

Menstrual Health and Hygiene Resource Package

MAY 2021

Tools and Resources for Task Teams



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Abbreviations

DPF	Development Policy Financing
HCD	human-centered design
HCF	health care facility
JMP	Joint Monitoring Programme
KAP	knowledge, attitudes, and practice
MHH	menstrual health and hygiene
MHM	menstrual hygiene management
MICS	Multiple Indicator Cluster Survey
NGO	nongovernmental organization
P4R	Program for Results
PMA2020	Performance Monitoring and Accountability 2020
SBCC	social and behavior change communication
SHE	Sustainable Health Enterprises
SMART	specific, measurable, achievable, relevant, and time-bound
SME	small and medium-sized enterprise
TOR	terms of reference
UNICEF	United Nations Children’s Fund
VAT	value-added tax
WASH	water supply, sanitation, and hygiene
WHO	World Health Organization

Overview

The purpose of this resource package is to assist World Bank task teams in ensuring that their projects are inclusive and responsive to the needs of women and girls.¹ The tools included in this package are practical and user-friendly and guide task teams on how to design and monitor effective, inclusive, and sustainable menstrual health and hygiene (MHH) initiatives as part of their water supply, sanitation, and hygiene (WASH) interventions. The tools are designed mainly for WASH interventions in schools and health care facilities (HCFs) but can also be adapted for projects in other public spaces, such as markets and public locations with WASH facilities. The tools draw from good practice examples in leading development agencies handbooks, guidelines, and case studies. The resource package is a living document that will be continually updated based on evolving needs and feedback.

The tools included in the resource package are as follows:

1. **Fact Sheet on Menstrual Health and Hygiene** defines the term *menstrual hygiene management* (MHM) and the broader concept of *menstrual health and hygiene* and explains why it matters for education, health, and economic development outcomes, each of which affects the well-being, opportunities, and choices for girls and women. Actions needed for an enabling environment for MHH are noted.
2. **Checklists**
 - i. **Checklist for Assessing Menstrual Health and Hygiene Gaps and Needs** provides key questions to ask to assess the current status of MHH in the project area, particularly focusing on policies, stakeholders, school programs, and health care facilities. It also provides questions to understand the socio-cultural beliefs and practices and the underlying gender stereotypes and gaps that affect MHH.
 - ii. **Checklist on Design Features for Inclusive Sanitation Facilities** briefly highlights key questions to ask when designing female-friendly water supply, sanitation, and hygiene infrastructure in public places, schools, and HCFs, including early engagement with users on their needs and priorities.²
 - iii. **Checklist for Behavior Change Communication on Menstrual Health and Hygiene** defines social and behavior change communication (SBCC) and provides key questions to ask in developing SBCC activities and campaigns to promote MHH.
 - iv. **Checklist for Working with Social Enterprises to Improve Access to Menstrual Products** provides key questions to ask when partnering with social enterprises in efforts to improve access to menstrual products for women and girls.
 - v. **Checklist for Menstrual Waste Management** lists key questions to ask when assessing menstrual waste disposal and collection mechanisms, understand sector governance and institutional capacity, and ensure infrastructure functionality and staff training.
3. **Tool on Policies and Regulations** includes a list of entry points on how to affect change at the policy level to ensure that menstrual products are affordable, accessible, and safe. It discusses some of the World Bank instruments available to teams to affect change at the policy level.
4. **Examples of Construction Plans for Female-Friendly Sanitation Facilities** provides examples of floor plans and construction views of WASH facilities that meet MHH requirements and a plan for a toilet

connected to a waste incinerator and an incineration system plan. This tool also lists resources for additional plans and designs.

5. **Measuring Results in Menstrual Health and Hygiene** includes a chart with examples of indicators for project results frameworks, covering aspects such as water and sanitation infrastructure, access to menstrual products, educational outcomes, health outcomes, and behavior and attitude changes. It also includes definitions for their measurement, as well as data sources and collection methods.
6. **Generic Terms of Reference for Menstrual Health and Hygiene Consultancy.** This terms of reference (TOR) has been developed to assess the menstrual health and hygiene needs in a given project area. The scope of work included in the TOR covers a desk review of existing resources and initiatives, assessment of gaps in provisions in schools and HCFs, conducting a gender-sensitive needs assessment, and recommendations for entry points.
7. **Annotated List of Menstrual Health and Hygiene Resources**, including tools, manuals, and guidance, as developed by leading organizations in the field of MHH. The annotated list describes the highlights of the topics covered and the intended users for each resource.

Notes

1. Following UNICEF (2019a) throughout this resource guide, the terms *girls and women* are used to represent all menstruators regardless of gender identity, including transgender and nonbinary persons who have menstrual health and hygiene needs.
2. This resource guide uses the term *female-friendly facilities* to refer to sanitary facilities that meet the needs of menstrual health and hygiene. It does so following a study by WaterAid, WSUP, and UNICEF (2018).

Tool 1

Fact Sheet on Menstrual Health and Hygiene

What Is MHM and MHH?

Menstrual hygiene management (MHM) is widely defined as: “Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear” (WHO/UNICEF Joint Monitoring Programme 2012). *Menstrual health and hygiene* (MHH) expands this definition to include the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors include accurate and timely knowledge about menstruation, hygiene, and health; available, safe, and affordable materials; sanitation and washing facilities; safe and hygienic disposal; informed health and education professionals; referral and access to health services; positive social norms; and MHH advocacy and policy (UNICEF 2019a). MHH is a cross-sectoral issue that is most effectively addressed through collaboration among officials and practitioners in water supply, sanitation, and hygiene (WASH), education, public health, sexual and reproductive health and rights, urban development, and the private sector. To capture the cross-cutting issues of menstruation, this resource package uses the term *MHH*.

Why Does MHH Matter?

Menstruation is a normal and healthy part of life for most girls and women. It is inextricably tied to the reproductive process, with changing effects and needs throughout the life cycle, including post-partum and menopausal challenges. More than 300 million women between the ages of 15 and 49 are menstruating on any given day (WaterAid, Unilever Domestos, and WSSCC 2013). As normal as menstruation is, around the world it continues to be stigmatized and associated with dirtiness and impurity. The experience of menstruating girls and women is constrained by cultural taboos and discriminatory social norms. The resulting lack of information about menstruation creates misconceptions and negative attitudes, which motivate, among others, shaming, bullying, and even gender-based violence. It also results in unhealthy menstrual practices and restrictions on social, religious, and familial interaction, such as cooking and eating with family members. These negative experiences associated with menstruation cause distress, shame, and diminished self-esteem (Hennegan et al. 2019).

Attention to MHH Matters on Many Levels

- **It matters for education.** Schools that have female-friendly facilities and incorporate information on menstruation into the curriculum for both girls and boys can reduce stigma associated with

menstruation, contribute to better education and health outcomes, have better attendance and retention, and promote gender equality.

- **It matters for sexual and reproductive health.** When girls and women have access to safe and affordable sanitary materials to manage their menstruation, they decrease their risk of infections. This can have cascading effects on overall sexual and reproductive health, including reducing teen pregnancy, maternal outcomes, and fertility.
- **It matters for the empowerment of women and girls.** It is widely recognized that promoting menstrual health and hygiene is not only about improving sanitation and health, but it is also an important means for safeguarding women’s dignity, privacy, bodily integrity, and, consequently, their self-efficacy. Awareness of MHH contributes to building an enabling environment of nondiscrimination and gender equality in which female voices are heard, girls have choices about their future, and women have options to become leaders and managers.
- **It matters to boys and men.** To break the silence regarding menstrual hygiene, boys and men also need to understand MHH and start talking about periods as a normal aspect of reproduction and the changes in menstruation over the female life cycle.
- **It matters for the economy.** Improving menstrual hygiene and providing access to affordable menstrual materials can help improve girls’ and women’s access to education, opening more options for jobs, promotions, and entrepreneurship, thus unleashing female contributions to the overall economy, rather than keeping them at home. Feminine hygiene products are a multibillion-dollar industry, which, if properly tapped into, can generate income for many and significantly boost economic growth.
- **It matters for the environment.** Disposable sanitary products contribute to large amounts of global waste. Ensuring women and girls have access to sustainable and quality products, and improving the management of the disposal of menstrual products, can make a big difference to the environment.

BOX 1.1. The Impacts of COVID-19 on Menstrual Health and Hygiene

The COVID-19 pandemic is affecting MHH worldwide. Many utilities are overburdened and understaffed because of high demands for water, causing disruptions in the supply of safe water and making it difficult for women and girls to manage hygiene during their periods. In some countries, schools are the main source for girls to access sanitary material, information, and support groups on how to safely manage their periods. Closures of schools and health care facilities deprive girls of crucial MHH resources. Many women health workers are on the front lines of treatment for COVID-19 but lack basic MHH facilities in their clinics (UNICEF 2020).

In the following we will look at some facts on the multiple impacts of inadequate MHH, including on educational attainments, on sexual and reproductive health, and on economic and environmental concerns. While the list of facts is by no means comprehensive, it gives an indication of the scale of the problem and of the need to take action.

Educational Impacts of Inadequate MHH

- **Half of the schools in low-income countries lack adequate drinking water, sanitation, and hygiene crucial to enable girls and female teachers to manage menstruation (UNICEF 2015). Although evidence is scarce, some data show that inadequate sanitary facilities affects girls' experiences at school, causing them to miss school during their menstruation or even drop out.**
 - A meta-analysis on the status of menstrual hygiene among adolescent girls in **India** found that a quarter of the girls did not attend school during menstruation because of the lack of adequate toilets (Van Eijk et al. 2016).
 - In **South Sudan**, 57 percent of surveyed adolescent girls reported staying home during menstruation because of the lack of private changing rooms in school (Tamiru et al. 2015).
 - A study in **Kenya** found that 95 percent of menstruating girls missed one to three school days, 70 percent reported a negative impact on their grades, and more than 50 percent stated falling behind in school because of menstruation (Mucherah and Thomas 2017).
 - Conversely, improved access to sanitation facilities in schools has been linked to higher rates of school completion in **Brazil** (Ortiz-Correa, Resende Filho, and Dinar 2016) and **India** (Adukia 2017). A holistic approach to MHH in **Ghana** that provided reusable sanitary pads and education on menstruation reduced girls' perception of difficulty of attending school from 47 percent to 10 percent (Global Communities and USAID 2020).
- **Many girls and boys do not know that menstruation is a normal biological process. Girls often do not have this information when they start to menstruate. This diminishes their confidence and self-esteem and can cause fear and distress.**
 - A survey in **Bangladesh** found that only 6 percent of schools provide education on health and hygiene, and only 36 percent of girls had prior knowledge about menstruation before their first period (World Bank 2017c).
 - In **India**, only half of adolescent schoolgirls considered menstruation “normal;” 70 percent of girls reported having no idea what was happening to them when they started their first period (UNICEF 2016; Van Eijk et al. 2016; WSSCC 2013).
- **Discriminatory social norms, cultural taboos, and stigma associated with menstruation can lead girls to follow unsafe practices.**
 - A study in **Egypt** found many schoolgirls reporting that they do not bathe during their menstruation because it is considered a social taboo to come in contact with water during the menstrual cycle (El-Gilany, Badawi, and El-Fedawy 2005).
 - A study in **Nepal** found that many girls were forced to stay in a hut or slept in the fields during their period even though the government had decreed this practice illegal (Thompson et al. 2019).

- To encourage communities to reduce stigma surrounding menstruation and promote hygiene behavior change at school and in the local community, UNICEF **Afghanistan** supported development of MHH guidelines and resources for teachers. These included storybooks for adolescent girls and boys, audiobooks for low-literacy girls and women, a speech by a high-level Islamic scholar, and a note addressed to men (UNICEF 2019a).
- **In many countries around the world, schoolgirls do not have access to adequate sanitary protection materials. They are embarrassed about the potential “leaking” of blood when inadequate protective materials are used. Some girls resort to transactional sex so they can purchase sanitary pads (Hennegan et al. 2019). In emergency situations, such as natural disasters, conflict, and pandemics, such as COVID-19, many women and girls do not have access to materials to manage their menstruation or WASH facilities for menstrual hygiene (Budhathokim et al. 2018; UNICEF 2016; VanLeeuwen and Torondel 2018).**
 - A survey of 62 primary schools in rural western **Kenya** found that only 10 percent of schools reported always providing sanitary pads to girls, despite the government’s sanitary towels program. Disposal arrangements for used sanitary pads were not adequate in most schools (Alexander et al. 2014).
 - A sanitary pad intervention in **Ghana** found that after six months of free sanitary pad provision and puberty education programming, girls missed significantly less school (Montgomery et al. 2012).
 - The International Federation of Red Cross and Red Crescent Societies employed a user-centered process to develop a relief kit-based approach to meet the menstrual hygiene needs of women and girls in emergencies. In consultation with women in **Burundi**, they developed and tested two kits—one containing disposable pads and the other reusable pads. Kits also included underwear, soap, a bucket, and educational materials (Robinson with Obrecht 2016; WaterAid 2012).

Sexual and Reproductive Health Impacts of Inadequate MHH

- **Poor menstrual hygiene, for instance, using the same sanitary product for too long or not washing the genitals regularly, can pose serious health risks. It can lead to reproductive and urinary tract infections, which can result in future infertility and birth complications. Poor menstrual hygiene can exacerbate complications from genital cutting.**
 - Not washing hands after changing menstrual products can spread infections, such as hepatitis B and thrush (WaterAid 2012).
 - Studies have found that giving out sanitary pads to girls leads to a significant reduction in sexually transmitted infections and bacterial vaginosis and can reduce the rate of school dropout (Benshaul-Tolonen et al. 2019; Phillips-Howard et al. 2016).
- **The lack of means for hygienic management of menstruation can cause discomfort and psychological stress and adds to the shame and sometimes depression that women and girls experience because of menstruation-related taboos and stigma (Sweetman and Medland 2017).**
- **In some places, where access to menstrual products is scarce, girls are forced to trade sex in exchange for sanitary pads.**

- A randomized control trial in **Kenya** found that 10 percent of girls age 15 self-reported having transactional sex to be able to get hold of sanitary pads (out of a study of 9,000 girls) (Phillips-Howard et al. 2015).

Economic Impacts of Inadequate MHH

- **In most societies around the world, women and girls face many more restrictions and rules affecting their access to public spaces and participation in economic activities than their male counterparts.**
- **Girls who drop out of school have limited employment opportunities and often marry early and begin bearing children, further reducing their options for earning income.**
- **Women who lack female-friendly sanitation facilities in the workplace lose wages for days of work missed during menstruation and are viewed as unreliable workers, diminishing options for advancement.**
- **Because of financial constraints or limited markets, many girls and women are unable to access adequate menstrual products. There is a huge untapped market for affordable and sustainable sanitary products. Particularly programs to foster female entrepreneurs in production and marketing of sanitary pads provide income for women and affordable access to MHH materials for women and girls (WaterAid 2012; World Bank 2017a).**
- In the early 2010s, the feminine hygiene products market brought in about USD 2 billion in the **United States** alone. In **India**, where hundreds of millions of women and girls still lack access to adequate sanitary products, the feminine hygiene product already exceeded \$150 million around the same period. On a global scale, market research forecasts that this market will reach \$42.7 billion by 2022 (Allied Market Research 2016; Jacob, Khanna, and Yadav 2014; Nicole 2014).
- Sustainable Health Enterprises (SHE)—a social enterprise in **Rwanda** focused on menstrual hygiene—has partnered with the Rwandan government to advocate for expanded budgets, push for the elimination of value-added tax on MHM products, and support media programming that addresses menstrual taboos. For every woman-led business that SHE invests in, approximately 100 jobs are created and approximately 100,000 girls and women have access to affordable pads (WaterAid 2012).

Environmental Impacts of Inadequate MHH

- **Worldwide millions of menstruating women and girls use and dispose of sanitary products and thereby contribute to the rapidly increasing global waste.**
- Every year, an average woman trashes about 150 kilograms of nonbiodegradable waste. In **India** alone, roughly 121 million women and girls use an average of eight disposable and non-compostable pads per month, generating 1.021 billion pads waste monthly, 12.3 billion pads waste annually, and 113, 000 metric tons of annual menstrual waste (Bhor and Ponkshe 2018; PATH 2017).

Way Forward

MHH is a multisectoral issue, cutting across water and sanitation, education, health, reproductive health and reproductive rights, urban development, and the private sector, among other. Creating an enabling environment for women and girls to manage their menstruation in privacy and with dignity requires partnerships and collaborative efforts among different sectors and actors, including policy makers, educators, public health practitioners, and international and local organizations. Depending on the context and the specific needs, efforts need to focus on some of the following potential entry points:

- Fostering support from government, nongovernmental, and religious leaders at all levels
- Promoting inclusion of MHH within national WASH, health, education, and other relevant policies and strategies
- Addressing the culture of “silence” and exposing myths and taboos associated with menstruation by involving boys, men, and the wider community through raising awareness, community participation, and integrating MHH into schools (UNICEF 2016; WHO 2019)
- Applying human-centered design that places women and girls actively in the center of the facility design and sanitary materials choices
- Ensuring that the water system, water quality and quantity, and the solid waste management system can support WASH with MHH
- Requiring that WASH infrastructure meet basic requirements for MHH safety, privacy, and dignity (separate, clean male and female toilet facilities, toilet cubicles with doors and interior locks, lighting, clean water and soap, bins for disposing soiled menstrual materials, and clean water and soap for washing hands and body after changing sanitary pads)
- Integrating MHH into basic and in-service teacher training and the school curriculum in biology, reproductive health (Punzi and Heckstra 2019), life skills, and other relevant courses
- Training health workers to provide advice and support on good MHH practices
- Providing psychosocial support for menstruating girls in schools and HCFs
- Promoting market development to increase access to affordable sanitary pads
- Supporting programs for local women entrepreneurs producing and distributing affordable pads and leveraging private sector support

Tool 2 Checklists

I. Checklist for Assessing Menstrual Health and Hygiene Gaps and Needs

Purpose and Limitations of the Checklist

This checklist provides a sample of key questions for task teams to ask when assessing the current status of menstrual health and hygiene (MHH). This includes assessing the MHH-related policies, stakeholders, school programs, and health care facilities (HCFs) in the project area; the sociocultural beliefs and practices; and underlying gender stereotypes and gaps affecting MHH. This information is needed to identify the MHH aspects of the broader development problem in the project theory of change and to develop effective actions to address MHH gaps and issues. This analysis also helps identify data gaps in which additional data collection is needed to inform the project design and provide a baseline for monitoring and evaluation of MHH actions. It will be important for teams to adjust these questions to fit the country context and project objectives and scope. Not all the questions need to be asked. The team can be as selective as needed. A more detailed discussion of MHH gap and needs assessment is incorporated in the *Generic Terms of Reference for Menstrual Health and Hygiene Consultancy* (see Tool 6).

What Is the Current Policy and Institutional Enabling Environment for MHH?

- How is MHH addressed in any national health; water supply, sanitation, and hygiene (WASH); education; labor; gender; or other policies, regulations, or design specifications?
- Which national institutions have roles and responsibilities related to MHH? Are the roles and responsibilities clearly defined? Is there coordination among these agencies?

Who Are the MHH Stakeholders? What MHH Actions Are They Supporting?

- National-level sectoral and other agencies (for example, ministries of health, water/infrastructure, education, and labor)
- International nongovernmental organizations (NGOs) (for example, Oxfam, Save the Children, and WaterAid)
- Other donors (for example, United Nations Children’s Fund and UN Women)
- National NGOs
- Community-based organizations (for example, women’s networks or women’s unions)
- Girls’ networks and media platforms (for example, Girl Up)
- Water and sanitation service providers
- Is there any coordination among these stakeholders on MHH? What are the coordination mechanisms?

What Is Known about the Sociocultural Context Affecting MHH?

- What taboos, practices, and beliefs are associated with menstruation?
- Is there stigma, bullying, and shaming of females during menstruation?
- Are there underlying economic, educational, and other gender gaps affecting MHH?

What Is the Status of MHH Provisions in School and HCF Sanitation Facilities?

- Do toilet and handwashing facilities meet the minimum MHH requirements? (See Checklist on Design Features for Female-Friendly Sanitation Facilities)
- Is there a management plan for disposal of menstrual waste in a culturally appropriate manner? (See Checklist on Menstrual Waste Management)

Are Menstrual Sanitary Materials Available and Affordable in the Project Area?

- What types of menstrual materials are available (for example, disposable, reusable, homemade, or purchased)?
- Where are sanitary pads available for purchase (for example, in the local market, through distribution networks)?
- Are sanitary pads available in schools and HCFs?
- Are there any local women entrepreneurs producing and marketing sanitary materials? If not, is there scope for this type of production in the project area?

Are There Any Ongoing MHH Awareness-Raising or Behavioral Change Activities?

- Who are the target groups for each of these activities? (See Checklist on Behavior Change Communication)
- What behavior change messages are they using?
- What kinds of activities are they carrying out?
- Are they actively engaging community members or simply transmitting information?

Is MHH Incorporated in the School Curriculum for the Project Area?

- If yes, where is it incorporated (for example, biology or life skills)?
- Is it part of a national curriculum that integrates MHH?
- Are teachers trained in MHH?
- Are there supervised or mentored health, girls, or other clubs in which girls and boys can discuss MHH?

Is MHH Counseling and Outreach Provided by HCFs in the Project Area?

- Are health workers trained on MHH counseling and community outreach?
- How many women and girls receive MHH counseling in each HCF?

What Are the MHH Perceptions and Needs of Women and Girls in the Project Area?

Unless such a qualitative study has already been conducted in the past five years, answering this question will require data collection. It will be important to recognize sensitivity about discussing menstruation. It is essential to ensure that questions asked are culturally appropriate and data collection is done through private interviews by same-sex interviewers, single-sex focus groups, and/or knowledge/attitude/perception surveys. Possible questions include:

- What is the current experience of girls and women using WASH facilities in schools, HCFs, or other public spaces included in the proposed project? What difficulties do they face?
- Are menstrual sanitary materials available? Can they afford them? If not, how do they manage their periods? What type of materials do they use? Are they satisfied with the sanitary materials they are using? What are they willing to pay for these materials?
- Do they miss school, work, or other important activities during their menstrual periods?
- Do their menstrual periods affect their concentration and activities at school or at work?
- What social norms, taboos, and beliefs are associated with menstruation?
- How do these norms affect their actions and self-esteem during menstruation?
- Have they experienced shaming or bullying during their menstruation? How does that affect them emotionally and physically?
- Do they understand why they menstruate monthly? What do they know about the process of menstruation and reproduction?
- What do they know about necessary cleanliness during their menstrual periods? How often do they change pads? How do they clean reusable pads? Do they wash their body and hands with soap and water after changing pads or other menstrual materials?
- What do they suggest is needed to improve the quality of their lives during menstruation?

II. Checklist on Design Features for Inclusive Sanitation Facilities

Purpose and Limitations of the Checklist

This checklist is for design features for female-friendly and accessible sanitation facilities in public places, schools, and HCFs. This checklist is not intended to replace country-specific design standards and specifications. Its purpose is to help designers think through ways of making facilities as female-friendly as possible. Not all measures will be possible in all contexts, but they may be useful to consider. Local considerations are critical, so adequate consultations should be undertaken to modify these questions as needed based on the local context and needs. This checklist focuses mainly on design features for menstrual health and hygiene but also includes some features on accessible design. There are several resources available on accessible design specifications to help ensure that the infrastructure is inclusive of all members of a community, including people with disabilities and the elderly (Columbia University and IRC 2017; Save the Children 2015; UNAPD 2010; WaterAid 2019; World Bank 2017b). Tool four of this resource package ('Construction Plans for Female-Friendly Sanitation Facilities') provides examples of facility designs that meet MHH standards.

Human-Centered Design Approach

- Does the design approach place the intended users at the center of facility design and sanitary product choices?
- Do the users of the facility have a voice in choosing its location?
- Are local end users actively engaged during planning and design stages?
- Is there a system in place for users to submit their complaints (for example, user satisfaction survey)?

Exterior Design Features

There are several design features in the exterior of a sanitation facility that can be considered to make it female-friendly and accessible:

Location of Sanitation Facilities

- Are the facilities located in a safe area?
- Is the facility located within 30 meters of the institution it serves?
- In multistory buildings, are female-friendly toilets available on every floor?
- Is the facility located in an easy to access area? (For example, not on a steep slope that may be difficult to access by wheelchair users.)
- Are there accessible facilities on every floor in multistory buildings?
- Is the path to the facility wide enough for a wheelchair user and constructed from nonslippery material?
- Are tactile aids (for example, stones or rope) provided along the path to guide the visually impaired?
- Is the path well-lit?

Number of Toilets

- Is there a sufficient number of male and female cubicles to meet the number of users at the given institution?
- Is at least one of the toilets for men and one for women accessible for users with disabilities?

Entrance/Safety

- Are entrances to male and female toilets separate and clearly marked with male and female signs? If possible, can the male and female entrances face different directions?
- Is the door handle positioned in an accessible and easy-to-open way for users with disabilities?
- Is the door wide enough for wheelchair users or those in need of assistance?

Interior Design Features

Also in the interior of a sanitation facility there are design features that should be considered to make it female-friendly and accessible:

Cubicles

- Do toilet cubicles have doors with interior locks to ensure privacy and safety?
- Do the facility and cubicles have sufficient lighting? Natural lighting is acceptable, as long as it does not violate the privacy of the user.
- Are cubicles properly ventilated, such as by a window or vent near the ceiling for air flow (while ensuring privacy)?
- Are hooks or shelves provided in cubicles to allow users to set MHH products and/or clothes in a clean location?
- Is there a mirror in the facility to enable girls to check for stains?
- Is there a bin for sanitary napkin disposal in each cubicle?
- Does at least one of the cubicles include all the following accessibility features?
 - A wide, outward-facing door with rails or a rope inside to assist with closing
 - Space for a wheelchair to maneuver (recommended 1.5 meters by 2.2 meters)
 - A raised toilet seat with sturdy handrails
 - A large bolt lock that is easy to grip
 - A physically accessible path to the cubicle

Floor/Ground Surface

- Is the floor made of easy-to-clean, nonslippery material?
- Is the floor flat and accessible to wheelchair users to enter the facility?
- If there are stairs, are there alternatives provided for wheelchair users? (For example, ramps with appropriate grade or a working elevator.) Note: Check country specifications for ramps, or use universal design standards.

Bathing Facilities

- Is there a separate bathing area for females to wash affected areas after changing sanitary pads?
- Does the bathing area provide clean water and soap?
- Are bathing or laundry spaces available for washing reusable menstrual materials?
- Is additional laundry soap provided for the washing of menstrual materials?
- Is there a clothesline or hanger to dry materials? (Consider also providing an additional piece of cloth to privately cover these menstrual materials, especially in contexts in which there are privacy issues.)
- Are lockers provided so that menstrual materials can be stored and taken home later?

Handwashing Station

- Is there a handwashing station with soap and water within the cubicle?
- If not within the cubicle, is a handwashing station inside the sanitation facility?
- Is there at least one handwashing station that is low enough for a wheelchair user?

Availability of Water

- Does the cubicle have access to water?
- If not, is there a water source close to the facility?
- Is there a system to collect and carry water to the toilet? (For example, small buckets that can be carried to the cubicle)
- Is the water quality clean and safe to limit the risk of infection?
- Do cubicles have water and soap to wash body parts and menstrual hygiene materials?

Sanitary Supplies

- Does each cubicle have toilet paper, a hose, a bucket, or other culturally appropriate means to wash after changing sanitary materials?
- Is soap provided in handwashing and bathing areas?
- Are menstrual hygiene supplies (for example, pads, cloths, or tampons) provided in female bathrooms?
- Does the school or HCF maintain a supply of menstrual materials for emergencies?
- Is there an arrangement for procurement and distribution of MHH supplies?

Operation and Maintenance

- Is water accessibility tested?
- Are facilities accessible at all times?
- Who is responsible for cleaning and maintaining the WASH facilities?
- Are there committees/groups that support maintaining the facilities?

- Who is responsible for financing the operation and maintenance expenses? Are bins, with lids, available for the disposal of sanitary products? If possible, bins should be included in each cubicle; otherwise, a single bin for the facilities, in a private location, is sufficient.
- Is there a culturally appropriate disposal method in place? (For example, burying, incineration, disposal in a commercial or public waste management collection system, disposal in a pit latrine, or composting.)
- Is there a plan for managing accumulated menstrual product waste?
- Who manages the disposal process for this waste?

III. Checklist for Social and Behavior Change Communication on Menstrual Health and Hygiene

Objectives and Limitations of the Checklist

This checklist provides key questions to ask in developing social and behavior change communication (SBCC) activities and campaigns to promote menstrual health and hygiene. These questions will need to be adjusted to fit the project requirements, the country context, and the availability of media channels.

SBCC is the strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs, and behaviors at multiple levels of society through coordination of messages and activities across a variety of channels. SBCC strategies are data-driven, using in-depth understanding of behavior determinants, the people affected, and the context in which they make decisions to design persuasive communication. SBCC aims for both social and individual change (IHBC 2013; SNV 2016; Ul Haque and Kumar 2018; USAID 2016; USAID n.d.; WASHplus 2013; WSP 2010).

What Is the Purpose of the MHH SBCC?

- Changing menstrual taboos and influencing social norms in support of sustainable MHH behavior change?
- Strengthening community response to MHH challenges?
- Influencing decision makers, family, and peer networks?
- Increasing demand for MHH sanitary products? For female-friendly toilets?
- Increasing healthy MHH behavior?
- Influencing policy about MHH?

Situation Analysis

- What is the intended outcome of the MHH SBCC?
- What are the challenges?
- What is the context of the core challenge?
- What are the communication needs?
- What changes in behavior, social norms, and policy would affect the problem?
- What are the key facilitators for change?

Audience Analysis

- Who are the key influencers of the most-affected people?
- Who controls behavior and resources needed for MHH?
- What groups compose the priority audience for MHH SBCC?
- What are the characteristics of the priority audience (sociodemographic, geographic, aspirations, needs, beliefs, and knowledge about MHH, current MHH practices, and preferred communication channels?)

Strategic Approaches

- What communication channels are most appropriate (interpersonal communication with individuals [counseling or mentoring] or groups; community engagement and mobilization events; folk media; and mass media, including social media)?
- What is the desired reach of the campaign?
- What is the level of media access of the priority audience?
- What budget is available for development, production, and distribution of communication products?
- Is it a sensitive issue? What are the social norms?
- What are the literacy levels of the intended audience? What are the local languages?
- What communication materials already exist? Could they be adapted for this SBCC? Do they offer ideas for developing materials?
- What are the proposed activities for each audience?

Messages

- Key message points: What core information will be included in all messages and activities?
- What benefits are promised? (For example, social approval, prestige, fear reduction, economic opportunity, or perceived health and life enhancement.)
- What support will be given for the promised benefits? (For example, peer testimonials or demonstration.)
- What feelings should the audience get from the communication?
- What kind of appeal will be used? (For example, directive, nondirective, entertaining, persuasive, or empowering.)

Pretesting Communication Messages and Materials

(Using focus group discussions with people from intended audience)

- Do they command attention?
- Are the messages clear?
- Do they appeal to both heart and head?
- Do they call for action (changing behavior)?
- Are they relevant to the issues faced by the priority audience?
- Are they culturally sensitive?
- Are they socially acceptable?
- Are pictures, photos, and other images clear and understandable?

Implementation Plans for SBCC

- Which partners (for example, marketing firm or NGOs) can participate, and what are their roles and responsibilities?

- What is the sequencing of activities, events, media, and so on?
- What is the timeline?
- Is there synergy among the SBCC components?
- How will the audience be involved in the design of the MHH SBCC program?

Monitoring and Evaluation of SBCC

- What indicators will be used to track the progress of the SBCC campaign?
- What is the monitoring plan?
- What is the evaluation plan?

BOX 2.1. Lessons Learned from Communication Campaign Experience

- It is essential to ensure the availability of products needed before promoting their use (for example, soap and menstrual pads).
- Behavior-centered activities are more effective than materials (for example, leaflets).
- Emotional drivers are stronger than a focus on benefits.
- It is important to target both men and women and to avoid perpetuating gender stereotypes in messaging.
- It is important to consult with members of the target audience during the development of messages.

IV. Checklist for Working with Social Enterprises to Improve Access to Menstrual Products

Objectives and Limitations of the Checklist

This checklist provides key questions to ask when partnering with social enterprises in efforts to improve access to menstrual products for women and girls.¹ In many parts of the world, women and girls do not have access to quality and hygienic menstrual products, either because they are not available to them or because they are unaffordable. Social enterprises have the capacity to produce low-cost menstrual products, often by using locally available materials, by keeping a short supply chain and by eliminating middlemen in the marketing and distribution of the products. Social enterprises also have the ability to develop innovative and culturally appropriate methods to promote adoption of the product and raise awareness on MHH. Availability of menstrual products in isolation is not sufficient in providing girls and women adequate menstrual health and hygiene. Support to social enterprises must be coupled with broader MHH efforts, such as ensuring access to clean and private sanitation facilities; providing safe and culturally sensitive mechanisms for the disposal of menstrual products; knowledge and information on the hygienic management of menstruation not only among women and girls but also men and boys; and efforts to remove the culture of taboos and stigmas regarding menstruation among the broader community. The questions in this checklist will need to be adjusted to suit the local context. For instance, in situations in which social enterprises working on menstrual products already exist, the focus may need to be on scaling up their efforts. Where social enterprises do not yet exist, efforts will need to be made to set up such an enterprise.

What Are the Expected Outcomes of the Intervention of Working with Social Enterprises?

- To increase school attendance of adolescent girls who miss school because of menstruation?
- To reduce health risks caused by unhygienic management of menstruation?
- To generate employment through the production/sale of menstrual products?
- To improve women's productivity at home and at work by helping them manage their menstruation?

Assessment of Market Landscape

- Who is currently supplying menstrual products to the project area?
- Do multinational brand-name menstrual products reach the local market?
- Do any social enterprises exist in the country/region that produce and supply menstrual products?
- Are there any other actors involved in facilitating access to menstrual products? (For example, donors, NGOs, nonprofit organizations, multinationals, government agencies, and so on.)

Assessment of Products Available

- What types of products are sold in the local market? (For example, reusable pads, disposable pads, menstrual cups and tampons, and so on.)
- Which, if any, of these products are produced locally?
- Which, if any, of these products are environmentally friendly? (For example, they are reusable/biodegradable.)

- What other types of menstrual products do women and girls use? (For example, menstrual cloths, underwear into which absorbent material is placed, and so on.)

Access to Products

- Where are the menstrual products sold/distributed? (For example, markets, pharmacies, door-to-door sales, distributed in schools or HCFs, and so on.)
- Are women and girls able to purchase menstrual products? (For example, do they manage a budget for such purchases? In contexts in which shame is associated with menstruation, are they able to purchase products in a private manner?)
- Are the menstrual products that are available in the market affordable, including to low-income women and girls?
- If women and girls do not have access to menstrual products, what are the main barriers to access? *(This last question may require collecting primary data directly from women and girls in the project area.)*

Quality of Products

- Do the menstrual products sold in the market meet the quality standards required for comfortable management of menses, according to the users?
- Are there government guidelines on quality assurance of product standards?
- If women and girls do not buy menstrual products, are the materials that they use to absorb their menstrual blood safe and hygienic?

Preference of Products

(This part of the assessment requires collecting primary data from the end users. The proposed method for collecting data is focus group discussions with girls and women.)

- What are the preferred menstrual products of girls and women? (For example, reusable pads, disposable pads, menstrual cups and tampons, and so on.)
- Is there a preference for locally produced products or products sold by multinationals?
- How much are girls and women willing to pay for their preferred menstrual products?

Producers of Menstrual Products

- Who are the local producers of the menstrual materials available in the local market? (For example, microentrepreneurs, cooperatives, women's associations, NGOs, and so on.)
- Which part of the value chain of the menstrual products are they involved in? (For example, design, production, marketing, distribution, training health educators, and so on.)
- Is the production centralized (for example, the enterprise owns the factory and employs women), or is it decentralized (for example, the enterprise facilitates local production through sale of a production machine to women in rural areas)?

- What are the distribution networks employed by the enterprise? (For example, directly or through a retail network.)
- If no local producers of menstrual products are currently operating, are there any groups/associations interested in doing so?
- What knowledge do they have of the supply chain of menstrual products?
- What training could be provided to expand their capacity and knowledge of the supply chain?

Production of Menstrual Products

- How are the menstrual products produced?
- What machines are used to produce the products?
- Where can the machines be procured?
- What types of raw materials are procured for the menstrual material?
- Where are the raw materials procured?

Cost Factors

- Can the menstrual product be sold for less than brand-name products?
- Are the raw materials used in production locally available?
- Can the product be sold at an affordable price, including to low-income customers?
- Can flexible payment options be introduced for low-income customers? (For example, barter or late payment systems, and so on.)

Access to Finance and Training

- Are financing tools available to the social enterprises to purchase machines/raw materials or to set up a business in the first place? (For example, loans, seed funding from donors or investors, start-up grants, equipment grants, replication grants, investments, financial awards, crowd funding, and so on.)
- Do social enterprises have access to training/networking/mentoring to help them start/grow their business?
- In which part of the supply chain is training most required? (For example, in procurement, accessing financing, business models, community awareness raising, or sales.)

Scale and Reach

- Who are the target customers? (For example, rural, urban, slum areas, low-income women, and so on.)
- How many customers does the enterprise reach?
- Could the business be scaled up in its current capacity?
- What is the biggest obstacle to scaling up? (For example, investment in additional technology, access to more raw materials, more employees, access to finance, and so on.)

Distribution of Products

- Where are the menstrual products sold? (For example, door to door; from home, school, and hospital distributors; grocery stores; back to the machine vendor for sale to consumers; and so on.)
- Who sells the products? (For example, trusted networks of sales agents, local women's groups, community health workers, and so on.)
- What avenues are used to advertise the product? (For example, word-of-mouth advertisement, media attention, and so on.)
- How is messaging adapted in a culturally sensitive manner?

Adoption of Products

- Are any measures taken to enhance acceptance of products among customers? (For example, packaging products to customers' needs and wants, selling them in kits, distributing them through locally trusted partners, creating local brands, and so on.)
- Have any pilot trials or studies been conducted to understand consumer preferences and cultural sensitivities that need to be considered?
- Are instructions on how to use the product included in the local language or as illustrations for illiterate customers?

Raising Awareness

- Are the social enterprises producing the menstrual product also involved in raising awareness on menstrual health and hygiene in the community?
- If so, in what form? (For example, organizing awareness campaigns, offering informal or formal education, holding workshops and village meetings, disseminating knowledge on radio/social media, offering helplines to provide information, running health clubs, using educational theater, and so on.)
- Are there any other actors involved in raising awareness? (For example, NGOs, female sales agents, community health workers, teachers, and so on.)
- Are men and boys involved in the awareness-raising initiatives?
- Is technology used to raise awareness? (For example, apps on menstrual health and hygiene.)

Role of Government and Public Policy

- Does the government address menstrual hygiene in women's health and girls' education?
- Are there any government policies on menstrual health and hygiene?
- Is menstrual hygiene included in national sanitation and hygiene strategies and school health policies?
- Are there any government initiatives to facilitate access to menstrual products? (For example, subsidizing pads, making them available for free, offering tax cuts, and so on.)
- Are there policy constraints that inhibit women entrepreneurs?

V. Checklist for Menstrual Waste Management

Objectives and Limitations of the Checklist

This checklist provides key questions to assess menstrual waste disposal and collection mechanisms, understand sector governance and institutional capacity, and ensure infrastructure functionality and staff training. Local context and needs will guide question adjustments and modifications. The checklist does not address all aspects of waste management systems, processes, and regulatory framework. It mainly focuses on evaluating standard disposal and collection practices, as well as basic aspects of governance, infrastructure, and services.

Assessment of Menstrual Waste Disposal and Collection Mechanisms

- What type(s) of menstrual product(s) are used in the project area?
- How is menstrual waste disposed? (For example, waste bins/containers, trash chutes, pits, and so on.)
- Is menstrual waste disposed on-site or collected and disposed off-site?
- Are covered containers in the toilet area available for menstrual products' disposal?
- Are disposal mechanisms effective and discreet?
- To what extent do open dumping and littering practices occur in the project area?
- How often is solid waste collected from facilities and/or communities?
- Are there any public or private sector institutions responsible for different aspects of solid waste management? (For example, waste collection, segregation, and/or treatment, and so on.)
- Who pays for solid waste collection?
- How do current solid waste disposal mechanisms affect the project area's environment?
- When and how are soiled menstrual products segregated (that is, at the community or waste management facility level)?
- Is solid waste recycled and/or reused?
- Are composting schemes available?

Enabling Environment

- Are there laws and/or regulations defining menstrual waste classification?
- Are there national strategies and/or policies governing solid waste management?
- What institutions are legally responsible for solid waste management systems?
- How do the governing institutions implement their legal responsibility?

Construction/Rehabilitation of Waste Separation and Treatment Facility

- Are solid waste management infrastructure built and functional?
- Are waste dumpsters appropriate for use (that is, in good condition and properly labeled)?
- Is waste stored and/or handled in a well-ventilated room?

Staff Training

- Has waste management strategic plans and compliance with national and local legislation, regulations, and policies been communicated to all staff and identified subcontractors?
- Do workers wear appropriate gear while on duty? (For example, collecting, segregating, and/or treating waste.)
- Is there a mechanism to provide medical attention in case of emergency while on duty?

Notes

1. A *social enterprise* is a business that applies commercial strategies to meet social objectives. While social enterprises seek to maximize profits, they are driven to innovate solutions to society's most pressing social problems. This tool focuses on working with social enterprises but recognizes that there are many other private sector business models in the realm of MHH innovating solutions to improve the access to menstrual products. This could include micro-businesses, or small and medium enterprises, or other forms of enterprises. An assessment of the country context would need to be made to assess which type of business model to work with.

Tool 3

Tackling Affordability, Accessibility, and Safety of Menstrual Products through Policies and Regulations

Context of “Period Poverty”

Far too many women and girls around the world struggle under “period poverty.” Period poverty arises when menstruating women and girls do not have access to affordable and quality sanitary products; safe, hygienic spaces in which to use them; or the ability to manage menstruation without shame or stigma. For instance, among the 355 million menstruators in India, 12 percent cannot afford menstrual products (FSG 2016), and that percentage spikes to 65 percent in Kenya (Opportunity International Australia 2020). Although periods are a biological and natural phenomenon, affecting most menstruators on a regular basis, period poverty means that many women and girls are unable to participate freely in public life while menstruating. Unable to afford or access adequate menstrual products, which absorbs menstrual blood, menstruating women and girls are likely to face sexual health risks and issues of leakages and stains, which restricts their movement because of the shame and stigma associated with period blood. This inability to access or afford menstrual products is compounded by social norms and stigmas associated with menstruation and widespread misinformation.

The effects of the COVID-19 pandemic has further deepened period poverty. Because of school closures around the world, many girls lack access to menstrual hygiene education or, in places where schools were their primary source of sanitary products, access to adequate material to manage their menses. The economic effects of COVID-19, throwing many people into deeper vulnerability, has led to the reprioritization of consumption, often at the expense of menstrual products. Moreover, in some countries, the supply chains of many products, including sanitary products, has been disrupted because of lockdown and social distancing measures enforced to battle the pandemic, resulting in even higher prices of already unaffordable crucial products.

Although ending period poverty needs to be tackled through multiple fronts—including through the provision of hardware (for example, menstrual products and adequate infrastructure) and software (for example, information, education, and awareness raising)—a critical area of engagement is through policies and regulations. In fact, it is through policy reforms that an enabling environment is set in place, and from which all other efforts to improve menstrual health and hygiene can be taken to scale and sustained.

Policy Interventions

Policies and regulations can address issues of affordability, accessibility, and safety of menstrual products and enable broader equity. Reforms in policies, such as tax policy changes or subsidies for products, can affect the cost and quality of menstrual products and thereby the availability of such products to all users, regardless of income. Regulations on the quality of products can ensure that menstruators have access to healthy and safe products while also protecting the environment. For policies to be effective, they must be part of broader efforts to expand information and knowledge on the

importance of adequate menstrual health and hygiene. It is only in an environment where taboos are broken that policies on affordability and accessibility can take effect.

There are numerous policy interventions that can be considered to address period poverty. Some key policy interventions include tax exemptions, subsidies for products, support and subsidies for small and medium-sized enterprises (SMEs), cash transfers, and quality regulations.

Tax Exemptions

Although women and girls rely on menstrual products to manage their menses in a healthy and dignified manner, such products are often unaffordable to large swaths of the population because of the high tax rates imposed on them. In many countries, menstrual products are not considered “essential goods” and instead are taxed at the same standard rate as “luxury items.” Because of this classification, such products are not subject to a reduced tax rate or exemption, making them unaffordable to lower-income consumers. This sales tax imposed on sanitary products is often referred to as the “tampon tax.” In addition to issues of affordability, campaigners against the tampon tax claim that the high taxation of menstrual products constitutes sex-based discrimination because the menstrual cycle is a biological phenomenon that cannot be controlled by women. In Hungary and Sweden, for instance, the tax rate on menstrual products is as high as 27 and 25 percent, respectively.

To make menstrual products affordable and thereby accessible to everyone (in other words, to reach “menstrual equity,” as coined by some activists), what is needed is the removal of the value-added tax (VAT) or sales tax, as is done for other products considered basic necessities.

When considering tax reforms, the way in which demand reacts to the price changes to the product needs to be analyzed. The VAT is intrinsically related, so how these taxes are implemented needs to be considered. Also caution must be taken that targeted and regulatory provisions are in place so that the quality of the products are not affected.

How a country introduces tax policy reforms varies (see Box 3.1). Evidence shows mixed effects of the removal or reduction of period taxes to lower prices for consumers. However, what is undisputed is that campaigns for MHH-related policies typically trigger broader conversations about societal attitudes toward menstruation. It indirectly helps to tackle the persisting stigma surrounding menstruation.

Subsidies for Products

Other than reducing or eliminating taxes, some proponents of menstrual equity advocate for menstrual products to be distributed freely or at subsidized prices. Particularly targeted under subsidized schemes should be low-income families and public places, such as schools, health care centers, community centers, shelters, and correction facilities. Some countries have national schemes that distribute locally produced sanitary materials to girls in school. For instance, the Government of South Africa developed a Sanitary Dignity Policy Framework which ensures universal access to sanitary material to women and girls. In 2017 the Government of Kenya made an amendment to the Education Act requiring the distribution of sanitary pads at schools, for which it set aside a reported \$3m in the national budget. In emergency situations, such as the COVID-19 pandemic, subsidized schemes can be used to make menstrual products available to the most in need.

BOX 3.1. Examples of Countries with Tax Policy Reforms

Bangladesh, Kenya, Nigeria, and South Africa are some countries that have implemented policy or tax regulations on menstrual products. The stark difference on their approaches exposes the complexity of the regulatory and policy issues at hand. For example, Bangladesh removed the value-added tax (VAT) on raw materials for production of menstrual products from July 2019 until June 2021 to stimulate local production. Kenya started to remove taxes in 2004 and by 2016 removed all applicable taxes. Nigeria, on the other hand, removed the VAT for intermediate goods so that producers can have an incentive to develop these products in markets.

A growing number of countries are abolishing VAT on menstrual products entirely or are introducing tax cuts. Some countries include Colombia, Ireland, Lebanon, Malaysia, and Tanzania.

Provision of free sanitary products should ideally be supported by behavior change programs that address unhealthy menstrual practices.

Support and Subsidies for Small and Medium-Sized Enterprises

SMEs are the engines of social and economic growth in many countries. However, many SMEs, particularly in emerging markets, face constraints in accessing financing. Through the restructuring of national support, more favorable conditions can be promoted for SMEs to produce and distribute better-quality products. There are numerous ways in which policy can support SMEs to close the financing gap they face and to thereby ensure consumers have access to affordable products. This can take the form, for instance, of subsidies for efficiently priced sanitary pads or activities that help entrepreneurs produce at a lower price. Support to SMEs has the dual effect of bringing affordable products to the local market and increasing employment opportunities.

Cash Transfers

Another intervention to make products affordable to low-income people can be through cash transfers, whether conditional or in kind. Cash transfer programs enable users to purchase the required supplies directly, thereby increasing their choice in product. Evidence suggests that when women are given the opportunity to purchase products directly (rather than receiving subsidized free products), it comes with a sense of empowerment. It also leads to a behavior change and to the valuing of the product. Cash transfers can take different forms, such as unrestricted cash distribution, voucher systems, or guaranteed discounts when purchasing menstrual products.

Although the effectiveness of cash transfer programs is generally acknowledged, to date insufficient evidence exists on the influence of such programs on girls' and women's ability to access menstrual products. When designing cash transfer programs, issues need to be considered, such as access to the local market, the prioritization of consumable goods, or who manages the household budget.

Nigeria is starting to incorporate teenage girls and poor women into a conditional cash transfer program by offering them stipends and support in purchasing the necessary sanitary materials for their menstrual periods.

Quality Regulations

Menstruators not only should have access to menstrual products, but they also should have access to quality products of their choosing. Regulations and guidelines need to be in place that oversee the safety, both at the personal and environmental levels, of the products. The specific requirements of different groups of menstruators, such as girls and women with disabilities, need to be considered in such standards. For instance, manufacturing standards can be developed to ensure that products meet a quality standard. Products should be tested for safety over the long term, and manufacturers should be encouraged to disclose all ingredients in their products.

For instance, South Africa’s Sanitary Dignity Framework sets national norms and standards on the quality of menstrual products, requiring them to fulfill criteria on absorption, comfort, durability, fabrics to be used, and thermal resistance.

World Bank Group Instruments for Policy Reforms

The World Bank has instruments to affect policy change in client countries—most notably, Development Policy Financing (DPF) and Program for Results (P4R). Through such instruments, incentives, programs, and lending operations can be advocated to allow for policy changes to take place with specific outcomes so women can access menstrual products.

DPF aims to help the borrower achieve sustainable poverty reduction through a program of policy and institutional actions—for example, strengthening public financial management, improving the investment climate, addressing bottlenecks to improve service delivery, and diversifying the economy. DPF can be a key tool to push for MHH-related policies, such as tax reforms or support to SMEs.

P4R links disbursement of funds directly to the delivery of defined results, helping countries improve the design and implementation of their own development programs and achieve lasting results by strengthening institutions and building capacity. Through the P4R instrument, existing programs that focus on adolescents’ health and human capital can be supported and strengthened to ensure they address the needs of menstruating girls and women.

Particularly in response to the global COVID-19 pandemic, these instruments can be useful for accelerating the recovery process and instrumenting menstrual health and hygiene. Furthermore, in response to COVID-19, the World Bank has issued a fast-track procurement process that enables countries to purchase hygiene products for hospitals and populations.¹

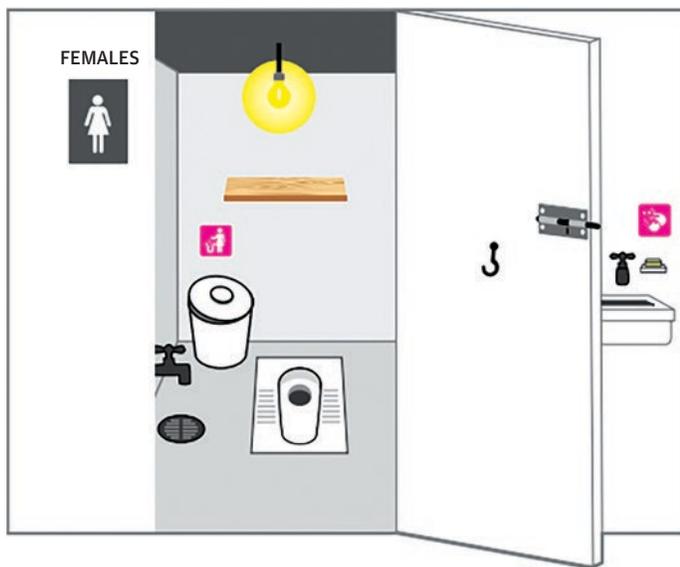
Note

1. For more details on how to mitigate the impacts of COVID-19 and menstrual health and hygiene, see this UNICEF brief at <https://www.unicef.org/media/68371/file/Mitigating-the-impacts-of-COVID-19-on-menstrual-health-and-hygiene-Brief.pdf>.

Tool 4

Examples of Construction Plans for Female-Friendly Sanitation Facilities

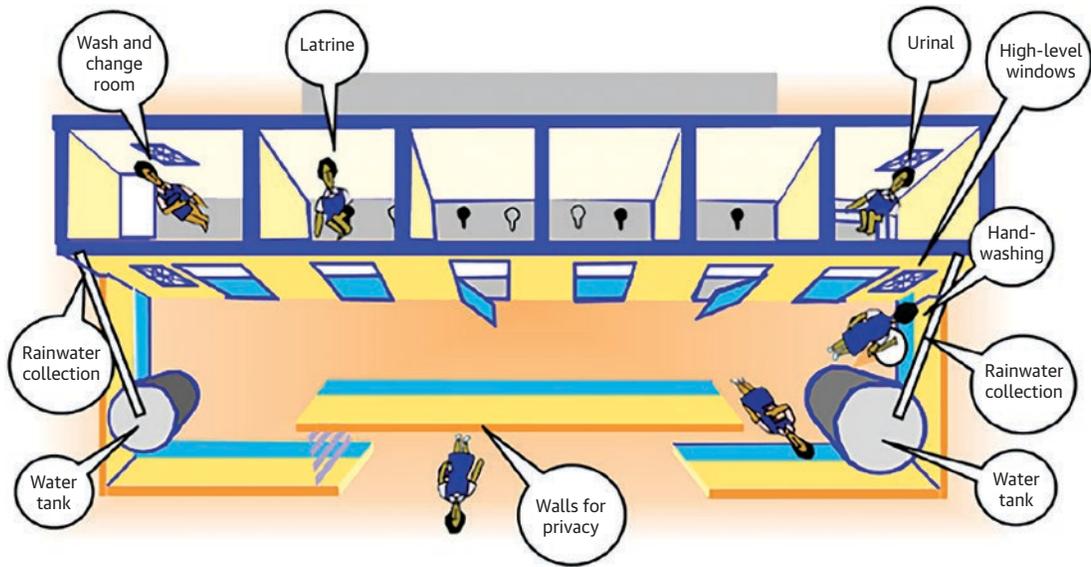
FIGURE 4.1. Interior View of Cubicle



-  Adequate numbers of safely located toilets separated (with clear signage) from male facilities
-  Safe and private toilets with inside door latch
-  Clear signs instructing girls and women to dispose of menstrual waste in the trash bin
-  A shelf and hook for hygienically storing belongings during usage
-  Night-time light source both inside and outside of the toilets
-  Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials
-  Trash bins (with lids) to dispose of used menstrual materials
-  Walls, door, and roof are made of nontransparent materials with no gaps or spaces
-  Some units should be accessible to people with disabilities

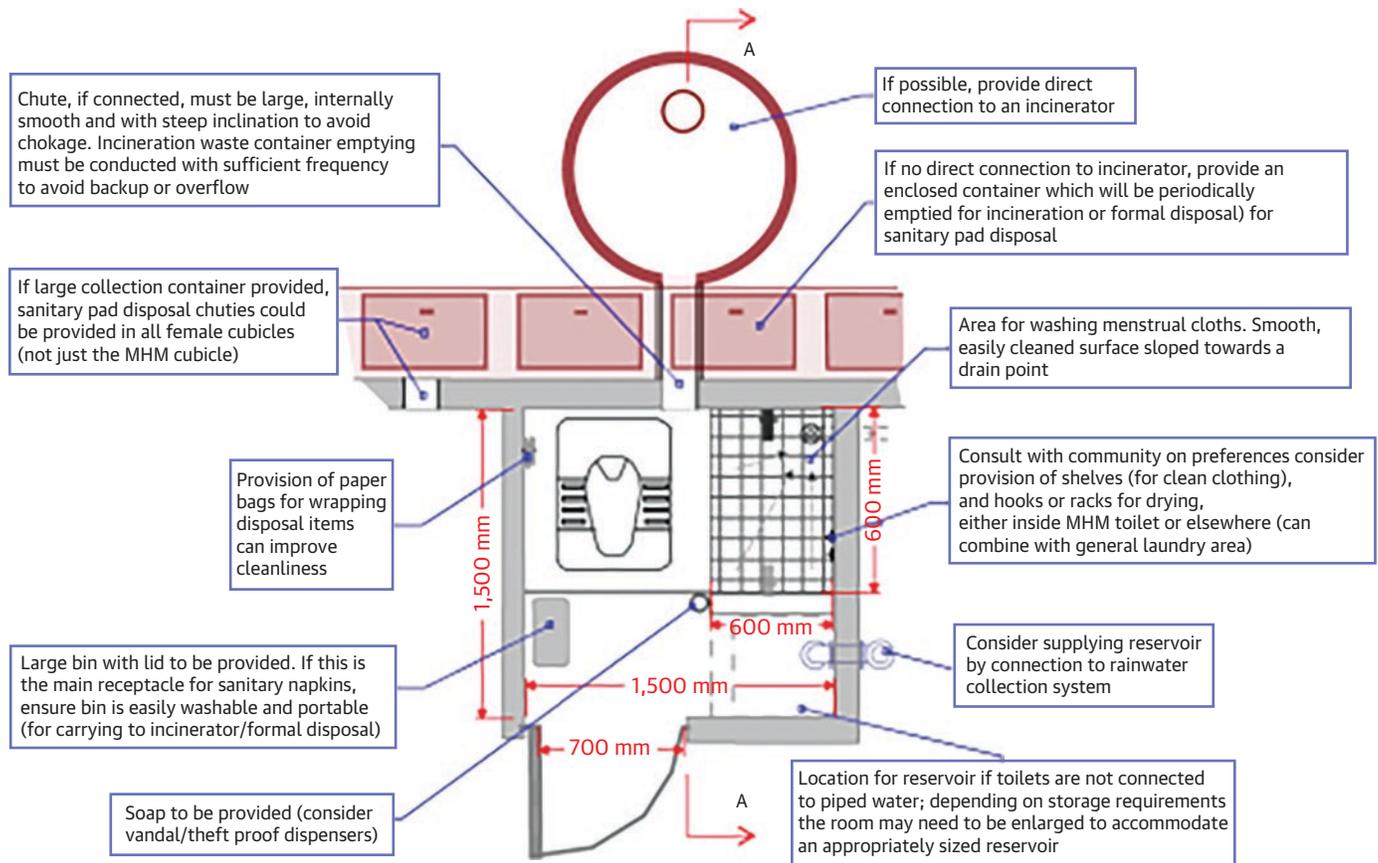
Source: Columbia University and IRC 2017.

FIGURE 4.2. Layout of Female-Friendly Sanitation Facility



Source: WaterAid 2012.

FIGURE 4.3. Female-Friendly Toilet Floor Plan with Connection to Incinerator



Notes:

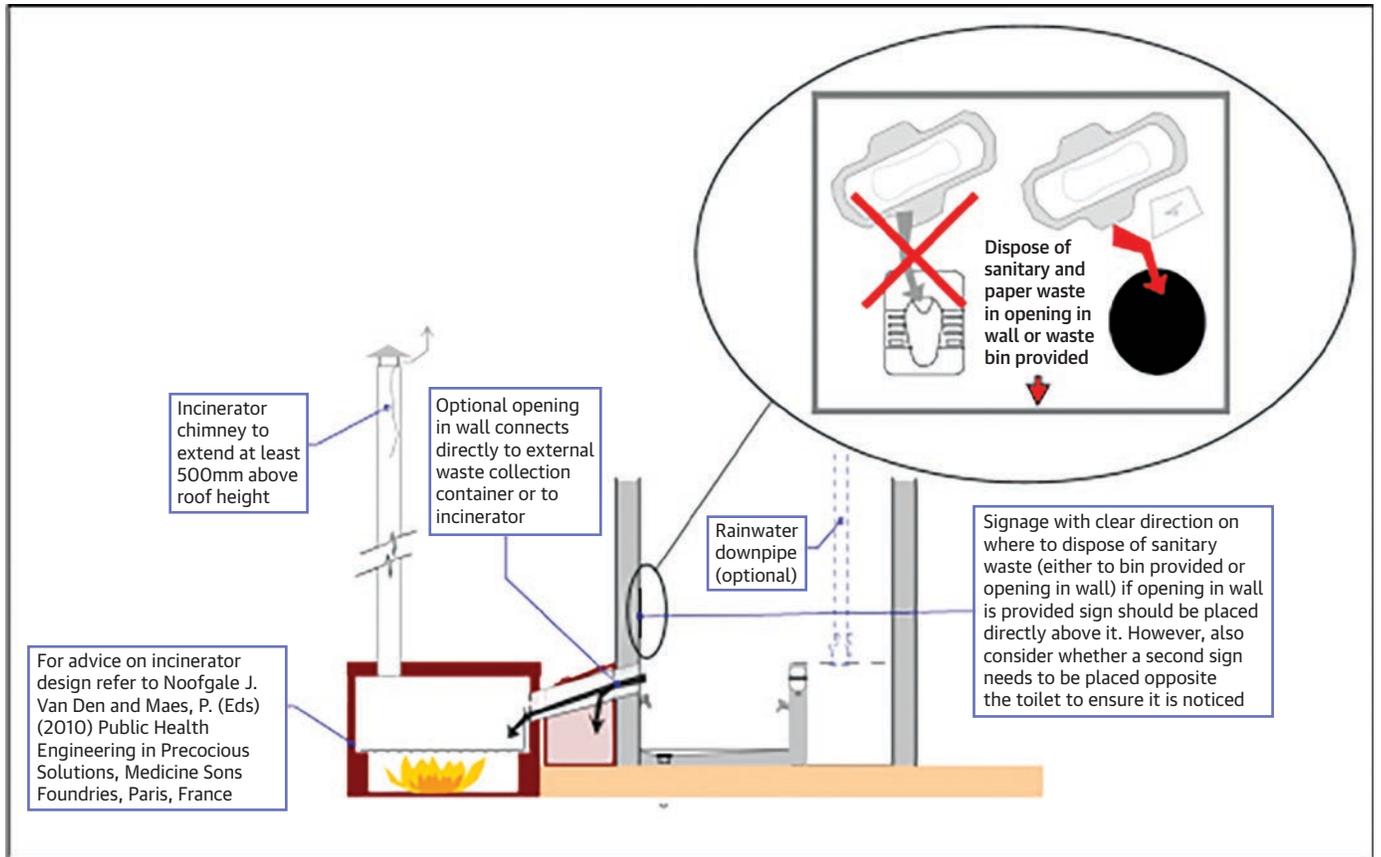
1. Consider providing dispensers of sanitary pads (whether free or for purchase)
2. In facilities where showers are not provided, consider increasing the size of washing area provided
3. Include flexible hand held shower head where practical
4. Alternatively, conventional cubicles with individual wash basins (and hooks, shelves etc, as user preference following community consultation) can also be used for MHM

Plan on toilet with menstrual hygiene management (MHM) provision

Necessary in all institutional toilets and should be included in public toilets wherever possible
 Note that lack of MHM facilities in schools can result in girls dropping out

Source: WaterAid 2019.

FIGURE 4.4. Menstrual Health and Hygiene Waste Disposal System



Source: WaterAid 2019.

For additional plans for female-friendly sanitation facilities, see UNICEF 2019a; WaterAid 2012, 2019; WaterAid, WSUP, and UNICEF 2018; and WEDC 2014.

Tool 5

Measuring Results on Menstrual Health and Hygiene

Objectives and Limitations of the Indicator Chart

The purpose of this matrix is to assist task teams in developing results frameworks for projects with menstrual health and hygiene components and subcomponents, following the theory of change developed for their projects. The table below provides a list of sample MHH indicators, definitions for measurement, and data sources and collection methods.¹ The proposed indicators aim to close gender gaps that fall under any of the four pillars of the World Bank Gender Strategy: (a) human endowments; (b) more and better jobs; (c) ownership and control of assets; and (d) promote women’s voice and agency. Not all indicators or measures for indicator definitions will apply to any given project. Selection of relevant indicators by the team will be based on the project development objective and the intermediate results and will likely require adjustment to respond to the specifics of the program, the country context, and data availability. In making these adjustments, it is important to keep in mind that the indicators need to be SMART (specific, measurable, achievable, relevant, and time-bound) (World Bank 2012).

TABLE 5.1. Sample Indicators to Address MHH

Indicator	Indicator Definition	Data Sources and Collection Methods
<i>Enabling Environment for MHH</i>		
MHH is clearly defined and articulated in national policies and strategies for WASH, health, education, and other relevant sector policies and linked to a goal of gender equality	<ul style="list-style-type: none"> National WASH and other sector policy includes MHH definition and required measures (with budget allocated for MHH) MHH facility requirements are part of national standards for WASH designs Policy regarding MHH articulates a goal to address gaps in women's and girls' educational and employment opportunities and voice resulting from poor MHH 	Policy document review Standard design and guideline document review
Roles and responsibilities for financing and implementing MHH policies and programs clearly articulated among government agencies, NGOs, and private sector stakeholders	<ul style="list-style-type: none"> Share of surveyed stakeholders who responded accurately to questions about their roles and responsibilities with respect to MHH Policy instruments in different coordinating sectors and organizations are consistent with one another with regard to MHH roles and responsibilities Formulation, application, revision, appeal, monitoring, and enforcement authorities and processes concerning the MHH roles and responsibilities detailed in the policy instrument are specified 	Policy document review Stakeholder survey

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TABLE 5.1. continued

Indicator	Indicator Definition	Data Sources and Collection Methods
MHH education is incorporated in the national teacher training curriculum and/or public health worker training and includes overcoming stigma and gender stereotypes	<ul style="list-style-type: none"> • Completion of MHH coursework required for certification • MHH courses address cultural taboos, stigma, shaming, and gender stereotypes 	<p>Policy document review</p> <p>Teacher training curriculum review</p>
MHH integrated into the national school curriculum and includes overcoming stigma and gender stereotypes	<ul style="list-style-type: none"> • National MHH education guidelines and teaching plans developed and issued to schools • MHH instructional materials and visual aids developed and provided to schools 	<p>Policy document review</p> <p>School curriculum review</p> <p>Instructional materials review</p>
Percentage of schools with enforced policies and regulations against bullying and shaming girls and female teachers about menstruation	<ul style="list-style-type: none"> • Clear definition of unacceptable behaviors • Clear procedures for treatment • Guidance on counseling for victims of bullying 	<p>Policy document review</p> <p>Teacher and school administrator survey on enforcement measures</p>
<i>Access to Female-Friendly Water and Sanitation Infrastructure</i>		
Percentage of institutional and public WASH facilities (for example, schools and health centers) that meet the basic requirements for MHH facilities	<p>Minimum requirements for MHH within WASH facilities:</p> <ul style="list-style-type: none"> • Separate, clearly marked sanitation facilities for males and females • Private stalls for individual use • Stall doors lock from the inside • Water access for personal hygiene • Handwashing station with soap • Adequate lighting for safety • Space for changing sanitary napkins and MHH • Space to wash and dry reusable pads • Covered bins for soiled disposable pads 	<p>Review of standard design and guideline documents</p> <p>Physical verification of WASH facility compliance with requirements</p> <p>Consultation with users</p>
Percentage of women and girls who report increased sense of self-efficacy/agency since MHH facilities were installed	<ul style="list-style-type: none"> • Perceived sense of improved safety • Perceived sense of self-confidence and agency • Greater sense of self-esteem • Perceived decrease in bullying and shaming by boys 	<p>KAP survey with reference against baseline</p> <p>Focus group discussions</p> <p>Individual interviews</p>

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TABLE 5.1. continued

Indicator	Indicator Definition	Data Sources and Collection Methods
Percentage of women and girls who report that the MHH water disposal methods enable them to manage their menstrual waste with dignity and confidence	• Availability of hygienic and sustainable waste disposal system	Review of menstrual waste disposal management plans
	• Waste disposal system aligned with cultural norms and prevalent use of sanitation materials	Physical verification of disposal system Interviews or focus group discussions with users
	• Waste disposal system perceived as adequate by users	Individual questionnaire
	• Reduced sense of shame and distress associated with managing menstrual waste	
<i>Access to Menstrual Sanitary Products</i>		
Percentage of women and girls who report that they can afford or have access to a sufficient quantity of hygienic menstrual materials	• Able to explain means of accessing or making pads	KAP survey with reference against baseline
	• Able to state source and cost of purchased pads	Focus group discussions Individual questionnaire
Percentage of women and girls reporting satisfaction with available menstrual materials	• Perceived comfort	KAP survey with reference against baseline
	• Acceptable quality	Focus group discussions
	• Perceived sense of self-efficacy and self-confidence	Individual questionnaire
Number of local women and girls earning income from production and/or supply of low-cost sanitary napkins	• Number of pads produced and marketed	Focus group discussions
	• Number of women and girls employed	Individual interviews
	• Income from sanitary pad sales	Individual questionnaire
	• Loans received (if applicable)	
	• Training received	
<i>MHH Education Outcomes</i>		
Percentage of teachers who teach about MHH in a sensitive manner	• Number of teachers trained on MHH in basic training	Consultation with teachers and school administration
	• Number of teachers who received MHH in-service training	Review of teacher training records Student ratings of teachers (survey)
	• Percentage of female and male students satisfied with teachers' handling of MHH topics in the classroom	
	• Number of male teachers who received gender and MHH sensitization training	

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TABLE 5.1. continued

Indicator	Indicator Definition	Data Sources and Collection Methods
Percentage of girls and boys with accurate knowledge about menstruation and menstrual hygiene	<ul style="list-style-type: none"> Percentage of girls and boys who attended classes on MHH Percentage of girls and boys who can explain basic facts about menstruation and reproduction Percentage of girls and boys who can describe key steps in good menstrual hygiene 	<p>KAP survey with reference against baseline</p> <p>Focus group discussions</p> <p>Individual questionnaire</p>
Percentage of schools with mentored same-sex or mixed health clubs or other safe spaces for girls and boys to discuss MHH	<ul style="list-style-type: none"> Girls share MHH-related concerns Clubs are a source of information on MHH Focal points/mentors guide club discussions Clubs provide support to victims of shaming and bullying 	<p>Focus group discussions</p> <p>Individual questionnaire</p> <p>Consultation with teachers and school administration</p>
Percentage of girls reporting that female-friendly sanitation facilities contributed to their increased participation in classes	<ul style="list-style-type: none"> More time spent in school Increased concentration Higher self-confidence Greater participation More confidence to stand up to answer questions Minimized shame about menstruation 	<p>KAP survey with reference against baseline</p> <p>School attendance records</p> <p>Focus group discussions</p> <p>Individual questionnaire</p>
Percentage of girls who perceive that female-friendly sanitation facilities combined with MHH education and club discussions contributed to their decision to complete school	<ul style="list-style-type: none"> Minimized shame about menstruation Greater satisfaction with school Greater self-confidence Able to share concerns about MHH with other girls and mentors 	<p>KAP survey with reference against baseline</p> <p>School attendance records</p> <p>Focus group discussions</p> <p>Individual questionnaire</p>
MHH Health Outcomes		
Percentage of HCFs providing accurate, sensitive counseling on MHH	<ul style="list-style-type: none"> Number of health care workers trained in MHH counseling Hours per week of MHH counseling provided Number of clients receiving MHH counseling Client satisfaction with counseling 	<p>HCF survey</p> <p>Interviews with MHH counselors</p> <p>Interviews with women who received MHH counseling</p>
Percentage of girls and women who report irritation from sanitary materials	<ul style="list-style-type: none"> Reduced number of women with irritation Increased number of women who describe pads as comfortable 	<p>KAP survey with reference against baseline</p> <p>Individual questionnaire</p>
Percentage of girls and women who report urinary or reproductive tract infections	<ul style="list-style-type: none"> Reduced number of infections among females participating in the project 	<p>HCF records on incidence of urinary and reproductive tract infections</p> <p>Individual questionnaire</p>

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TABLE 5.1. continued

Indicator	Indicator Definition	Data Sources and Collection Methods
MHH Awareness and Behavior Change		
Number of women and men reached by the MHH awareness and behavior change campaign	<ul style="list-style-type: none"> Number of women and men participating in MHH events Number reached through social media, radio, and other media 	SBCC monitoring records
Percentage of women and men who report that they no longer believe in female impurity and shame associated with menstruation	<ul style="list-style-type: none"> Number of women and men who understand that menstruation is a natural, normal part of the reproduction process Number of women and men who understand the negative health and social impacts of cultural restrictions on menstruating women 	KAP survey with reference against baseline Individual questionnaire Separate men's and women's, girls' and boys' focus group discussions
Percentage of boys and men who report that it is harmful and unfair to tease, bully, or shame girls about menstruation	<ul style="list-style-type: none"> Number of boys and men who are aware that social stigmas against menstruation are unfounded and who take actions to prevent the perpetuation of such views 	KAP survey with reference against baseline Individual questionnaire Men's focus group discussion
Percentage of girls and women, boys and men who recognize the health and fertility risks of poor menstrual hygiene	<ul style="list-style-type: none"> Percentage of girls and women, boys and men who recognize the health risks caused by many traditional practices Percentage of girls and women, boys and men who understand that poor MHH can cause infections, which can lead to infertility and birth complications 	KAP survey with reference against baseline Individual questionnaire
Percentage of girls and women who report practicing safe menstrual hygiene	<ul style="list-style-type: none"> Able to describe types of menstrual products that are hygienic Frequency of changing menstrual products Frequency of washing and drying pads Handwashing after changing pads Washing body parts 	KAP survey with reference against baseline Individual questionnaire
Percentage of men who report increased support for wives and daughters	<ul style="list-style-type: none"> Allocating family finances to purchase sanitary pads and pain relievers Stopped shaming and teasing females about menstruation Try to help wives and daughters deal with concerns and problems associated with MHH 	KAP survey with reference against baseline Individual questionnaire Individual interviews with men, their wives, and their daughters

Sources: Columbia University and IRC 2017; Otoo, Agapitova, and Behrens 2019; Plan International 2015; UNICEF 2019a; WaterAid 2012; World Bank 2012; World Bank Gender Group 2019.

Note: HCF = health care facility; KAP = knowledge, attitudes, and practice; MHH = menstrual health and hygiene; NGOs = nongovernmental organizations; SBCC = social and behavior change communication; WASH = water supply, sanitation, and hygiene.

Note

1. Task teams should note that incorporating MHH measures in their project design, even when including an indicator in the results framework, does not guarantee that the project will be gender tagged. It requires a clear logical chain between gender gap analysis, actions, and indicators.

Tool 6

Generic Terms of Reference: Menstrual Health and Hygiene Consultancy

Assignment Title: Assessment of the Status of Menstrual Health and Hygiene in [Insert project name]

Location: [Insert location of project]

Assignment Duration: [Insert the number of days the task will take]

Assignment Type: [Specify whether international or local expertise is required]

Note to Task Teams

- *This terms of reference (TOR) has been drafted as a generic product that can be applied in any context, covering a range of comprehensive areas. It is important to tailor the TOR to address specific project requirements and the context in which it will be implemented (for example, rural areas, urban periphery, refugee camps, or post disaster). The task team is also free to change the scope of the tasks, depending on the project's needs. This TOR covers both hardware and software aspects of menstrual health and hygiene (MHH); however, the weight given to each aspect is likely to vary from project to project, depending on the local requirements.*
- *The project may entail intersectoral collaboration, particularly with education and health. Although the TOR focuses on water supply, sanitation, and hygiene (WASH) in schools and health care facilities (HCFs), it can be modified to incorporate other public spaces targeted by the project, such as markets; workplaces such as utilities or communal sanitation facilities by including questions relevant to those locations.*
- *This TOR does not include consultant support during the implementation phase of the MHH interventions. If such support is also required, the TOR will need to be adapted to include appropriate details under the scope of work.*
- *The TOR has been drafted to be recipient-executed, and the assignment could be carried out by the consultant hired by the client to carry out the Social and Environmental Safeguards Assessment. However, if the task team has the allocated budget, this assessment can also be tweaked to be World Bank-executed.*
- *The TOR is written as an individual contract. If the task team desires to hire a firm to carry out the tasks, the section on contract administration and qualification needs further adjustment.*

Background: Why Menstrual Health and Hygiene Matters to Water Projects

[Note to Task Teams: Provide here a description of the project context and components]

Sustainable Development Goal 6 calls for clean water and sanitation for all. For the benefits of water supply, sanitation, and hygiene (WASH) to be truly universal, a gender-inclusive approach through menstrual health and hygiene (MHH) must be adopted (see Box 6.1 for a definition of MHH). WASH plays an important role in the lives of adolescent girls and women, both from a biological and a cultural perspective. Inadequate access to WASH facilities and hygiene education can result in long-lasting gender gaps, affecting, among others, girls' and women's access to education, sexual and reproductive health, mobility in the public sphere, and sense of dignity. Lack of adequate facilities and materials for menstrual hygiene has been linked to absenteeism of girls from school during menstruation (Adukia 2017; Ortiz-Correa, Resende Filho, and Dinar 2016; Van Eijk et al. 2016). Adolescent girls who are unable to manage their menstrual hygiene needs in a private and safe manner are sometimes forced to drop out of school entirely, limiting their future economic opportunities. Beyond schools, inadequate female-friendly sanitation facilities at home or in public places, including in health care facilities (HCFs), can have dire negative impacts on menstruating women and girls, not least by making them susceptible to many health issues, such as reproductive tract infections. Moreover, throughout the world, stigmas and taboos regarding menstruation create a culture of silence and shame, which marginalizes women and excludes them from important social and economic spheres, particularly during menstruation.

BOX 6.1. What Is Menstrual Health and Hygiene?

Menstruation is a natural process linked to the female reproductive cycle. Tissue and blood from the uterus are released monthly, unless the released egg is fertilized. Management of hygiene during menstruation requires access to clean materials to absorb or collect menstrual blood and secure private spaces to change them as often as necessary. Menstrual health and hygiene (MHH) also involves being able to use soap and water for washing the hands and body, as well as access to safe and convenient facilities to dispose of used menstrual management materials. Further, women and girls must have access to basic information about the menstrual cycle and how to manage it with dignity and without discomfort or fear.

MHH issues cut across sectors, bringing together health, well-being, gender equality, education, empowerment, and rights. To address these issues in a systematic manner requires accurate and timely knowledge; available, safe, and affordable materials; informed and comfortable professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy. This holistic approach is referred to as *menstrual health and hygiene*.

Sources: UNICEF 2019a; WaterAid 2012; WHO/UNICEF 2012.

The COVID-19 pandemic is affecting MHH worldwide. Many utilities are overburdened and understaffed because of high demand for water. This is causing disruptions in the supply of safe water, which makes it difficult for women and girls to manage hygiene during their menses. In some countries, schools are the main source for girls to access sanitary material, information, and support groups on how to safely manage their menses. School closures deprive girls of these crucial resources. It is widely recognized that promoting MHH is not only about improving sanitation; it is also an important step toward safeguarding women's dignity, privacy, and bodily integrity and ultimately enabling an environment of nondiscrimination and gender equity in which female voices are heard and girls have choices about their future.

Objectives of the MHH assessment

The overall objective of this assignment is to assess how the needs of menstruating women and girls can be addressed in an inclusive and sustainable manner through a World Bank-financed project. The assessment will recommend realistic entry points and measures for integrating MHH in the project. To do this, it will be necessary to assess the current status of MHH in the project area by identifying the hardware and software gaps in the relevant institutional setting (schools and HCFs) or other public settings (such as markets). This assignment does not cover the design of institutional WASH facilities but is exclusively focused on the MHH components. In other words, this terms of reference is not intended as a stand-alone project but as complementary to the broader WASH program.

The MHH assessment of this assignment will entail the following tasks:

- Desk review of existing MHH resources and initiatives
- Assessment of gaps in MHH provisions in schools and HCFs
- A gender-sensitive MHH needs assessment
- Recommendations for entry points and measures to address MHH

The methodology employed to achieve these subobjectives should draw on qualitative and quantitative data collected from primary and secondary sources, including key informant interviews with government officials and school and HCF staff; focus group discussions with a range of stakeholders, including users of WASH facilities (primarily women and girls); observational site visits; and government, nongovernmental, and other reports and assessments.

The assessment should result in a list of recommended entry points, relevant design standards, and actions to address the hardware and software gaps in MHH in the project area, taking into account social, cultural, and economic factors affecting MHH.

Scope of Work

The consultant will undertake the following tasks, drawing on secondary data sources where available. Additionally, the consultant will conduct key informant interviews, focus group discussions, and field visits to verify the data gathered from the secondary sources and to collect primary data if data are not available.

Desk Review of Existing MHH Resources and Initiatives

- **Review the main features of the institutional and regulatory framework** that allow inclusiveness and prioritization by identifying the national guidelines, strategies, standards, and resources on WASH programs and designs. Identify any local codes, practices, and design guidelines. Check whether there are any national strategies or guidelines in the WASH and/or education sectors or within a gender policy that address MHH. Please list any public policies that can serve as best practice, if available.
- **Compile MHH data from existing country systematic reviews and meta-analysis.** In countries in which data on MHH are available through the Multiple Indicator Cluster Survey (MICS) or the WHO (World Health Organization)/UNICEF (United Nations Children’s Fund) JMP (Joint Monitoring Programme), these could be included in the reviews (see Box 6.2). There may also be findings from qualitative studies conducted on MHH in the area, particularly regarding local beliefs, taboos, stigma, and restrictions on women and girls during menstruation and related gender stereotypes and gaps.¹
- **Conduct a stakeholder mapping** (at the regional, national, or subnational level) to understand what other actors are doing to integrate MHH in institutional WASH. Stakeholders may include but are not limited to government bodies (such as ministries in charge of health, education, and water and sanitation); nongovernmental organizations (NGOs); community-based organizations; women’s groups and networks; social media platforms that girls use, such as Girl Up; donors; the private sector; and social enterprises. Ensure that local women’s, minority, and disabled people’s organizations and groups representing the poor are also included. Explore whether partnerships could be forged with any of these actors.

BOX 6.2. Global Monitoring Tools Related to MHH

Multiple Indicator Cluster Survey (MICS): Household survey collecting data on women and children worldwide. MICS questionnaires include specific indicators related to menstruation, covering areas such as the days missed at work or school because of menstruation, materials used, and ability to change materials in privacy at home.

Performance Monitoring and Accountability 2020 (PMA2020): Tracks family planning indicators. PMA2020 looks at how menstrual hygiene is managed across age groups and wealth categories, including the types of materials used to collect menstrual blood, the main environments where menstrual health and hygiene (MHH) is practiced, and the safety, privacy, and cleanliness of these environments, among other metrics.

WHO (World Health Organization)/UNICEF (United Nations Children’s Fund) Joint Monitoring Programme (JMP) for Drinking Water, Sanitation, and Hygiene: Monitors global progress toward the achievement of the Sustainable Development Goal targets for water supply and sanitation, including in schools and health care facilities. JMP indicators for “basic” sanitation and drinking water facilities serves as a proxy to monitor MHH because anything less than basic suggests that women and girls lack a suitable place for managing menstruation.

Assess Gaps in MHH Provisions in Institutional WASH Facilities

An assessment of the available MHH provisions in WASH facilities will require an examination of both the hardware and software aspects of the design:

Hardware

- **Assess the extent to which the design of existing school and health care center sanitation facilities is female-friendly.** The methods to be employed include direct observation of the facilities and consultation with relevant stakeholders (including but not limited to government officials and school and HCF staff and engineers).
- **Although there is no universal approach on how menstruation should be managed, leading agencies working on MHH recommend some of the following requirements to make sanitation facilities female-friendly:²**
 - Adequate number of gender-separated facilities, including for those with physical mobility restrictions
 - Private toilet/latrine stalls for individual use
 - Doors that lock from the inside
 - Water access for personal hygiene, ideally inside the cubicle
 - Handwashing station with soap
 - Discreet waste disposal bins
 - Adequate lighting for safety
 - Clean space to change menstrual materials, ideally with hooks and shelves
 - There are many additional features that make a sanitation facility user-friendly for girls and women, such as spaces to wash and dry reusable pads, including a clothesline with a piece of cloth to cover these materials while drying. See Tool two for an expanded checklist for assessing whether facilities are female-friendly.
- **Assess the menstrual waste disposal management plans**, if available. The following can serve as guiding questions to gather information (see the checklist on the management of menstrual waste under Tool two for more details):
 - Are women and girls able to dispose of their menstrual materials in a private and safe manner?
 - Who manages the disposal process?
 - How often are containers for waste emptied?
 - Where does the waste go?
 - What methods of disposal of menstrual waste are adopted (for example, burying, incineration, disposal into a pit, or composting)? Are cultural taboos considered in the disposal systems?
- **Assess the availability and affordability of sanitary materials.** If possible, collect data on the types of sanitary materials most commonly used by women and girls in the area. Examine the supply chain of materials. Explore the sanitary products that are available in the local market, and identify any local private sector providers of sanitary materials. Find out whether sanitary materials are tax-free. To the extent possible, assess the willingness to pay for them. Examine whether schools, HCFs, or local charities have provisions to distribute or facilitate access to sanitary pads. Identify any NGOs and

other groups supporting women's enterprises producing and marketing low-cost menstrual pads. (See the checklist on working with social enterprises under Tool two for more details).

Software

- **Identify any interventions that raise awareness or change behavior among the community in the project area of MHH.** Such interventions may range from offering trainings to village and community health workers on the importance of MHH; overcoming the stigma surrounding menstruation; educating men and boys about MHH issues; supporting women's and youth groups with information on MHH; distributing low-cost sanitary products; and so on. In some contexts, existing WASH programs may already include behavior change components on sanitation and hygiene issues, into which a focus on MHH could be integrated. Identify whether the interventions are carried out by government programs, NGOs, or private-sector enterprises. If there are no local awareness programs, explore whether there are such programs in any other part of the country that could be applied to the project area. (See checklist on conducting behavior change campaigns under Tool two for more details).
- **Explore the potential for collaboration** with programs in other sectors, such as education, health, community development, or sexual and reproductive health.
- **Assess whether MHH education is incorporated in the schools and, if so, how.**
 - Is education related to puberty, the menstrual cycle, or reproductive health taught in schools? If so, which age groups are targeted? Are both girls and boys included?
 - Are education and demonstrations on hygiene practices for managing menstruation (for example, cleaning, changing, washing, and disposal of menstrual materials) offered to pubescent schoolgirls?
 - Do girls' clubs and peer education groups exist on MHH?
 - Do teachers and implementers receive training on comprehensive puberty education?
 - If MHH is not taught at school, assess the scope for its incorporation into school curriculum or health education programs.
- **Assess MHH coverage at HCFs.**
 - Do WASH facilities provide sanitation materials and a disposal bin?
 - Do they distribute MHH materials?
 - Do they offer health education on MHH?
 - Do they have community outreach programs on hygiene that include MHH?

Conduct Gender-Sensitive MHH Needs Assessment

- **Identify any gender gaps that MHH initiatives could help reduce.** Focus on gaps in human endowments (education and health); more and better jobs; ownership and control of assets; and women's voice and agency (see the four pillars from the World Bank Gender Strategy) (World Bank 2015). For example, if women have more limited employment opportunities, loans and training for local women to produce sanitary napkins could contribute to reducing the gap while making more low-cost menstrual materials available to women. (see checklist on conducting a gender needs assessment under Tool two for a list of questions to ask).

- **Conduct assessment to understand the cultural beliefs, experiences, awareness, attitudes, and practices of the users of sanitation facilities**, particularly those of women and girls. Such contextual knowledge is important to successfully integrate MHH in WASH programs and maximize user uptake. The local culture (including any taboos and restrictions associated with menstruation) and policy environment may dictate which WASH strategies are appropriate and should inform the design of an MHH strategy. Ensure you talk to a wide range of users, including boys and men, women and girls with disabilities, and women and girls from different economic classes and ethnic and religious groups. Reach out to local organizations that work with women, girls, youth, people with disabilities, and ethnic and other minority groups.
- **Great care is needed when asking questions about menstruation.** Given the taboos and stigma associated with menstruation, questions must be approached in a sensitive and culturally appropriate manner (for example, conduct separate discussions with men and women; hold consultations in private and safe spaces; and phrase questions in culturally appropriate terms). It is important to ensure that the research does no harm, does not offend local people, and does not inadvertently reinforce gender stereotypes. An appropriate data collection methodology must be adopted to ensure safety, comfort, and ease of participants in the given context. Such methods should include in-depth interviews and focus group discussions with diverse users but can also incorporate more innovative methods, such as participatory design sessions, schematic maps in which users interact and highlight issues, and visioning exercises.³
- **Primary areas of inquiry.** To investigate the range of personal challenges girls and women may face during their menstruation and to understand the attitudes and beliefs about menstruation by the wider community, the following should be included as primary areas of inquiry:
 - **Experience and perception of the quality of the current school and/or HCF WASH facilities.** This should cover issues such as the conditions of the facilities, including the perceived safety and privacy; the challenges faced in managing menstruation; and the availability and quality of sanitary material. It should also examine how these MHH challenges have affected school attendance and completion, use of HCF and other public spaces, and self-esteem. This area of inquiry should also include the perceptions of men and boys on their understanding of the experiences and challenges faced by menstruating women and girls. Target groups for this area of inquiry should include at minimum adolescent girls and boys, teachers, HCF staff, and male and female users of HCFs.
 - **Affordability and willingness to pay for sanitary material.** Can they afford sanitary pads? What kinds of pads do they prefer? Are there differences in preferences across different age groups? Are they willing to pay for sanitary pads, or do other products have higher priority? How satisfied are they with the pads they can afford?
 - **Knowledge and attitudes about the processes of menstruation and its role in reproductive health.** Explore local beliefs and practices associated with menstruation. Ask whether and, if so, how menstruation is explained by parents, teachers, health workers, and others in the community. Ask whether the school curriculum teaches about puberty, the menstrual cycle, and sexual and

reproductive health. Target groups for this area of inquiry should include at minimum adolescent girls and boys, parents, teachers, community leaders, and HCF staff.

- **Social norms, beliefs, and practices associated with menstruation.** Explore the traditional MHH practices, including local customs, beliefs, taboos, and stigma regarding menstruation. Are girls and women prohibited from participating in any activities during menstruation? Are there any taboos regarding disposal of menstrual materials? How do these beliefs and practices affect their self-esteem? Target groups for this area of inquiry should include a wide sample of the community, including local and religious leaders and representatives.
- **Menstrual hygiene behavior.** How do women and girls manage their monthly menstrual flow and clean themselves? Do the taboos and other beliefs guide any of their actions? Are they aware of health risks of unsafe MHH behavior? What challenges do they face?
- **Users' recommendations for improving girls' and women's experiences.** All participants in the discussions should have the opportunity to express what they think would help women and girls during their menses. Recommendations by users could cover areas such as the ideal design of facilities (for example, the preferred safety and privacy measures, the most favorable setup to change and dispose of sanitary products, and so on); the preferred menstrual materials (considering product availability and cost); the types of communication campaigns needed to break taboos; and the support structures in schools and communities that would help the experience of women and girls.

Recommendations for Entry Points and Measures to Address MHH

- Based on the findings from all of the previous assessments (the desk review of existing frameworks, resources, and data regarding MHH; the findings from the onsite observations of gaps in the institutional WASH facilities; and the findings from the users' needs assessment), the consultant is expected to identify the most relevant and feasible entry points to address MHH in the project context and suitable measures and approaches.

Hardware

- **Propose measures that would improve sanitation facility responses to the MHH needs of women and girls.** Apply human-centered design (HCD)⁴ to place women and girls actively in the center of the facility design choices. Consider differences in design needed when infrastructure is being newly constructed versus when already existing infrastructure needs to be rehabilitated (making modifications early is far easier than correcting errors after infrastructure is built, so ideally MHH design is incorporated into the WASH infrastructure design). Upgrading existing infrastructure might involve retrofitting some features that increase security (such as adding adequate lighting and locks), changing the female-to-male seats ratio, adding an accessible gender-neutral toilet, or revamping the management model. Consider also the needs specifically of menstruating people with disabilities. Measures can draw on and adapt from the design models developed by other international organizations (see Tool four for design models for MHH).⁵

- **Explore options to facilitate access to adequate sanitary materials.** This could be directly or via the market. If there are small-scale local enterprises producing pads, identify possible avenues to link these enterprises to women and girls, either privately or through the school and HCF structures. Consider the scope for an impact bond to be piloted, which would rely on private investors and providers to implement MHH interventions. Also, consider the feasibility of financial, tax, and subsidy support. Employ HCD to place women and girls actively in the center of the design and distribution of sanitary materials. Also, consider entrepreneurship opportunities for women in the production and marketing of these materials.⁶ Ensure that all options are based on the views expressed by women and girls on preferred materials and ways of cleaning and disposing.⁷
- **When proposing measures for improvement, consider also the adequate operations and maintenance systems required for the sustainability of the sanitation facilities.** Identify a budget and arrangement plan for cleaning and upkeep. For instance, will there be a designated caretaker or firm responsible for operation and maintenance of the facilities? If appropriate for the context, consider introducing a maintenance system (for example, school hygiene committees) for maintaining WASH facilities and hygiene promotion. Calculate the likely daily costs (for example, caretaker salaries and materials, including cleaning materials) and periodic costs (for example, cost of emptying toilet).⁸

Software

- **Identify actionable ways to raise awareness and knowledge on MHH among the community in the project area.** Target groups for this could include teachers, HCF staff, parents, boys and men, and women's and girls' organizations and networks. Draw on insights gleaned from the gaps and gender-sensitive MHH needs assessment to ensure that the educational components are tailored to the local conditions and needs and address any local taboos or stigma associated with menstruation. If WASH trainings and behavior change initiatives already exist for students and staff, propose ways of adding information specifically on MHH. Actions could include training teachers on comprehensive puberty education; connecting community health workers to schools and the community; and creating peer education and girls' clubs to promote safe spaces for women and girls and to disseminate information about MHH.⁹ Identify potential opportunities to partner with other actors and organizations working in the field.¹⁰
- **If there is scope for incorporation of MHH education into the school curriculum or in health education programs, propose a strategy for doing so.** Qualitative findings from the gender-sensitive MHH needs assessment should indicate which aspects of MHH need particular attention in the project area (these could range from education on puberty and the menstrual cycle for boys and girls, information on hygienic practices for managing menstruation for women and girls, engaging boys and men and mobilizing the community to dispel cultural myths and taboos, and so on). In designing a school curriculum that integrates MHH, the consultant may draw on guidelines and toolkits developed by numerous organizations on how to work with schools.¹¹

Deliverables

The consultant will deliver the following outputs at the indicated times:

1. A short **inception report**: [5 to 10] days after contract signing, including:
 - a. Proposed approach to the assignment, including any constraints to the assignment with proposed mitigation measures
 - b. Brief description of data/resources gathered or identified
 - c. Proposed methods of collaboration and engagement with stakeholders that will be used to access the required data, as well as the method for selection of key informants and focus group discussion participants
 - d. A staffing plan (if applicable), including position descriptions, level of effort for each position, and summaries of the qualifications of proposed staff
 - e. A detailed work plan, including the schedule for completion of all tasks and staff responsible for each task (if applicable)
2. **Draft report**: [1 to 3] weeks after contract signing, covering all aspects described in scope of work, including:
 - a. An overview of the existing data and initiatives on MHH in the project area
 - b. Assessment outlining the gaps in MHH provisions in schools and/or HCFs
 - c. An MHH needs assessment outlining the experiences and needs of WASH facility users, particularly of girls and women
 - d. A list of recommendations on entry points and priority actions/measures the project should adopt to ensure the needs of menstruating women and girls are addressed
3. **Final report**: [1 to 2] weeks after receiving comments on draft report

Contract Administration

The assignment is expected to require a level of effort of [insert number] days. The consultant will report to [insert name, title, and unit of task manager].

Sample required qualifications:

- Master's degree in civil, sanitation, or environmental engineering; social sciences; health; education; gender studies; or other relevant field of study
- Ten years of work experience in WASH programs in schools, HCFs, and other public spaces, such as markets and workplaces
- Extensive knowledge of the school, HCF, and WASH institutional settings in the project country
- At least three years of experience conducting assessments of water and sanitation programs in the project country (experience in the project location preferred)
- Demonstrated expertise on gender in the project
- Expertise in MHH preferred

- Experience in conducting qualitative data collection, including in-depth interviews, key informant interviews, and focus group discussions
- Experience compiling and analyzing existing quantitative data sets (as required for the project)
- Proven strong analytical skills and ability to produce clear and concise reports
- Fluent in written and spoken English [and *insert other languages required*]

Notes

1. See UNICEF 2019a (particularly chapter 2.3) for guidance on collecting evidence on MHH; see also WaterAid, WSUP, and UNICEF 2018 for guidance on a citywide assessment.
2. See, for instance, Columbia University and IRC 2017 (chapter 7); Save the Children 2015; UNICEF 2019a (pillar 3); and WaterAid 2012, 2019.
3. For guidance on conducting a needs assessment, see Columbia University and IRC 2017 (chapter 3); for guidance on conducting qualitative data collection on a diversity of stakeholders, see UNICEF and Emory University 2013; see also Save the Children 2015 (appendixes A and F).
4. HCD is an approach that places beneficiaries and stakeholders at the center of the design and implementation process, engaging them in the steps of identifying issues and finding solutions (USAID 2020). For innovative examples of HCD in relation to MHH, see Duke-UNICEF Innovation Accelerator 2019.
5. For more on design features of female-friendly and accessible facilities, see Columbia University and IRC 2017 (chapter 7); UNICEF 2019a (particularly Pillar 4); WaterAid 2019; and WaterAid, WSUP, and UNICEF 2018.
6. See World Bank 2017a, which provides a feminine hygiene products model with examples of its use in Bangladesh and several countries in Africa.
7. For guidance on how to facilitate access to menstrual products, see Columbia University and IRC 2017 (chapter 4); UNICEF 2019a (particularly pillar 5); and WaterAid 2012 (module three and toolkit 3). See also UNICEF 2019b, a separate guide on menstrual hygiene products.
8. For considerations in assessing the waste management structures, see Columbia University and IRC 2017 (chapter 8); UNICEF 2019b; UNICEF and Emory University 2013 (for checklists on assessing waste disposal systems); and WaterAid 2012 (module three and toolkit 3).
9. See WaterAid 2012 for more guidance on working with the community in raising awareness (particularly module four and toolkit 4). See also Columbia University and IRC 2017 (chapter 9) and UNICEF 2019a on building skills and capacity (chapter 3.2).
10. See UNICEF 2019a for guidance on building partnerships (chapter 3.3).
11. For guidance on including MHH into the school curriculum, see Columbia University and IRC 2017 (particularly chapters 3, 10, and 11); Emory University, UNGEI, and UNICEF 2015; UNESCO 2014; UNICEF 2019a (pillar 2); and WaterAid 2012 (particularly module five and toolkit 5).

Tool 7

Annotated List of Menstrual Health and Hygiene Resources

Author/Organization	Title	Content and Intended Users
Global Resources		
Columbia University and IRC 2017	<i>A Toolkit for Integrating Menstrual Health and Hygiene (MHH) into Humanitarian Response</i>	This toolkit provides guidance to support organizations and agencies seeking to rapidly integrate MHH into existing programming in emergency responses. The toolkit focuses on multiple sectors, including WASH, education, health, protection, shelter, waste management, materials and supplies, and vulnerable populations. For each sector, it presents key assessment questions, case studies, design considerations, and resources for monitoring and feedback. Although the toolkit is targeted at humanitarian responses, many of its recommendations can be applied to any context.
Emory University, UNGEI, and UNICEF 2015	<i>WinS4Girls Distance Learning Course Book and Materials</i>	The WinS4Girls e-course was designed to help strengthen the capacity of WASH practitioners and policy makers to carry out rigorous research that investigates local MHH practices and challenges. It includes step-by-step modules for planning formative research into MHH.
Save the Children 2015	<i>Menstrual Hygiene Management: Operational Guidelines</i>	The guidelines focus on three stages of MHH programing in schools: conducting an MHH situation analysis, designing an MHH program, and monitoring and evaluating an MHH program. Each chapter has corresponding appendixes that provide detailed guidance. The guidelines address the sensitivity of discussions associated with reproduction and the need to overcome social stigma and taboos associated with menstruation and puberty.
UNESCO 2014	<i>Puberty Education and Menstrual Hygiene Management</i>	This guideline describes good policies and practices regarding puberty education and MHH. It encourages a holistic approach to health promotion, starting with education, creation of healthy environments, and links to health services. It puts forth a vision of puberty education that is skills-based, inclusive, and comprehensive. It is part of a comprehensive sexuality education curriculum, which is part of a larger health curriculum, which is an integral part of a comprehensive school health approach.
UNICEF 2019a	<i>Guidance on Menstrual Health and Hygiene</i>	This guidance focuses on the processes of designing and supporting programs related to MHH at a national and subnational level. It focuses on areas such as the process of supporting government leadership, carrying out situation analysis, building an evidence base, and estimating program costs. It also provides an overview of the global monitoring and evaluation framework of MHH. Among other things, the guidance examines the specific strategies needed to reach girls and women in vulnerable situations, including transgender females with disabilities.
UNICEF 2019b	<i>Guide to Menstrual Hygiene Materials</i>	This guide provides instructions on the selection and procurement of appropriate materials and supplies for MHH, particularly during a humanitarian response. It provides technical specification for each material and highlights the environmental, health, and financial aspects of each.

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Author/Organization	Title	Content and Intended Users
UNICEF and Emory University 2013	<i>Tools for Assessing Menstrual Health and Hygiene in Schools</i>	This toolkit presents tools on how to conduct assessments on MHH. The tools include questions for focus group discussions, in-depth interviews, and key informant interviews to be held with girls, boys, mothers, teachers, and school administrators. Questions cover topics ranging from policy, cultural beliefs, and WASH conditions to relationships with teachers and parents, knowledge, and biological factors. Applying the tools helps with understanding the needs of girls who are menstruating at school and informing a set of minimum standards. The tools were tested in Bolivia, the Philippines, Rwanda, and Sierra Leone.
WaterAid 2012	<i>Menstrual Hygiene Matters: A Manual for Improving Menstrual Hygiene around the World</i>	This resource supports the development of context-specific information for improving practices for women and girls in managing their menstruation. It brings together examples of good menstrual hygiene practice from around the world related to policies, strategies, programs, and interventions. It offers modules and toolkits on a range of topics, including working in schools, communities, emergency situations, and materials.
WaterAid 2019	<i>Technical Guidelines for Construction of Institutional and Public Toilets</i>	This document provides technical guidelines for designing, constructing, and maintaining institutional and public toilets. It provides practical guidance that is generally applicable across different countries and contexts, highlights critical features that must be included to avoid mistakes, and is easily understood by both designers and builders. These guidelines may be useful for local authorities in towns and cities in charge of public and institutional toilets, national governments, public and private service providers, NGOs, donors, and civil society organizations.
WaterAid, WSUP, and UNICEF 2018	<i>Female-Friendly Public and Community Toilets: A Guide for Planners and Decision Makers</i>	The guide is designed primarily for use by local authorities in towns and cities who are in charge of public and community toilets. The guide explains why toilets must be female-friendly before detailing the essential and desirable features needed to make them so. It also suggests ways to increase gender sensitivity in town planning on sanitation.
World Bank 2017a	<i>Changing the Lives of Women and Girls through Affordable Feminine Hygiene Products</i>	This Innovation Note presents a business model to increase accessibility and affordability of feminine hygiene products and provide income for local women entrepreneurs who produce and market them. Social enterprises, NGOs, and the private sector provide loans, equipment, and training and conduct MHH awareness raising. It discusses assessing the potential market, revenue streams, financial viability, cost-effectiveness, and scaling up. It provides examples of selling points, numbers of women and girls provided access, and social enterprises operating in India and several African countries.
Country-Level Resources		
India, Ministry of Drinking Water and Sanitation 2015	<i>Menstrual Hygiene Management: National Guidelines</i>	These national guidelines, produced with the help of UNICEF India for the Swachh Bharat Mission, aim to support all adolescent girls and women. They outline what needs to be done by state governments, district administrations, engineers and technical experts in line departments, and school heads and teachers. The guidelines focus on "who needs to know what, why, and how;" "providing adolescent girls with menstrual health and hygiene choices;" and "MHH infrastructure in schools and the safe disposal of menstrual waste."
SPLASH 2015	<i>Menstrual Hygiene Management Toolkit</i>	This toolkit was designed to help teachers, school health and nutrition coordinators, and other school personnel in Zambian primary schools carry out MHH programs or activities in their schools.

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Author/Organization	Title	Content and Intended Users
WaterAid 2018	<i>Developing a Participatory Management Tool and Technical Designs for User-Friendly WASH in Healthcare Facilities</i>	The tool examines the extent to which WASH facilities in HCFs are user-friendly. The tool uses a participatory approach to gather perspectives of HCF clients and staff and uses the information to make changes in WASH infrastructure, management, and practices to meet the needs of different types of clients. It also describes the process used to develop the tool.
Improving Health Behaviors Program 2013	<i>Facilitator's Guide: Social and Behavior Change Communication: Training for Information, Education, and Communication Officers</i>	USAID-funded manual prepared for the Ministry of Health, India with training of trainer sessions on key elements of SBCC.
WSSCC and the Government of India 2013b	<i>WASH and Health for Menstrual Hygiene Management: Training of Trainers Manual</i>	This guideline focuses largely on campaigning and raising public awareness on MHH in India. It is designed to be used by service providers, extension and community workers, teachers, parents, and peers in their efforts to reach out to large numbers of women and girls in an efficient and effective way without compromising on quality and message.

Note: HCF = health care facility; MHH = menstrual health and hygiene; NGO = nongovernmental organization; SBCC = social and behavior change communication; WASH = water supply, sanitation, and hygiene.

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