'MHM in Ten':
Advancing the MHM Agenda in WASH in Schools

Second annual meeting

Co-hosted by Columbia University and UNICEF, New York 23 October 2015

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Executive Summary

A strong body of evidence demonstrates that girls face a range of challenges when menstruating at school, from the lack of clean, safe and gender-segregated toilets to feelings of shame and embarrassment. Around the globe there is significant and growing interest in addressing the menstrual hygiene management (MHM) barriers facing schoolgirls in low-income contexts. In an effort to more systematically focus these significant but disparate efforts, in 2014 UNICEF and Columbia University organized the inaugural "MHM in Ten" meeting with the objective of mapping out a ten-year agenda for MHM in schools. The meeting brought together a range of actors, including academics, donors, non-governmental organizations (NGOs), United Nations agencies and the private sector, from a variety of sectors, including water, sanitation and hygiene (WASH), education, gender, sexual and reproductive health and adolescent development. The participants identified five priorities to help dramatically improve MHM by 2024.[1]

MHM in Ten: Priorities for menstrual hygiene management in schools, 2014-2024

Priority 1: Build a strong cross-sectoral evidence base for MHM in schools for prioritization of policies, resource allocation and programming at scale.

Priority 2: Develop and disseminate global guidelines for MHM in schools with minimum standards, indicators and illustrative strategies for adaptation, adoption and implementation at national and sub-national levels.

Priority 3: Advance the MHM in schools movement through a comprehensive, evidence-based advocacy platform that generates policies, funding and action across sectors and at all levels of government.

Priority 4: Allocate responsibility to designated governments for the provision of MHM in schools (including adequate budget and M&E) and reporting to global channels and constituents.

Priority 5: Integrate MHM, and the capacity and resources to deliver inclusive MHM, into the education system.

The second annual MHM in Ten meeting, which was held on 23 October 2015 in New York City, brought together an expanded group of participants, including representatives from ministries of education and health from a limited number of countries (see Appendix 1 for a list of participants). The strong interest in MHM in schools was demonstrated by the self-financing of attendance and the increasing number of initiatives highlighted at global, national and local levels.

The 2015 meeting validated the five priorities identified in 2014 and confirmed the group's commitment to making progress over the next two to three years. Priority actions identified included advocating for the inclusion of MHM on the agendas of key global conferences; the formation of MHM technical working groups at country level; the development of MHM guidelines; and identifying and beginning to address gaps in the evidence on the impact of MHM interventions. Annual meetings will continue to be organized by UNICEF and Columbia University to review progress.

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[1] The five priorities are not intended to be sequential.

Background

In 2014, a group of academics, NGOs, donors, private sector companies, and United Nations agencies came together to map out a ten-year agenda for addressing the MHM barriers facing girls in schools in low-income contexts, and to identify priority actions to help create schools that provide comfortable, safe and supportive environments for menstruating girls and female teachers. Participants at the inaugural MHM in Ten meeting identified a common vision and developed five key priorities (see Executive Summary). They also agreed that the engagement of multiple sectors would be critical to the achievement of the five priorities, as will the active involvement of national governments.

> *Common Vision:*
>
> *In 2024, girls around the world are knowledgeable about and comfortable with their menstruation, and are able to manage their menses in school in a comfortable, safe and dignified way.*

The second annual MHM in Ten meeting was held on 23 October 2015 in New York City. The agenda focused on making progress in the next two to three years, with participants identifying actions their organizations could take to help meet the common vision.

The meeting was attended by a broad range of experts (see Appendix 1 for a list of participants). Participation was, however, constrained by a limited budget, necessitating that participants finance their own travel. Those present overwhelmingly felt that future meetings would benefit from the participation of additional governments, a wider range of private sector partners and adolescents themselves.

Imagining schools in 2024

The participants broke into groups to reflect on what success would look like in 2024 around each of the five priorities.

Priority	What success looks like in 2024
Priority 1: Build a strong cross-sectoral evidence base for MHM in schools for prioritization of policies, resource allocation and programming at scale.	• Evidence streamlined and highlighted from across relevant sectors • Community of practice established to fill remaining gaps in the evidence • National MHM policies developed (led by relevant ministry, with dedicated budget) • Evidence of improved quality of educational experience generated • National MHM working groups established
Priority 2: Develop and disseminate global guidelines for MHM in schools with minimum standards, indicators and illustrative strategies for adaptation, adoption and implementation at national and sub-national levels.	• MHM standards developed, with indicators for monitoring quality (e.g. quality of trash bins, privacy within gender-segregated toilets) • Documents and tools for implementation and monitoring of interventions developed and translated into local languages • New biodegradable sanitary products available • School curricula include guidance on MHM, with teachers trained • Integrated models for implementing MHM in schools identified • Student leaders working to help break menstrual taboos
Priority 3: Advance the MHM in schools movement through a comprehensive, evidence-based advocacy platform that generates policies, funding and action across sectors and at all levels of government.	• Human rights framework for MHM developed and accepted, incorporating various sectors and actor groups • Comprehensive evidence-based advocacy platform developed • Youth leaders empowered as advocates for MHM • Inter-sectoral collaboration established between government ministries, included budget lines for MHM • MHM expanded beyond schools to provide dignified MHM for all girls and women
Priority 4: Allocate responsibility to designated governments for the provision of MHM in schools (including adequate budget and M&E) and reporting to global channels and constituents.	• National indicators on MHM in schools reported regularly • National champions identified and nurtured to help push agenda forward • MHM budget line items allocated, including both 'hardware' and 'software'

Priority	What success looks like in 2024
Priority 5: Integrate MHM, and the capacity and resources to deliver inclusive MHM, into the education system.	- WASH infrastructure in schools includes private, safe, gender-segregated facilities - Facilities provide adequate soap and clean water - Disposal and waste management systems within schools established and functional - Teachers and other school actors adequately trained on MHM education, and feel confident delivering education - Teachers possess ability to provide social support to menstruating girls - Parent-teacher associations support MHM education and interventions in schools - Relevant national policies include MHM - National MHM guidelines standardized for displaced, disabled and out-of-school populations - Cross-sectoral government working groups on MHM established - National and global indicators developed, with monitoring and evaluation on going

Catalysing change

The participants broke into groups to brainstorm action items that can be completed over the next two to three years to contribute to the realization of the five priorities and common vision by 2024.

Priority	Action items
Priority 1: Build a strong cross-sectoral evidence base for MHM in schools for prioritization of policies, resource allocation and programming at scale.	• Identify and involve relevant sectors and stakeholders nationally and globally • Scale up local initiatives • Develop and use indicators in national planning that can be reported to donors • Translate evidence into policies and programming • Conduct additional multi-method studies • Map out where countries are and where they need to go • Develop capacity within countries to conduct research on MHM • Generate the evidence that MHM interventions are cost effective and improve outcomes
Priority 2: Develop and disseminate global guidelines for MHM in schools with minimum standards, indicators and illustrative strategies for adaptation, adoption and implementation at national and sub-national levels.	• Develop a stronger evidence base upon which to base guidelines • Establish working groups at the global level (possibly under the United Nations) that meet regularly to form a consensus on global guidelines and standards • Form national MHM working groups (with links to the global working groups) • Adapt and disseminate guidelines to local levels (with best practice recommendations) • Examine existing implementation strategies that have proven effective • Create an annual reporting system for governments to track progress
Priority 3: Advance the MHM in schools movement through a comprehensive, evidence-based advocacy platform that generates policies, funding and action across sectors and at all levels of government.	• Reframe MHM as a human rights issue • Identify ways to showcase the voices of adolescent girls • Learn from the success of other advocacy movements (e.g. child marriage, breastfeeding) • Map existing platforms where MHM could be included as an agenda item • Find ways for MHM to be incorporated into existing girls' and women's issues (e.g. HIV, maternal and child health, secondary school education), and articulate how attention to MHM will help to advance those agendas • Develop country case studies that showcase the success of MHM approaches

Priority	Action items
Priority 4: Allocate responsibility to designated governments for the provision of MHM in schools (including adequate budget and M&E) and reporting to global channels and constituents.	- Ensure clarity on institutional responsibilities at the country level - Consider developing a policy brief based on the 14-country WinS4Girls Project - Facilitate South-South learning visits - Use faith-based networks to raise awareness and mobilize action - Conduct cost-benefit analyses to convince ministries of finance to provided dedicated funding
Priority 5: Integrate MHM, and the capacity and resources to deliver inclusive MHM, into the education system.	- Identify government champions to lead national efforts - Establishment national working groups, led by government, with the participation of cross-sectoral stakeholders and multiple actor groups - Develop baseline understandings of girls' experiences within countries - Create indicators and systems for incorporating MHM into national Education Management Information Systems (EMIS) - Explore the development of a United Nations resolution on MHM and puberty education - Advocate for specific line items in budgets

Actor group review

The participants broke into 'actor groups' (academics, donors, NGOs, etc.) to examine the proposed actions, assessing their feasibility and determining if they are sufficiently ambitious.

Academics

- Development of evidence requires funding
- Robust, evidence-based programming is ambitious; studies take four years to complete and require money, time and commitment
- Current and past activities are feasible, but need funding to continue and expand
- Improved communication is needed between researchers and programme implementers
- Indicators are 'doable,' but need to include hardware, software and impact
- Research is needed to inform EMIS, evaluation trials and evaluation programming

Donors

- Research appears feasible in the 14 countries involved in the WinS4Girls Project, with lessons learned for other countries
- Need proven outcomes to generate donor and government investment
- Because MHM falls between sectors, internal donor discussions are needed on how to provide support
- Need increased evidence demonstrating specific outcomes (e.g. improved health)
- Current evidence insufficiently articulated within a larger framework for action
- Organize stakeholder meetings to identify how MHM fits within a given donor's priorities
- Orchestrate a high-level declaration on the importance of MHM, including where it fits within other development priorities

Governments

- Proposed ideas are feasible, except for the final priority; difficult for countries without a baseline to have integrated action on MHM within three years
- Specific funding for MHM may not be available (because of basket funding approaches)
- MHM agenda can be strengthened by involving the gender focal point within ministries
- The voices of girls are missing, as is the engagement of the media
- Need very specific funding for MHM interventions for change to happen
- Funding is needed for baseline studies, for translation of research findings, and for creation of minimum standards
- There are opportunities for sharing lessons learned across all priorities
- Need MHM champions and inter-sectoral working groups
- The mandate to deliver MHM in schools rests with governments

NGOs

- Existing MHM evidence needs to be conveyed in language that is easier for practitioners and policymakers to understand
- Develop a platform for sharing MHM learning (e.g. a resource hub)
- Local conferences should be encouraged (along with the annual global conference)
- Technical working groups (sub-groups) needed, who can work on guidelines and standards and report to global working group

- Development of minimum standards takes a long time; aim to have a draft for comment in two to three years
- Minimum standards to be 'housed' within education and WASH sectors, with other relevant sectors engaged
- NGOs need to think about how to build local capacity to meet standards

Private sector

- Encourage the formation of a global consortium that will be recognized by everyone and help put plan into action
- Reframe MHM in schools under a human rights lens
- The current narrative is lacking; the story needs a strong 'pitch' (and talking to governments will be different than talking to communities)
- Pull MHM under something larger: "here's our big vision of where we want to be"; without a larger framework, efforts become piecemeal
- Idea of female empowerment; "I have no control over so many things, but I have control over my menstruation"
- Create a message and branding
- Need more communications people involved
- Very important to have global agreement on the agenda (in order to get funding)
- Strategically map out what needs to get done, make clear where partners plug in, identify short-, medium- and long-term goals
- Recommend quarterly meetings (with one person from each sector on the standing committee)

United Nations agencies

- Identified actions are feasible given the nature of United Nations agencies and existing partnerships with key stakeholders; the challenge will be to maintain momentum and build political will
- Actions are sufficiently ambitious; the key is to adequately integrate and prioritize actions so that they transcend leadership change
- Need high-power people championing the cause within the United Nations and within countries
- Can create a task force, or even an informal "coalition of the willing" within the United Nations, to streamline resources and create synergies

Key areas

The participants broke into groups to examine four key areas identified as essential to making progress: convening; implementation; research; and funding. The groups explored ways in which aspects of the four areas may be impeding progress on the five priorities, and identified ways in which to achieve change.

In terms of **convening**, the participants concluded that annual meetings are important to maintain the momentum towards 2024. It will also be important to encourage meetings at national and local levels. There was concern that although there are a growing number of MHM champions, there needs to be more "buy-in" for the common agenda. Suggestions included more South-South cooperation between governments, and an online platform for sharing resources.

In terms of **implementation**, the participants concluded that current efforts are primarily being championed by NGOs and United Nations agencies, with less government engagement. The participants recommended additional funding and a focus on building political commitment, and emphasized the need for additional operational research to identify the most feasible and cost-effective interventions.

In terms of **research**, the participants felt that a credible evidence base is essential for garnering additional resources and to ensure the best use of existing resources. However, NGOs do not have the funding to conduct large-scale impact trials, and there can be challenges in translating research findings into programmes. Recommendations included use of a broader research methods mix, along with the creation of collaborative opportunities for doing research, including evaluating programmes.

In terms of **funding**, the participants discussed how many donor agencies tend not to fund pure research. Researchers therefore need to incorporate interventions into funding proposals. In addition, MHM is a cross-sectoral issue, whereas most donor funding streams are sectoral. Efforts are needed to explore ways to creatively address this challenge. Recommendations included a request to identify the gaps in the impact evidence, along with increased funding for communication and advocacy.

Actions for 2016

Key area	Action	Priorities	Organizations	Timeline
Convening	MHM included on the agendas of key global conferences (e.g. Women Deliver)	Priority 3	Women Deliver, Columbia University, WaterAid, World Health Organization (WHO)	November - January
	MHM technical working groups established in each of the 14 WinS4Girls countries Terms of reference developed for working groups	Priorities 2, 3	Emory University, UNICEF, Partners within 14 WinS4Girls countries	January - September
	MHM incorporated into Every Woman, Every Child country plans	Priorities 3, 4	United Nations Population Fund (UNFPA), WHO	January - June
	Review Convention on the Rights of the Child document for mention of MHM	Priority 3	Child to Child, UNICEF	November
	Generate agenda items on MHM at key water and sanitation conferences	Priority 3	WASH United	November - August
	Promotion of MHM in WASH in Schools projects in 40 countries	Priorities 2, 3, 4, 5	Save the Children	January - September
	Convene private sector working group	Priority 3	Sustainable Health Enterprises and colleagues	January - September
	Organize webinar/ meeting on research concept note and gaps in the evidence	Priority 1, 3	Liverpool School of Tropical Medicine, Columbia University	November - June
	Develop advocacy document	Priority 3	UNICEF	January - June

Key area	Action	Priorities	Organizations	Timeline
Implementation	Introduce MHM sponsorship in at least two more countries	Priorities 2, 5	Save the Children	January - September
	Translate research into programming guidance	Priorities 1, 3, 5	Emory University, Save the Children	March - September
	Expand impact of Menstrual Hygiene Day	Priority 3	WASH United	January - May
	Take steps towards a United Nations resolution on MHM Take steps towards the development of a high-level statement on MHM for the International Day of the Child	Priority 3	Uganda Ministry of Education, UNFPA, WHO UNFPA, WHO, UNICEF	January - onwards
	Identify target journals for the submission of MHM-related articles	Priorities 1, 3	All participants	January - June
Research	Develop and test MHM indicators	Priorities 2, 4	Joint Monitoring Programme (JMP) for Water Supply and Sanitation and World Bank Group	November - August
	Conduct operational research on MHM	Priorities 1, 2	Real Medicine Foundation, University of Alberta	January - onward
Funding	Develop messaging to advocate for funding	Priority 3	All participants	On-going
	Explore short- and long-term possibilities at Sanitation and Water for All (SWA) meeting	Priority 3	WASH United, WASH Advocates	November

Conclusion

The second annual MHM in Ten meeting provided an opportunity to bring together the range of sectors and actors engaged on MHM in schools. The meeting focused on mobilizing action on the five priorities identified during the first annual meeting in 2014, reducing the duplication of efforts, and advancing a ten-year agenda on MHM in schools. In achieving these aims, the meeting was successful in further building the momentum towards our common vision: "In 2024, girls around the world are knowledgeable about and comfortable with their menstruation, and are able to manage their menses in school in a comfortable, safe and dignified way."

Appendix 1: Participants

Metsehate Ayenekulu, Girl Hub Ethiopia

Robert Bain, UNICEF, Joint Monitoring Programme

Afshan Bhatti, Real Medicine Foundation

Lizette Burgers, UNICEF

CeCe Camacho, Sustainable Health Enterprises

Bethany Caruso, Emory University

Venkatraman Chandra-Mouli, WHO

Florence Mwindula Chikalekale, Ministry of Education Zambia

Jenala Chipungu, Centre for Infectious Disease Research in Zambia

David Clatworthy, International Rescue Committee

Stephanie Drozer, Bill and Melinda Gates Foundation

Julie Dubost, Proctor & Gamble

Anna Ellis, Emory University

Joanna Esteves-Mills, London School of Hygiene and Tropical Medicine

Scheherazade Feddal, United Nations Educational, Scientific and Cultural Organization (UNESCO)

M. Carmelita Francois, UNICEF

Sarah Fry, FHI360

Nora Fyles, United Nations Girls' Education Initiative (UNGEI)

Jackie Haver, Save the Children

Ina Jurga, WASH United

Maggie Kasiko, Ministry of Education Uganda

Kristen Lewis, UNICEF consultant (Gender, Rights and Development Section)

Jeanne Long, Save the Children

Libbet Loughnan, World Bank Group

Therese Mahon, WaterAid

Alyson Moskowitz, Sesame Street

Jessica Oliver, Government of Canada

Job Ominyi, UNICEF Nigeria

Nkadi Onyegegbu, University of Nigeria

Melissa Oprysko, United States Agency for International Development (USAID)

Susan Papp, Women Deliver

Penelope Phillips-Howard, Liverpool School of Tropical Medicine

Murat Sahin, UNICEF

Aimee Sealfon, Johnson & Johnson

Niyati Shah, USAID

Marni Sommer, Columbia University

Linda Sussman, USAID

Elynn Walter, WASH Advocates

Brinda Wiita, Open Mind Innovation

Sylvia Wong, UNFPA

Claudia Vivas, UNICEF Bolivia