social restrictions and self-restricting behaviors.

However, the experience for girls across Pakistan is clearly not consistent. In social issues attitudes are commonly split across a number of boundaries. Research suggests utilizing a needs-based model which segments our primary TA into four key groups:

**GROUP 1**

*Defined as ‘Insular’ - require multiple initiatives covering both their individual awareness levels and external barriers to adopt safe MHM. Whilst they are more likely to be from our primary focus area of rural girls, the scale of change needed means this group is the most challenging to successfully support in behavioral change.*

The existence of the ‘insular’ group is a result of the cross-correlation between poverty, social restrictions, and lack of education:

- Girls with a lack of knowledge are more often out of school [4]
- Rural girls and girls from low income households are more often out of school [15]
- Rural and girls with low income households face greater social restrictions on movement and access to services. [16]

**GROUP 2**

*Defined as ‘Obstructed’ - group are likely to be better educated. Despite good awareness levels they face issues with social, political, economic or physical barriers to good MHM practice. As removing external barriers is a more complex proposition than increasing individual awareness, this group will require significant investment in order to see impact.*

- The existence of this group is shown by research which suggests that several girls in Karachi were fully informed of safe MHM practice but reported they could not afford sanitary products even occasionally [4]. In addition, 50% of girls reported financial problems buying MHM materials. [15]

**GROUP 3**

*The ‘Uninformed’ group are a segment where quick impact for limited investment could be achieved. Facing few barriers, their primary need is simply adequate information and awareness of safe MHM practice.*

- The existence of the number of girls who lack even basic knowledge of MHM is suggested by a recent U-report poll where only 51% of girls were aware of periods before menarche took place [14], while a further study suggested knowledge was only 38% [4].

**GROUP 4**

*The ‘Ideal’ group, includes those girls who are fully able to practice good MHM. They are likely to be overrepresented by girls from urban areas and high-income families.*
These groups can be placed on an axis which shows their position against the key differentials (barriers – social, economic, political - and awareness).

Figure 3 Needs-based segmentation of our primary target audience i.e. young girls aged 9 to 18 years

This segmentation provides a basis with which to plan specific interventions within our primary target audience and develop a theory of change model for each group.
**Secondary Target Audience: Interpersonal and Community**

In Pakistani girls’ behavior is highly influenced by both interpersonal and community relations. In particular, considering the social restrictions placed on young girls, direct female to female communications are of primary importance. Interpersonal relations include caregivers (e.g. mother, fathers, sisters, etc.) and school teachers; whilst community influencers commonly include kinship and religious leaders.

<table>
<thead>
<tr>
<th><strong>MOTHERS</strong></th>
<th><strong>FATHERS &amp; BROTHERS</strong></th>
<th><strong>TEACHERS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers (and elder sisters) are often the primary source of information for young girls on women’s issues. A recent U-report survey found that 53% of adolescent girls were first told about periods by their mothers [14]. In the ideal state mothers would discuss with their daughters: the primary body changes that occur during puberty, what to expect from menstruation, and how to practice good MHM. However, many are shy and hesitant to talk to their daughters about menstruation and MHM. This contributes to misinformation and generational silence on the issue. Often this silence results from mothers’ own information deficit; which is covered over through local understandings of menstrual hygiene management.</td>
<td>As we consider the practices induced by Pakistan’s patriarchal social structure - where males have greater power in decision-making and setting cultural norms - what men and boys believe about menstruation is an integral component of MHM success. As fathers, husbands, siblings, friends – even as teachers and employers, men and boys can play both an active role in MHM strategies and in restoring women and girls’ dignity and self-esteem. Working towards an environment where MHM can be discussed openly by both sexes ultimately reduces menstruation-related stigma, creates space for family and community support, and broadens acceptable program solutions in the entire community. Typically, we expect to see many of the barriers that face women with respect to knowledge surrounding menstruation and MHM extend to males. Ignorance, prejudices, myths, and misconceptions that shape the closed environment for women can be mapped back to the environments younger boys and girls occupy. It is notable that many young girls report being teased about menstruation at school and feel shame and embarrassment. Interventions with boys and younger adolescents before the undermining behaviours and norms are fully engrained, are more effective at mitigating the taboos and social stigma outcomes that ensue. At this juncture in their development, we have the opportunity to target boys with interventions that positively contribute to our MHM goals.</td>
<td>Teachers are a trusted source of information within the community. A number of initiatives done by UNICEF, WaterAid, PIEDAR, EPS and P&amp;G work within schools in order to educate and inform girls of WASH and MHM. However, teachers are often shy or misinformed when it comes to MHM, and fear losing respect if they discuss the issue. Therefore, it becomes important to provide basic training, information or education to decrease the levels of shame that many feel with regards to MHM; especially as the recent U-report poll revealed that 23% of girls would most like to learn about MHM in school [14].</td>
</tr>
</tbody>
</table>
### Tertiary Audience

The media, organizational and government sections correspond to primary the national (is this deleted or not? Not making sense) and regional influencers. As a key avenue with which to influence behaviours and attitudes at a community level these groups can be considered a tertiary audience. These groups are significant for their ability to create and shape national narratives around controversial issues and affect top-down institutional change.

<table>
<thead>
<tr>
<th>MEDIA</th>
<th>ORGANISATIONAL</th>
<th>ACTIVISTS</th>
<th>GOVERNMENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journalists and media outlets have the capacity to communicate with both beneficiaries and policy makers. The media are crucial to ‘breaking the silence’ and generating national interest regarding MHM. In addition, they can raise awareness and support the communication and on-ground activities taking place within Pakistan; as well as serving as pressure groups to policy makers.</td>
<td>UNICEF and MHM partners in Pakistan can be a driving force behind social and political change by underlining the importance of MHM within appropriate political and social spheres. Meanwhile private sector organizations such as consumer good corporations specially those manufacturing sanitary pads and other women’s products can have more direct impact at a national as well as community level; shaping how MHM products are perceived, normalizing and instructing particular behaviours, and ensuring affordability. By partnering with these corporate organizations and social enterprises, efforts can be focused on improving the affordability and access to resources necessary to promote safe MH practices. Likewise, businesses such as telecommunications and media have great potential to provide technology support to create awareness around reproductive and sexual education specially MHM through websites, apps and mobile content which can be used by young girls, caregivers or teachers at home or in the schools.</td>
<td>In order to create an enabling environment for girls to feel confident talking about and having access to the resources they need, advocates of human rights and social activist networks can play an important role in highlighting the issues of poor menstrual health standards in Pakistan. Activists can be useful for creating and generating media interest and political pressure. In 2016, a group of students from Beaconhouse National University (BNU), Lahore held a unique protest that aimed to break taboos associated with menstruation in Pakistan by placing sanitary pads on their university’s wall with important facts about periods and the various reasons why people consider it weird or gross. This initiative by BNU students generated unprecedented attention from media on the issue of MHM as well as discussions in the policymaking circles. With the advent of internet and social media, people now have more power to call out injustices and misrepresentations, and bring about positive social change by creating role model behaviors for others. Girls at Dhabas is another interesting example of a campaign that although not directly linked to MHM but it has advocated for women’s empowerment and participation in public spaces. Initiatives such as Girls at Dhabas provide an untapped potential for creating alliances and partnerships with like-minded activist groups who can strengthen the campaign for improvement of MHM in Pakistan.</td>
<td>Considering the embedded social attitudes which prevent many girls from receiving information about MHM at home; ensuring girls receive information in school is extremely important to breaking the vicious cycle of silence and stigma. The current dearth of MHM policies needs addressing to ensure appropriate education curriculum, improve facilities, and remove taxes. Progress is held back by the current lack of political will and accountability; no department has been assigned clear ownership and mandate to address MHM issues.</td>
</tr>
<tr>
<td>PRIMARY CAREGIVERS</td>
<td>TEACHERS</td>
<td>ORGANISATIONAL</td>
<td>GOVERNMENTAL</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>OPPORTUNITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The elevated social status of older women – with more respect and social freedom - provides an avenue with which to tackle the social stigma around MHM.</td>
<td>• School teachers are seen as a reputable source of information.</td>
<td>• Corporate sector organizations, through brands and products, can inform and shape behaviors and attitudes of young girls.</td>
<td>• As per article 51 there are 60 seats reserved for women within the national assembly of Pakistan. There is potential to use these women to champion MHM</td>
</tr>
<tr>
<td>• Mothers have the most influence with girls, and with appropriate knowledge can teach them about MHM.</td>
<td>• They have access to our primary target audience and can disseminate accurate information in a neutral setting.</td>
<td>• UNICEF and implementing partners can use their knowledge of MHM best practices to build capacity and advocate for change through government and media influencers.</td>
<td>• There have been recent changes to the law around key social and gender issues – such as honour killing and rights for third gender persons. This suggests there is political appetite to tackle some social issues.</td>
</tr>
<tr>
<td>• Mothers can help convince fathers make basic purchases (e.g. cloth) rather than them getting involved in MHM discussions.</td>
<td></td>
<td>• Activists groups, through provocative tactics can generate media interest and national dialogue (e.g. public protest using sanitary pads).</td>
<td>• There is currently a lack of robust data in Pakistan on the causes and impacts of poor MHM and the benefits of potential policy changes; as such the issue is considered minor. Quantitative research could help change this.</td>
</tr>
<tr>
<td><strong>BARRIERS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mothers are also ill-informed about MHM and are shy discussing the topic with daughters.</td>
<td>• Many teachers are too shy to discuss the issue and fear community backlash as the topic is considered ‘behayahi’ (shameful) by society.</td>
<td>• Commercial goals of private sector organizations do not always align with the MHM best practices – for instance, brands may not be keen on promoting reusable or low-cost solutions.</td>
<td>• Pakistani journalism is male-dominated and many of them are unwilling to report on women's issues, due to fears for their personal reputation.</td>
</tr>
<tr>
<td>• Mothers may be concerned about ‘innocence’ if their daughters are taught about MHM pre-menarche.</td>
<td>• Teachers can also be a source of misinformation, as many have not been appropriately educated about MHM.</td>
<td>• MHM is not currently a core priority for many of the main stakeholders involved sitting under other wider programmes and priorities.</td>
<td>• Because of increasing commercial focus of the media industry, there is lesser interest in stories of social importance (e.g. reproductive and health issues of girls)</td>
</tr>
<tr>
<td>• Fathers may be influenced by the wider community; in particular, religious leaders, community leaders and media.</td>
<td>• The absence of an education policy make it non-obligatory for teachers and schools to talk about MHM; therefore, the willingness of teachers to participate can be on a case-by-case basis.</td>
<td>• Activism can result in backlash and increase support for socially restrictive behaviours, particularly in rural areas.</td>
<td>• Reporters lack resources, training and knowledge to report accurately on MHM.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Theory of Change Framework

Based on the problem analysis we see communications playing a role around 1 – Awareness, 2 – Social Barriers, and 3 – Political Barriers. As mentioned economic and physical barriers cannot be addressed via the scope of a social and behavioural change communication program, though they can be indirectly impacted with success against other key areas. The steps laid out below have been designed to achieve the overall project goal considering each segment of girls in Pakistan:

GOAL - Increasing the adoption of safe MHM practices among nine to eighteen-year-old girls.

Awareness

<table>
<thead>
<tr>
<th>THEMATIC OUTCOME</th>
<th>TARGET GROUPS</th>
<th>DESIRED RESULT</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWARENESS</td>
<td>Primary Target Group; specifically, group 1 – ‘uninformed’ and group 3 ‘insular’</td>
<td>Group 1 – ‘uninformed’ – have enough information to fully adopt safe MHM practices (e.g. become group 4 – ‘ideal’) Group 3 ‘insular’ – have their information deficit addressed but still require further initiatives to remove social, economic and political barriers (e.g. become group 2 – ‘obstructed’)</td>
<td>% of pre-menarche girls who are aware of periods % of girls who state they are able to independently practice good MHM. % of girls who express confidence in overcoming the stigma associated with menarche % of girls who are able to identify two sanitary products and can explain how to correctly use them.</td>
</tr>
<tr>
<td>Girls (aged 10-18) are more aware of MH and safe MHM practices.</td>
<td>The interpersonal and community influencers of group 1 and 3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reducing the information deficit provides a particular challenge within the context of this strategy, as direct access to many of our target audience is so restricted. Girls in Pakistan are exposed to fewer mediums, are less likely to have mobile phones, spend less time out of the house and have more constricted social networks. As such the presented initiatives:

- Look to build upon WASH in-school interventions.
- Look to create discrete digital or media spaces for direct communication with our target audience.
- Look to develop the capacities of pre-existing information sources (especially mothers and teachers) to communicate with young girls more effectively on MHM.
- Look to utilize soft messaging within mass media forms (e.g. drama shows) to maximize penetration and provide an avenue with which to address complex issues in a non-threatening format.

Relevant interventions (described in detail in following section of strategy report):

- Girls Word Project
- MHM Online Platform
- MHM Hotline
- Girls Health Challenge
- MHM Hygiene Tips Adverts
- Meena Grows Up
### Social Barriers

<table>
<thead>
<tr>
<th>THEMATIC OUTCOME</th>
<th>TARGET GROUPS</th>
<th>DESIRED RESULT</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL BARRIERS</td>
<td>Primary Target Group: specifically group 2 – ‘obstructed’ and group 3 ‘insular’ The interpersonal and community influencers of group 1 and 3. The general public</td>
<td>Group 2 – ‘insular’ – have social barriers removed and will be able to practice good MHM in private spaces (e.g. become group 4 – ‘ideal’). In-school behaviour remains dependent on political change. Group 3 ‘insular’ – have social barriers removed and will be able to practice good MHM in home if their information deficit is also addressed (e.g. become group 2 – ‘obstructed’)</td>
<td>% of girls who feel that MHM is not a shameful topic and feel more confident as a result. % of girls who feel able to initiate conversations about MHM pre-menarche. % of girls who feel like they have safe spaces in which they can discuss MHM and have access to the information they need.</td>
</tr>
</tbody>
</table>

Removing social barriers will involve confronting some deeply embedded cultural ideas, which without tact could result in controversy and backlash. To ensure the desired impact communications should:

- Utilize short form mediums; those with pre-existing negative attitudes to MHM are unlikely to dedicate considerable amounts of time to the topic.

- Leverage respected voices at a national and community level; developing widespread behavior change requires the involvement of national stakeholders or thought leaders who influence public opinion. If messages come from those a community trusts, and via the ways a community communicates naturally, the messages are more likely to be embraced. This may include celebrities, athletes, radio presenters, lady health workers, religious scholars.

- Subvert stigma rather than challenge it; a large portion of stigma is based on falsehood, yet trying to disprove incorrect information can have the opposite effect of embedding those attitudes. As such it is better to focus on “repeating correct information, not the information one wants to undermine” [26]. For example, it is better to position MHM as a source of pride and hygiene than trying to say menstruation is not unclean.

Relevant interventions (described in detail in following section of strategy report):

- Journalist Capacity Building
- Social Health Play
- Pad Challenges
Political Barriers

<table>
<thead>
<tr>
<th>THEMATIC OUTCOME</th>
<th>TARGET GROUPS</th>
<th>DESIRED RESULT</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLITICAL BARRIERS – Increased political support for the inclusion of MHM into Governmental policies</td>
<td>- National Assembly and Senate representatives</td>
<td>- Long term sustainable support for good MHM across all target groups as policy helps reduce impact across all four barriers and allows for increase awareness through in-school educational programs addressed (e.g. become group 2 – ‘obstructed’)</td>
<td>% of politicians who consider MHM a topic of importance.</td>
</tr>
<tr>
<td></td>
<td>- Wider regional and provincial political stakeholders</td>
<td></td>
<td># of government led advocacy events on MHM</td>
</tr>
</tbody>
</table>

Provincial and national laws and policies, including policies regarding the allocation of resources for MHM services, and restrictive policies (e.g. taxes on sanitary products) significantly impact the access young girls have to key facilities, infrastructure and information. Long term sustainable change on MHM within Pakistan is dependent on the creation of supportive policies. Of particular importance is the incorporation of MHM into education sector plans to ensure facilities are provided in school and MHM is covered in the national curriculum.

Addressing a taboo subject like MHM that focuses on a women’s health issue requires long-term efforts to gain prominence on the Government agenda. There is a dire need to establish legal frameworks that support effective policies around MHM in Pakistan. This can be achieved through strong advocacy with involvement from political parties, parliamentarians and relevant government ministries to make commitments. This approach will focus on leveraging influencers and stakeholders network to shape public opinions and thus generate demand from government to make policy changes. This can be done by:

- Ensuring evidence is supported by research with clear mechanisms of how evidence can translate into positive actions for girls. Utilizing the media networks and elite influencers to advocate politicians.
  - Working together with organizations such as Punjab CSW, female Parliamentarians, Women’s Development Departments, other WASH sector partners to advocate government
  - Suggested interventions (described in detail in following section of strategy report):
    - Capacity building and networking with journalists and media houses
    - Documentary Film
Communications Approach

Strategic Principles

Communications initiatives developed for the MHM strategy have been created bearing in mind the following key strategic principles:

- The strategy will look to outline communications approaches for the short, medium and longer term.
- A flexible approach which understands different requirements of each target audience.
- Recognizing and leveraging the role that men and boys play in MHM education and norms.
- The strategy must ensure UNICEF leverages pre-existing initiatives to build a successful MHM campaign. In particular, WASH in Schools (WinS) based programs.
- Creating Sustainability: Efforts should be made to promote sustainable actions that create change over the long term. This requires ensuring behavior changes become embedded and are supported by top-down policy change.
- Test and Scale: Where possible scalable pilot project should be used to gauge the impact of the approach before investing heavily in any initiative. Where possible UNICEFs U-Report platform, with a reach of 28,000 in Pakistan, should be utilized to help test and refine messaging.

Communications Activities

In order to support the achievement of the project goals and induce the step changes laid out by the Theory of Change Framework, the following initiatives have been suggested. These have been split first by those initiatives which look to develop pre-existing in school interventions and then by the primary purpose of the communication; 1 -raising awareness, 2- removing social barriers and 3 - removing political barriers.

New Initiatives

In addition a number of other initiatives have been designed to help with the creation of new avenues of communication with young girls. These initiatives have been ordered to reflect their primary purpose (e.g. raising awareness, removing social barriers or removing political barriers) although there is often significant overlap.

Raising Awareness

As laid out by the theory of change model, awareness raising initiatives are designed with girls from group 1 ‘uninformed’ and group 3 ‘insular’ in mind; as these girls face an information deficit on MHM. By increasing the awareness of these groups of girls the below initiatives are designed to encourage them to move towards the ideal end state; adoption of safe MHM practices.
**Girls Words Project**

**TA Groups – Girls, Teachers, Media and Private Sector**

The ‘culture of silence’ in Pakistan is supported by the lack of appropriate language with which to discuss topics relating to female anatomy and women’s health issues. Most words relating to menstruation are non-standard and often have negative connotations. The proposed approach is aimed at creating an environment where conversations about MHM will become easier for the girls from the specific target audience. It’s a project that will require support from multiple stakeholders as well as sustained and concentrated effort over a longer period of time. The below figure illustrates the scope and different components of Girls Words Project:

By creating and standardizing a new set of socially neutral words for different concepts associated with MHM it is possible to empower young girls to discuss these topics more openly and therefore raise awareness of key issues and reduce social shyness to discuss the topic. To achieve this the ‘Girls Words Project’ would look to:

- Work with linguists to create new words for the various parts of the female anatomy accompanied by child-friendly illustrations.
- Develop and test educational and IEC material with these new terms and illustrations, to be distributed in schools and community. Once tested all other streams (e.g. Puberty Book) would be adapted to use the agreed upon language.
- Collaborate with journalists and private sector partners to develop guidelines and manuals to ensure their support for promotion and adaption of these new terms.
**MHM Helpline**

**TA Groups – Girls**

U-Report will host an online FAQ on MHM that could serve as a helpline. The helpline will include key MHM related tag words that provide essential information, help explain safe MHM practice while directing people to where they can get more information/assistance on MHM. To achieve this the ‘MHM Hotline’ should:

- Utilize both text and an Interactive Voice Response (IVR) based 24/7 toll-free helpline, to prevent economic barriers to access while linking on already existing helplines for girls in Pakistan.
- Ensure anonymity for all callers.
- Use female voice over to make girls feel comfortable
- Contain tools to collect data for monitoring and insight

**MHM Innovation Challenge**

**TA Groups: Youth 10-35 years**

The MHM Innovation Challenge is aimed at creating awareness on MH needs with the help of interactive formats by promoting youth engagement to find sustainable solutions to ensure girls have access to the facilities they need to manage their menstruation with dignity. The challenge format would help to motivate youth to come up with creative solutions about MHM. To achieve this the ‘MHM Innovation Challenge’ would look to build on following three components:

- **Promoting Innovative Solutions for MHM:** The competition should look for innovative tools, models and services that can offer girls and women more convenience and choices in managing their menstruation. The competition should be open to students, designers, social innovators, entrepreneurs, tech enthusiasts and educators between the ages of 10-35, and the winners will receive seed money to implement their proposals.
- **Promoting Peoples’ Voice:** Community engagement using different tools such as one—to-one interaction with the general public and social media platforms will be a key component of the project. The objective of this component of the proposed project is to spread the message of MH using the peoples’ voices themselves. Through the vibrant network of U-Reporters, implementing partner organizations and youth networks will be in a good position to shed light on the ground realities surrounding the issue of MH through promoting dialogue and discussions.
- **Youth Participation on MHM: Innovation Challenge** will provide an extraordinary opportunity for Pakistani girls and boys to create and deliver innovative ideas. Competition participants will get to present their concepts in front of a panel of experts who will give feedback and mentorship on the winning ideas. The competition winners will also be given seed money to develop and operationalize their concepts.
**MHM Hygiene Tips Adverts**

**TA Groups – Girls, Parents, General Public**

Adverts can be used to provide information and sensitize the general public to the subject. As such it is useful for removing social barriers and raising awareness. Adverts should be delivered around single messages and help subvert misinformation rather than directly challenging embedded beliefs. To achieve this the ‘MHM Hygiene Tips Adverts’ should:

- Look to work in collaboration with a commercial brand to extend the reach and sustainability of the content.
- Each advert should look to use a different female celebrities, public figures and role models (e.g. Sana Mir) to help drive resonance and publicity for the campaign.
- Utilize short 30 sec videos, print ads and radio spots – promoting simple and tactful hygiene tips; one tip per message.

**Meena Grows Up – MHM Cartoon**

**TA Groups – Girls & Parents**

As the preferred television genre for girls is drama and entertainment, we recommend an ‘edutainment’ approach that seeks to both educate and entertain young girls. Cartoons such as ‘Gogi’ and ‘Burka Avenger’ have been successful due to their capacity to enter into the home and address controversial issues in a non-threatening way; partly due to their more abstract nature. Through this medium, girls who face a severe information deficit (insular and uninformed quadrants) can receive basic information. It can also sensitise mothers and caregivers to the importance of MHM as a topic, thereby helping remove social barriers (insular and obstructed quadrants). Within MHM this could be achieved by:

- Looking to utilize pre-existing assets, such as reviving an old UNICEF produced popular cartoon character (Meena) – but featuring an older version of Meena (puberty age)
- Develop simple entertaining stories of Meena, which are embedded with MHM health tips, and help debunk myths and stigma.
- To enhance (and evaluate) the impact and reach of the cartoon in-school screenings should be arranged.
Social Barriers

As laid out in the theory of change model, activities designed to tackle social barriers are targeted at girls from the obstructed and insular sectors; as they face social and normative barrier to adopting safe MHM practices. As these social barriers are related to the community level stigmas and myths around MHM they will also look to impact interpersonal and community influencers, as well as the general public.

Targeting Men and Boys

It is essential

It is essential to engage with men and boys whilst as part of the holistic approach. This can be achieved by:

- Working with schools to ensure boys are included in MHM interventions
  goal: breaking taboos, openly discussing, educating on menstruation and addressing myths and misconceptions; boys learn that menstruation is normal

- Working with boys to get them to think about how they can support their sisters with the challenges they face during menstruation [addressing the empathizing point Gloria raised].
  goal: taking on a more active role, being a trusted and supportive figure in challenging environments – school, in a male dominated household

- Working with respected local and community males to become stronger champions of MHM.
  goal: create trusted and respected role models to attract younger champions; reduce barriers in the community

- Identifying appropriate environments where MHM can be discussed with both males and females together (this might have to be in more educated, urban areas), showing MHM can be discussed by both sexes reduces stigma
  goal: creates space for youth to support MHM and broadens acceptance in the entire community

Journalist Capacity Building

TA Groups – Directly Media; Indirectly Politicians and General Public

Journalists, especially from the regional press, are often reticent to cover issues relating to women’s health [28]. Helping develop journalists’ willingness and capacity to report on women’s issues and MHM is essential for social and governmental change. Journalists should be identified across all regions of Pakistan and efforts should be made to inform them of key issues relating to MHM. This initiative will focus on engaging both male and female journalists and build a critical mass of key influencers and champions of causes relating to women’s issues. To ensure the sustainability of the program, a platform for long term communication should be formed. This network of journalists can then allow for further internal training, information sharing, partnerships and whistleblowing. To achieve its goals the ‘Journalist Capacity Building and Advocacy Program’ should:
- Work with key media outlets at both the national and regional levels
- Identify journalists of significance and use them as potential leaders for the promotion of MHM issues.
- Provide journalists with key language and guidelines with which to discuss MHM.
- Develop a sustainable online or mobile platform for long term communication (and monitoring) amongst a network of journalists.

Morning Show - Break the Silence

TA Groups – Mothers, Media & General Public

The popularity of morning shows amongst Pakistani women, means they are an excellent avenue with which to reach female caregivers and challenge societal taboos and stigma. As such it can support girls from the insular and obstructed quadrants. These talk shows can also be useful starting points to create national interest in particular topics; especially with follow up journalistic coverage. To achieve this the Morning Show should:

- Take the format of a one-off talk show- where there is more scope to tackle controversial issues.
- Be hosted by a famous female celebrity host (e.g. Marina Khan – famous actress and compere) who can serve as a positive ambassador for safe MHM.
- Include influential and trusted community figures including a female Doctor, I religious leaders from all religions in Pakistan, and representatives of the education and health department.
- Be organized around MHM Day to help support the broader initiative.
- Contain a live studio audience of men and women, whose questions can be selected to create a sense of public interest in relation to the topics.
Social Health School Play

TA Groups – Teachers, Girls & Media

School theatre groups can be utilized to debunk myths and stigma around MHM, through the lens of promoting a healthier society. Although school theatre groups exist mostly in private schools – government schools can become the venue for the show providing an opportunity to engage directly with the education department. To achieve this the ‘Social Health School Play’ should:

- Look to bring on board renowned writers (e.g. Anwar Maqsood) and theatre groups (e.g. NAPA – National Institute of Performing Arts) to work with school theatre groups; and provide opportunities to create national media coverage of the activity.
- Generate wider PR around the show to promote awareness and garner support for policy change. This could include hosting the theatrical performance of the show in urban areas for wider awareness.
**Political Barriers**

Removing political barriers is required for long term sustainable change within Pakistan. If MHM was appropriately taught in schools and key facilities were provided, the need for alternative initiatives would be dramatically reduced. As such advocating policy change is a key requirement of any long term strategy for MHM. These key initiatives have the potential of improving the lives of both rural and urban girls.

**Documentary Film**

A hard-hitting documentary film can be used to create political pressure around the issue of MHM. Films such as ‘Girl in the River’ have supported the creation of government policy to address the issue of honor killings in Pakistan. These films can look at the serious impact that social stigma, traditional practices, and the ‘culture of silence’ has on young girls in Pakistan. To achieve this the ‘Documentary Film’ should:

- Partner with famous filmmakers and activists to create a documentary (e.g. Sharmeen Obaid-Chinoy the academy award winning director of ‘Girl in the River’) to create a touching documentary to highlight the confusion girls go through without proper awareness of MHM.

- Use the cast and crew of the film as brand ambassadors to advocate policy change.

- Encourage leading female representatives of the national assembly to be interviewed for the film and discuss the need for policy change.

- Screen the film at international awards ceremonies to develop external international pressure.

- Create a supporting online platform for the promotion of the film and to channel support for the cause.

- Develop an online petition to be released with the film to pressure government action.
INTERPERSONAL COMMUNICATIONS

Extending Pre-Existing Initiatives

Several existing initiatives by UNICEF and its implementing partners – particularly those that belong to interpersonal communication activities and fall under the WASH in Schools program – have huge potential to be further developed under the framework of social and behavior change strategy. UNICEF currently works with a number of partners to implement its WASH in Schools program initiatives across Pakistan. Whilst these initiatives are run nationwide, they are focused on creating more interpersonal and direct linkages with adolescent girls; as such they are likely to be particularly relevant to the ‘insular’ girls segment, who lack access to information at home and face social and normative restrictions on their behavior. Bringing MHM into in-school initiatives through interpersonal communication approaches can help ensure girls have the basic knowledge they need and begin to break down some of the social barriers to their behavior – helping shift girls towards our ideal end state.

For our primary TA, these pre-existing initiatives from UNICEF can be continued with and developed further.

MHM Kits:
(TA Groups – 3 & 2)

The distribution of MHM kits is currently being done by Water Aid, UNICEF, and P&G (Always targets 15,000 schools). The MHM kits themselves contain a hot water bottle, commercially prepared sanitary napkins, underpants, soap, tissue paper, green tea, a chaadar, a brown paper bag, and a plastic bag with a zipper. In addition, the kits now have basic informational leaflets for girls to inform them about MHM. As an in-school program the MHM kits are most relevant to girls from quadrant 3 ‘insular’ and quadrant 2 ‘uninformed’ and can help by removing fear around MHM and raising awareness of basic issues. To amplify this impact, opportunities will include:

- Refining Messaging in MHM Kits – MHM kits should consider the multiple audiences for the leaflets – both teachers who distribute the materials in the kits and the girls themselves – as such communication on the leaflets should be dual track to ensure girls and teachers know all key information and both support the adoption of positive MHM practices. In addition, the language should be updated in line with the results of the Girls Words initiative (laid out in the following section.

- Extending Reach – MHM Kits are not released in-schools nationwide, despite their importance for keeping girls in school during menstruation. Extending corporate partnerships can help maximize reach. Reviews should also be performed to prevent geographic overlap between distributing partners.
Encourage Sustainable Alternatives - providing sanitary products to girls within the MHM Kits is not sustainable, it is important that girls are given information that is relevant in their social context. In this respect, rural girls should be taught about how to create re-usable pads and provided the materials through which they can do so.

Puberty Book
TA Groups – Segment 3 and 2

The puberty book created by Grow and Know and Real Medicine Foundation, is currently being adapted by UNICEF and will be distributed by UNICEF and other sector partners. As an in-school program the puberty book is most relevant to girls from quadrant 3 ‘insular’ and quadrant 2 ‘uninformed’ and can help by increasing awareness and removing some normative social restrictions. To amplify this impact opportunities include:

- Extending Reach - Working with stakeholders and partners to increase distribution or by exploring new avenues for dissemination. In particular the content which will be hosted on an online platform could benefit from a robust dissemination plan.
- Expanding Content – The puberty book could build in more content focused on social behaviours around menstruation – as was done with the ‘Menstrual Matters’ comic.
- Expanding the Audience - The role of parents should also be considered in the Puberty Book. Content could also include material for mothers focused on explaining the harm of negative traditional practices and how to support girls through the creation of reusable pads at home. Furthermore, an abridged version of this material tailored (e.g. a leaflet) for boys could also developed and distributed through existing WASH in School networks as well as partner networks.

Wash Clubs in Schools
TA Groups – 3, 2 & 1

WASH clubs are formed in all schools where UNICEF intervenes. They mostly focus on hygiene promotion; however some also include MHM material and even coordinate the pooling of funds to replenish the MHM
kits. By expanding the MHM content they can help play a primary role in explaining safe MHM practices and normalizing the subject within schools to help remove social barriers. To amplify this impact opportunities include:

Big Sister Program – Wash Clubs should include an MHM module within the program which seeks to empower girls to begin direct girl-girl communications around MHM with their peers. This will include the establishment of a big sister in each class who are instructed through the Wash Clubs on all key information relating to MHM and serve as a point of contact for other girls in the class to learn more. A specific responsibility will be to ensure support to girls during menstruation by distributing emergency sanitary pads, and soap, as well as to monitor if facilities are maintained appropriately. In addition, Big Sisters will be trained to encourage their classmates to act as big sisters within the home and develop the confidence of their siblings to speak up and discuss key issues.

WASH Teacher Training

TA Groups – 3

Current UNICEF initiatives under the WASH program look to train teachers to support good hygiene in schools. The program ensures teachers understand key principles of WASH and can teach children to start following these hygienic practices. By extending to cover MHM content this can help rural in-school girls receive accurate information around MHM, as well as challenge misconceptions and beliefs which create normative social barriers. As such it is relevant to all quadrants of girls (obstructed, insular and uninformed).

MHM Champions

For UNICEF, key to reaching adolescent girls across the country is partnering with influential personalities who resonate with female audiences. National MHM champion will use different platforms to engage with young adolescent girls to underscore MHM issues. The benefits of such engagement are three-fold:

a. Increasing public awareness on MHM related issues faced by adolescent girls, and how champions can contribute toward addressing these issues
b. Giving girls a platform to actively participate and interact with champions thus contributing towards decisions that affect their well-being, through engagements such as live chats on U-Report

c. Advocating relevant stakeholders to take appropriate action to improve facilities that enable adolescent girls to properly manage their menstruation, hence improving their potential to learn and thrive

UNICEF will engage leading sports personalities whose accomplishments exemplify the resilience and tenacity of many young Pakistani women and whose success resonate and inspire youth, especially girls, from their peers.

Approach:

The campaign to champion women and girls’ right to access adequate water and sanitation facilities at their schools and workplaces, will give girls a voice. MHM champions’ engagement will include the following platforms:

- Round-table consultations with adolescent girls from across the country, discussing diverse themes including girls’ access to facilities to better manage their menstruation
- Participation in high level events, as highlighted below, with relevant stakeholders including government officials
- Speaking opportunities at schools and universities during key events
- Brief video expressing their views on the importance of the subject that can be shared on social media channels, calling upon other women and girls to share their own experiences
- Participation in media briefings during key events around adolescent girls issues
- Mentorship of young girls who are willing to become MHM heroes within their own community
**Action Plan**

Hereunder is a broad overview of the roadmap and next steps that will ensure the development and delivery of a robust, compelling program of complementary initiatives:

**PHASE I: EXPLORATION AND INITIATION**

An extensive exploration and initiation phase will allow for the communication approaches to be further developed and refined for final execution. Crucial steps will include campaigning for stakeholders buy-in, formalizing roles and responsibilities, undertake quantitative research, performance indicators and finalizing action plan.

**Stakeholders Buy-In**

The very first step in this phase of Exploration and Initiation would be to run a campaign that will encourage stakeholder buy-in from the working group and other stakeholders. It is crucial to generate support and be able to gather support from stakeholders that is required to drive societal as well as policy change. This could be achieved through a combination of different tools such as targeted communications, presentations, meetings and workshops, and advocacy campaigns to influence specific stakeholder groups.

Key MHM partners of UNICEF and other stakeholders review the strategy and refine key communications initiatives. This will also allow links to be forged between different MHM focused initiatives and help solidify the working group. As such it is essential to ensure:

- Full strategic alignment for all stakeholders of the working group and beyond
- An internal communication and reporting system to ensure that information is appropriately shared between organizations and targets and goals are met.
- Developing a promotion strategy for the MHM working group to ensure that it receives increased national prominence.

**PHASE II: ROLL-OUT OF PROGRAMS**

The implementation of communications initiatives will begin in Phase 2. The exact timelines for each activity should be laid out in an inception report once initiatives have been piloted and evaluated in Phase 1. These communications initiatives should be staggered to:

1. Quickly provide girls with their key information needs in the short-term.
2. Align with key socio-cultural and partner activities such as MHM Day 3. Create synergies and ensure increased national public interest and exposure to MHM topics.

**PHASE III: PROCESSING RESULTS AND PROGRAM ADVOCACY**

Lapis proposes that rigorous Monitoring and Evaluation (M&E) phase be undertaken in order to test the impact of the work undertaken. This will begin through the piloting of viable communications streams in Phase 1. However, the evaluation of impact will be a continuous process as each initiative progresses. At the end of the strategic timelines the impact of different initiatives should be collated and appropriately assessed. The program as a whole should be evaluated against the pre-agreed indicators and programmatic goal – increasing adoption of safe MHM practices amongst 9-18-year-old girls. This assessment will provide both internal results as well as an opportunity to use the results to feed into the advocacy stream and discuss the importance and impact of MHM initiatives with wider national and international stakeholders.
## Draft Action Plan

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>KEY MESSAGE(S)</th>
<th>VEHICLES (DELIVERABLES)</th>
<th>FREQUENCY</th>
<th>TARGET DELIVERY DATE</th>
<th>TARGET AUDIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch of SBCC Communication Strategy</td>
<td>• Importance of social and behavior change communications; overview of the strategy, and forthcoming activities/action plan</td>
<td>Presentations</td>
<td>Once</td>
<td>June 2017</td>
<td>UNICEF, Government Ministries, Implementing Partners, MHM Working Group</td>
</tr>
</tbody>
</table>
| Innovation Challenge | • Youth needs to be galvanized to find sustainable solutions to ensure girls have access to the facilities they need to manage their menstruation with dignity.  
• Young people can play an active role in contributing to positive social change regarding menstruation and MHM, for a friendlier community and social environment by sharing their experiences and creating awareness. | • Social media platforms such as U-Report, Facebook, Twitter, live webinars through Google Hangout.  
• Stakeholder Dialogue (Presentation of competition winners and panel discussions on MH) | Once        | April to November 2017 | Young people (ages 10-35): students, designers, policy-makers, social innovators, entrepreneurs, tech enthusiasts and educators |
| UNICEF MHM Champions/Ambassadors | • Our campaign ambassadors are larger-than-life youth and girls’ rights icons and their inspirational stories will motivate girls to adapt safe MH practices.  
• These influencers are significant voices for advocacy for MH awareness in Pakistan. | • Launch video  
• Presence at UNICEF MH Events  
• Press Release  
• Video Messages  
• Social Media (Facebook, Live Chat etc.) | TBD         | TBD                   | General Public (Communities), Girls, Teachers, Parents, Media, Implementing Partners, Governments, Corporate |
| MHM Girl Power Campaign (UNICEF MH Event in July 2017) | • sensitize the audiences to a subject usually not discussed in public spaces by utilizing influencers i.e. MH Champions/Ambassadors  
• As such it is useful for removing social barriers and raising awareness by subverting misinformation rather than directly challenging embedded beliefs  
• Create a strong brand recall by emphasizing the concepts of empowerment, self-sureness and improved health for girls through safe MH practices | • Electronic media  
• (30 secs PSAs on national and regional TV and radio channels)  
• Print ads  
• Digital (Online promotion through social networking platforms)  
• Event branding | Once (Production and broadcast)  
Campaign material could be re-used for broadcast later also. | June to August 2017 | Girls, General Public, Media and Partners |
| Girls Words Project | • It is critical to empower young girls to discuss MHM more openly and easily so it is important to reduce social shyness to discuss the topic  
• Work with linguists to create and standardize a new set of socially neutral words for different concepts associated with MHM | • Child-friendly illustrations  
• Educational and IEC material  
• Training of teachers/caregivers  
• PR | Once (Development)  
Distribution (On-going) | TBD | Girls, Teachers, Communities, Government, and Media |
| MHM Online Platform/ MOHIM Mobile App | • Create an innovative avenue through which to directly communicate with young girls  
• Capitalize on the rapid growth of smartphones in Pakistan. The creation of an app and/or integrated online & social media campaign provide the girls and parents with access to relevant information and awareness on MHM. | • Online (Website, App Store, Social Media)  
• PR | Once (Development)  
Distribution and management of online forums (On-going) | TBD | Girls, Teachers, and Parents |
<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>KEY MESSAGES</th>
<th>VEHICLES (DELIVERABLES)</th>
<th>FREQUENCY</th>
<th>TARGET DELIVERY DATE</th>
<th>TARGET AUDIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHM Help-line</td>
<td>• There is a dire need to provide help through essential information on safe MH practices, and provide counseling in crises situations. • Edutainment approach has the capacity to both educate and entertain young girls. Meena (the cartoon character) is now growing up and her health needs are now changing.</td>
<td>Telecommunication - Inter-active Voice Response (IVR) based 24/7 (Telemedicine, Social Media) Promotion (Bumper stickers, posters at schools etc.)</td>
<td>Once (Development)</td>
<td>TBD</td>
<td>Girls, Teachers, Mothers</td>
</tr>
<tr>
<td></td>
<td>• Nothing should stop young girls from achieving their life goals. Through this series, girls can now receive information on how to manage their menstruation needs.</td>
<td>Illustration based story books</td>
<td>Once (Development)</td>
<td>TBD</td>
<td>Young girls, Teachers, Parents</td>
</tr>
<tr>
<td></td>
<td>• It’s important to realize the crucial role journalists and news media can play in taking MHM discussion forward. Create opportunities to develop journalists’ willingness and capacity to report on women's issues including MHM why it is essential for social and governmental change.</td>
<td>Event: Capacity Building Workshop Training modules, presentation Online community/forum</td>
<td>Annual event</td>
<td>Online community (Ongoing)</td>
<td>Media; General Public, Policymakers</td>
</tr>
<tr>
<td></td>
<td>• Break the silence – Trusted influential role models from our society have a huge responsibility to raise voice for girls right to safe MHM.</td>
<td>TV Show Social media promotion</td>
<td>Once</td>
<td>Around international MH Day or UNICEF MH event</td>
<td>Girls, Mothers, Media</td>
</tr>
<tr>
<td></td>
<td>• As a society, we should look at the serious impact that social stigma, traditional practices, and the ‘culture of silence’ has on young girls in Pakistan.</td>
<td>School theatre events Social media promotion</td>
<td>Annual campaign</td>
<td>TBD</td>
<td>Teachers, Girls, Media</td>
</tr>
<tr>
<td></td>
<td>• Stakeholders specially policymakers need to take notice of MH needs of Pakistan girls and provide basic facilities at schools. A hard-hitting documentary film can be used to create political pressure around the issue of MHM.</td>
<td>School theatre events Social documentary Film Festivals</td>
<td>Once</td>
<td>TBD</td>
<td>Policymakers, media, implementing partners</td>
</tr>
</tbody>
</table>
Annexes

List of Key Informant Interviews (KII)

UNICEF
- Hira Hafeez-Ur-Rehman: U-Report Manager – UNICEF Innovations
- Maleeha Sajjad Naqvi: WASH Officer at UNICEF, Punjab
- Dr. Wassaf Syed: WASH Officer at UNICEF, Peshawar
- Mubashara Iram: WASH Officer at UNICEF, Karachi
- Shazia Aman: WASH Officer at UNICEF, Balochistan
- Saadia Yaqoob: UNICEF MHM Consultant

Implementing Partners
- Hina Kausar: Project Coordinator – WaterAid, Islamabad
- Ayesha Javed: Communications Coordinator – WaterAid, Islamabad
- Attia Ayub Qutub: Project Coordinator – PIEDAR
- Afshan Bhatti: Research Manager – Real Medicine Foundation
- Saba Zafar: Advocacy and Liaison Officer – Environmental Projection Society (EPS)
- Shakeel Ahmad: Project Manager – Environmental Projection Society (EPS)

Corporate Sector
- Fahad Saleem: Assistant Brand Manager – Always Sanitary Napkins (Procter & Gamble Pakistan Pvt. Ltd)
Literature Review

UNICEF Research

- “Menstrual Hygiene Management (MHM) Symposium.” MHM Working Group Pakistan, Activity Concept Note.
- WASH in Schools for Girls: Voices from the Field, Advocacy and Capacity Building for Menstrual Hygiene Management through WASH in Schools Programmes.
- Sinden, Jeff, Murat Sahin and Carmelita Francois, WASH in Schools for Girls: Voices from the field - Advocacy and capacity building for menstrual hygiene management through WASH in schools programmes, United Nations Children’s Fund, New York, December 2015.

Academic Research

- Bharadwaj, Sowmyaa, and Archana Patkar. "Menstrual Hygiene and Management in Developing Countries: Taking Stock (2004)."

Government Policy Documents

Bibliography


[16] “Radio Source”.


[18] PTA Pakistan Telecommunication Authority, “Usage Review”.


[20] UNICEF.
[22] Bytes For All Pakistan, “Pakistan Internet Landscape 2016”.
[23] Umari Qureshi, “Pakistan Facebook Users crosses the landmark of 25 Million users”.
[25] Gallup, “Trust in newspapers has been steadily rising for the past two decades”.
[27] A. Bhatti, Key Informant Interview, 2016.
[29] W. Aid, “KII”.