Learning from the WASH in School for Girls Project in 14 countries
Evidence Based Advocacy and Capacity Building for Menstrual Hygiene Management

Afghanistan, Bolivia, Burkina Faso, Eritrea, Ghana, India, Indonesia, Kyrgyzstan, Nepal, Niger, Nigeria, Mongolia, Pakistan, Zambia

Background: From 2014 to 2017, Global Affairs Canada provided a grant of CAD 7.5 million to support the project WASH in Schools for Girls: Advocacy and Capacity Building for Menstrual Hygiene Management through Water Sanitation and Hygiene in Schools Programs in 14 countries. The main aim was to strengthen evidence-based advocacy and action on MHH in low- and middle-income countries through the UNICEF-supported WASH in Schools global program, leading to a more supportive school environment that is ready for girls.

Lessons learned: As a first multi-country project managed at the global level for MHH in schools, UNICEF and its partners have faced many challenges over the course of implementation so far. The lessons from this experience suggest new ways of working to ensure that every girl has access to support during menstruation. These include:

- Building capacity for an emerging field of work: WinS4Girls built capacity for working in MHH within governments, academia, and UNICEF itself – a long and uneven process.
- Developing context-specific interventions on a taboo subject: The messages and format of the basic package varied between countries, but common pillars and principles emerged between all countries.
- Reaching the most disadvantaged girls: Out of school girls were not a focus on this project, but targeting them emerged as a need in many countries. Inclusion of girls with disabilities can be strengthened.
- Monitoring the impact of improved MHH on girls’ lives: There is a need to develop stronger ways of measuring the impact of MHH on empowerment, dignity, confidence, and participation to capture the full value of MHH to girls’ education.
- Working across sectors with multiple partners: Intersectoral issues like MHH require more resources invested in coordination, but provide multiple pathways for reaching girls.
- Financing for sustainability: Scaling up will require integration of MHH in education sector strategies and guidelines, and government financing.

The experience of these countries shows that change within the education (and health) systems takes longer than a typical two- to three-year project time frame. A next phase of support for MHH should begin with these institutional structures in mind, and build on successes where there is a good evidence base, promising programming models, and clear government ownership.

Key achievements by project outcome
1: Increased understanding of current MHH practices and barriers girls face in schools
- Formative research on the challenges and barriers faced by girls at school during menstruation completed in 14 countries.
- Research disseminated through national and subnational workshops, and global conferences and publications.

2: Increased incorporation of gender sensitive MHH support into existing national WinS programme
- MHH included in education or WASH sector policies, standards, or guidelines in 9 countries.
- Package of MHH interventions developed with ministries of education and other partners in 13 countries, based on formative research. Interventions include teaching and learning materials, activities, and training.
- Package distributed to girls and boys at up to 100 schools in each country.

3: Increased leadership of Ministries of Education in menstrual hygiene management
- MHH working groups or exchange forums established in 12 of 14 countries. WG activities include review and approval of research, evidence-based advocacy, collaboration with key stakeholders from other sectors.
- High-level championing of MHH within Government, for example by Ministers responsible for Education or Health, or First Ladies.

4: Increased capacity of global WinS Network Members on MHH research and programming
- WinS4Girls e-course developed with Emory University and UNGEI. Overall 82 graduates of the e-course from 13 countries and global level.
- Annual sharing through the Virtual Conference on MHH in Schools, now reaching over 1,000 participants in 90 countries each year, with Columbia University.
- Support to develop a 10-year agenda for MHH in Schools, called ‘MHM in Ten’, with Columbia University.
- MHH sessions in regional leevets, such as the South Asia / East Asia Pacific International Learning Exchange on WASH in Schools.

The Ministry of Education in Zambia has integrated WASH and MHH into its education sector policies and plans, including provisions to keep girls in school. The national latrine design for rural schools now provides for a private space within the girls’ latrines for menstrual hygiene management, with the availability of a water point.

In Indonesia, the Council of Islamic Scholars is developing guidance for girls on menstrual hygiene management based on religious teachings and advocacy efforts reached out to religious leaders and mayors. A comic book targeting girls and boys was created to shed light on this issue and video was made to address teasing of girls; these learning materials led to increased knowledge of menstruation among both boys and girls, stigma among girls reduced and it was clear that the programme led to students being able to more openly discuss the topic.

In India, the Ministry of Education and the Ministry of Human Resource Development and other ministries are collaborating on the state-level roll out of the National MHH Guidelines (2016), which includes addressing inter-ministerial planning and budgeting.

Teaching and learning materials created in Bolivia with municipal governments had reached 10,000 boys and girls in 100 schools by early 2017, with growing interest from other municipalities to replicate the intervention in their own regions, using their own financing.

Niger, a country with high levels of child marriage and high birth rates combined with low levels of progress in education and health indicators, has relied on community structures and media to open the discussion on MHH. Radio stations have broadcast menstrual health messages, sketches and songs over 7,000 times, and hosted lively debates with traditional leaders and community members on MHH.