Federal Democratic Republic Of Ethiopia Ministry of Health

Menstrual Hygiene Management in Ethiopia

An Intersectional issue: Policy and Implementation Guideline

Addis Ababa

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Acronyms

ARSH	Adolescent Reproductive & Sexual Health
BCC	Behavioural Change Communication
DA	Development Assistants
FMOH	Federal Ministry of Health
FMHACCA	Food, Medicine &Health Care Administration & Control Authority
HDA	Health Development Army
IPC	Information Provision Centres
HEP	Health Extension Program
HSTP	Health Sector Transformation Plan
MDG	Millennium Development Goal
MHM	Menstrual Hygiene Management
MWIE	Ministry of Water, Irrigation and Energy
NRHM	National Rural Health Mission
SDG	Sustainable Development Goals
TSC	Total Sanitation Campaign
WASH	Water Supply, Sanitation and Hygiene
WASHCO	Water Supply, Sanitation and Hygiene Committees

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The Federal Democratic Republic of Ethiopia Ministry of Health would also like to thank UNICEF, Water Aid, and SNV for their technical and financial contributions.

Last but not least the FMOH would like to forward its thanks to the following individuals for their major contributions.

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Foreword by the State Minister of Health

Menstruation is a natural process in women's lives. Worldwide 52% of the female population of reproductive age menstruate every month. However, certain cultural practices around menstruation negatively impact the lives of women and girls and reinforce gender inequalities and exclusion. In most parts of the world, menstruation remains taboo and is rarely talked about. It is also considered as a female only topic.

Many women and girls do not have appropriate pre and post menstrual hygiene management (MHM) information, access to clean, safe and affordable sanitary products, or private MHM facilities to change menstrual cloths or pads and to wash. Thus, it affects the daily lives of millions of women and girls. It also has various impacts on health and education, which affect the achievement of girls towards a productive life.

MHM intervention needs the involvement of different actors such as health, education, WASH, women and children affairs, private organizations and key influential stakeholders. This guideline is developed by the Ministry of Health in close consultation with a range of stakeholders to initiate and strengthen interventions at different levels by various actors.

This guideline document is developed with the objective of creating an enabling environment for supporting the attainment of GTP II by enabling girls and women in Ethiopia to lead dignified, productive and healthy lives through appropriate menstrual hygiene management. To this end, it is imperative that different government organizations, non-governmental organizations, civil society organizations, educational institutions, and the private sector make a coordinated effort in realizing the implementation of this guideline. Finally, I would like to congratulate all those who technically and financially supported the development of this document. I count on your close collaboration and support to implement the recommendations of this document. The Ministry will continue its leadership role to realize the implementation of menstrual hygiene management in Ethiopia.

Dr.KebedeWorku

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About the guideline

This Guide supports organizations working on MHM to encourage all girls and women to adopt safer menstrual hygiene practices. It also demonstrates how to work with communities and implement concrete actions for effective menstrual management.

The target audience for MHM encompasses behavior change communication audiences referred to as primary participant groups – all women and girls - secondary audiences such as relevant technical officials at all levels, and advocacy or tertiary audiences – political leaders.

The Guide will be useful for organizations and individuals who are concerned with improving the lives of Ethiopian women, girls, men and boys, in the community, in urban and rural areas, in all institutions (particularly in schools and health facilities), at workplaces and in emergency situations. It will be of particular use to WASH and Education sector professionals, as well as those working in community development and protection and promotion of rights, including gender issues. Moreover, the guideline will be useful for decision makers working in government offices, aid agencies, NGOs, influential leaders, teachers and health extension workers who work with households and communities.

Acknowledging the need for further research on the issue of menstrual hygiene management (MHM) in Ethiopia, the authors and contributors of this guideline believe that there is a wealth of in-country experience worth considering. Accordingly, a number of organizations have shared their experiences and international best practices during the process of developing the guideline. The draft document was finalized incorporating further comments and feedback from participants at a validation workshop involving wider stakeholders.

The guideline has six sections. Section One provides an overview of menstrual hygiene issues. Section Two explains the rationale for developing the guideline. Strategies for implementing MHM are indicated in Section Three. Section Four suggests a minimum standard package for addressing menstrual hygiene in a comprehensive manner. Implementation arrangements

Including roles and responsibilities of key sector actors are defined in Section Five. The last section deals with how to monitor and evaluate the implementation of MHM activities.

1. Introduction and Background

1.1. Introduction

Menstruation, commonly called a menstrual period, is the monthly discharge of blood from the uterus through the vagina of girls at puberty and non-pregnant and non-menopausal women. Though there is variation in the length of the menstrual cycle and the amount of blood girls and women lose, the bleeding usually lasts from about three to seven days and the whole menstrual cycle takes 21 – 35 days with average length of 28 days from the first day of menstruation.

During the menstrual cycle, most women and girls suffer varying degree of pain and discomfort which varies from person to person and can change significantly over time. For the first few years, long menstrual cycles are common. However, menstrual cycles tend to shorten and become more regular as a woman's age increases. Abdominal cramps, nausea, fatigue, feeling faint, headaches, back ache and general discomfort are experienced by most girls and women during periods. Due to hormonal changes, they experience emotional and psychological changes such as heightened feelings of sadness, irritability or anger.

Some cultural practices and taboos around menstruation impact the lives of women and girls negatively and reinforce gender inequities and exclusion. Lack of water supply, hygiene and sanitation (WASH) facilities, limited access to sanitary materials and information on safe menstrual hygiene management (MHM) aggravate these situations.

This guideline is prepared to encourage greater awareness of menstruation and how to support women and girls to manage it hygienically and in a dignified manner.

1.2. Background

1.2.1. Global Context: Menstrual Hygiene Management (MHM)

Globally, approximately 52% of the female population (26% of the total population) is of reproductive age[1] and most of them menstruate each month. Menstruation is associated with puberty for girls (normally between the ages of 9 and 14) and a time of biological change which is a natural part of the reproductive cycle, however it remains taboo and is rarely talked about in most cultures around the world.

The lack of safe, dignified practices to manage menstruation and 'ignorance 'within society have created a culture of silence around this important and very positive lifecycle change. Young girls in both rural and urban areas often grow up with limited knowledge of menstruation. Mothers and adult women are not always confident talking about it. In general, knowledge about the physiological process associated with sexual maturity and biological facts as well as practices of managing menstruation is extremely limited in girls when they experience their period for the first time.

Awareness about menstruation and how to manage it is very low among school children. Many schools do not support adolescent girls or female teachers in managing menstruation with dignity. Teachers and male members of staff in particular tend to be unaware of the special needs of girls. Girls may not always have access to appropriate information and knowledge on reproductive health in general and menstrual hygiene in particular.

Girls and women in vulnerable circumstances, such as being homeless, in prison, living with illnesses like HIV and persons with disabilities and girls who mature earlier than their peers, face exclusion and additional challenges. Unfriendly design of WASH facilities and lack of access to appropriate information and knowledge affects these groups the most.

In emergency situations, menstruating women and girls face specific challenges whereby they are forced to live under a new environment outside their homes and communities. Under such circumstances, they may lack access to sanitary protection materials; may lack privacy to bathe,

[1] Source: Menstrual Hygiene Matters, 2012

washor dispose menstrual materials. All of these factors make it difficult for girls and women to maintain personal hygiene during menstruation.

Women and girls are rarely included in decision-making and management of development and emergency relief programs. Many development practitioners (both male and female) find menstrual hygiene a difficult subject to talk about. Cultural taboos around menstruation combined with the 'silence' make menstrual hygiene complicated matter. Menstrual hygiene has been largely neglected in the past in the water supply and sanitation sector, the health sector including sexual and reproductive health and the education sector. Interventions in these sectors have historically often failed to address menstrual hygiene needs of women and girls – however this is fortunately gradually changing.

Lack of or inadequate water supply and sanitation facilities in schools, health institutions, work places, prisons, public places, and in emergency situations create major challenges for girls and women to manage menstruation with privacy and dignity. As a result, the rights of millions of women and girls to benefit from services and the right to dignity and gender equity remain unrealized.

1.2.2. Ethiopian Context: Menstrual Hygiene Management (MHM)

In Ethiopia, 51% of the population is female and23% of women are of reproductive age[2].As in other parts of the world, menstruation is seen as a taboo in many communities. Due to stigma, communication between girls, women, family members and the community on healthy menstrual practices is limited .In most rural and urban areas girls cannot talk to their mothers; in fact they are afraid of being punished and or prevented from going to school.

Cultural, religious and traditional beliefs in Ethiopia surrounding menstruation place restrictions and control over the mobility, behavior and actions of women and girls during their period. Menstruating women and girls are forced into seclusion, must follow dietary restrictions and are prevented from participating in daily activities, such as preparing food and religious rituals.

[2] Source: Ethiopian Population and Housing Census, 2007

The use of appropriate sanitary wear is not a priority in most families in Ethiopia and low income families cannot afford to buy it for their children. In Ethiopia, 11% of girls change their menstrual cloths once a day[4]. Girls commonly use rags torn from old clothes and use their dress tied in a knot to keep the sanitary cloths in place. Most girls rinse their rags in water without using soap; dry them under the bed; hang them in hidden, often unhealthy places in the house or on the roof, where they can grow mold. Such practices may increase susceptibility to infection.

Most schools in the country are not equipped with the basic amenities for menstrual management such as menstruation materials, places for changing menstruation materials, running water and disposal facilities. This impacts girls' education. One study indicated that out of 650 school girls interviewed; 50.3 % reported missing classes during their menstrual period. A total of 278 girls (85%) were absent from 1-3 days and 49 girls (15%) more than 4 days every month. Many girls, though physically present in the school, reported reduced performance due to poor concentration[3]. In schools that have toilet facilities, insufficient water supply, inadequate privacy and safety due to absence of door locks inconvenience girls during menstruation. These factors have a huge impact on girl's health and psychological conditions arising from stigmatization and the indignity they experience.

2. Rationale and Objective

2.1. Rationale

Definition: Menstrual hygiene management is defined as "when women and adolescent girls use a clean material to absorb or collect menstrual blood and this material can be changed in privacy as often as necessary for the duration of menstruation. MHM also includes using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials".[4]In order for women and girls to live healthy, productive and dignified lives, it is essential that they are able to manage menstrual bleeding effectively.

[3]SNV: Girls In Control, Compiled Findings from Studies on Menstrual Hygiene Management of Schoolgirls in Ethiopia, South Sudan, Tanzania, Uganda and Zimbabwe, 2013

[4] UNICEF: WASH in Schools Empowers Girls' Education - Proceedings of the Menstrual Hygiene Management in Schools meeting, UNICEF, 2012

Menstrual hygiene is important because:

1. It is a human rights issue. Girls and women have the right to have access to information and services that enable them to manage menstruation with dignity.
2. Safely practiced menstrual hygiene prevents infections and body odor. Even though menstruation is a natural process, if not properly managed, it can result in health problems. Menstrual hygiene practices, such as, using ash or unclean old rags to absorb menstrual blood, especially if they are inserted into the vagina, can cause easier access for infection to the cervix and the uterine cavity. Prolonged use of sanitary materials can cause body odor and skin irritation, which also increases the risk of infection. In addition, lack of hand-washing after changing menstrual materials can facilitate the spread of infections such as Hepatitis B or Thrush. Studies suggest a link between poor menstrual hygiene and urinary or reproductive tract infections and other illnesses.
3. Managing menstruation effectively can reduce absenteeism from school and contribute to improved educational performance. Lack of lockable, single-sex toilets with water and soap for washing; private space for drying wet cloths; absence of closed bins or incinerator for disposing used pads contributes to girls missing school during their menstrual periods or even dropping out completely. Menstrual pain is another reason for girls to be absent from school. Confusion, shame and fear of leakage or dropping of sanitary material, smell and staining of clothes and harassment by male students and teachers are additional contributing factors for poor educational performance and absenteeism.
4. MHM can enable women and girls to remain healthy, empowered, and become more productive for the growth of the country. Every menstrual period can be loaded with mental, emotional and physical trauma, which affects the day to day lives of girls and women across Ethiopia. Implementing appropriate MHM would help to boost the self-esteem of girls and women.
5. MHM can contribute to the achievement of the Sustainable Development Goals. Implementation of effective MHM programmes will contribute towards the achievement of SDG targets in education, gender equality, reduction of maternal mortality and water and sanitation.

Therefore, this guideline will support greater awareness on menstrual hygiene at grassroots level, family, school, work place, and the community; and promote access to gender-friendly WASH services for managing menstruation hygienically and in a dignified manner.

2.2. Objectives

General Objective

Enable girls and women in Ethiopia to lead dignified, productive and healthy lives through appropriate menstrual hygiene management.

Specific Objectives

1. To increase awareness of the general public- women, men, girls and boys- of menstrual hygiene; build self-esteem, and empower girls and women for greater socialization.
2. Increased recognition of MHM in national policies, strategies and guidelines, related to a wide range of issues including health, workplace environment and school infrastructure.
3. Enhance inter-sectoral collaboration among different actors (government, Civil Society Organizations (CSO), Community Based Organizations (CBO), the Private Sector, influential leaders, etc.) towards effective and efficient MHM systems.

2.3. Target Audience

The target audience for MHM encompasses behavior change communication audiences referred to as primary participant groups or primary audiences, social mobilization audiences called secondary group participants and advocacy audiences or tertiary participant groups.

The primary audiences for the MHM guideline are all women and girls of pre and post menarche age with the aim of further characterization of these audiences in terms of age, socio-economic standing, residential area, access to infrastructure and facilities, and different needs (such as disability).

Secondary audiences of this guideline include those who can influence the primary audiences to change and adopt MHM related behavior and practices by improving the enabling environment and includes relevant government Ministries and sector officials at

federal, regional, zonal, Woreda and Kebele levels; civil society; school teachers; HDAs and HEWs; PTAs; opinion leaders; religious leaders; academicians; the media; influential leaders or public figures – celebrities, development partners etc. These audiences have a responsibility to support the primary audiences to improve menstrual hygiene management.

Tertiary audiences are high-level political leaders who are responsible for policy guidance and resource allocations down the line from federal to Woreda level depending on the authority level. Hence the target of this guideline interplays between these audience groups.

2.4. Principles and Approaches

The following key principles should guide the process of mainstreaming MHM in any intervention.

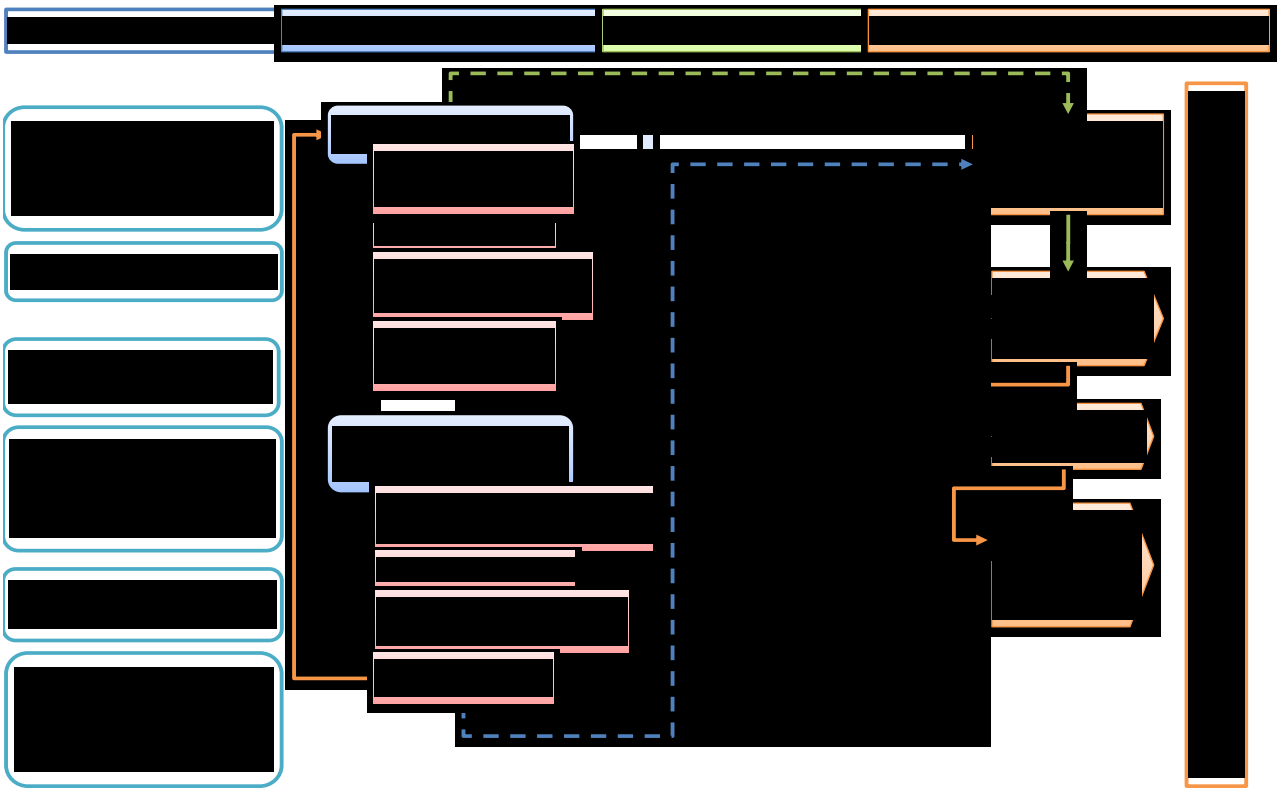
1. **Context specific:** MHM **i**nterventions should be based on rigorous analysis of the specific context (development, humanitarian emergency, work place, schools, health facilities, commuters, etc.) and responses should be tailored to meeting the different needs of girls and women in these contexts.
2. **Inclusive:** MHM interventions should be inclusive of all girls and women, including girls and women with disabilities, ethnic, religious and socio-economic minorities; refugees or displaced groups, and, girls and women affected by HIV/AIDS, etc. In order to be inclusive, programming must involve the whole community to change harmful attitudes and shift social norms. While keeping the focus on women and girls, men and boys should be made 'strategic allies' in addressing MHM.
3. **Gender-Aware:** Any programmes that aim to effectively address MHM should ensure that all girls, boys, women and men can live and learn **i**n a gender-aware environment (home, community, school, public facilities, etc.). Gender sensitive school WASH facilities should be clean, safe and protective (e.g. private sanitation facilities with locks); and provide equal opportunities for children with disabilities.
4. **Holistic and Integrated: MHM is part of wider women's health and should be included in any intervention aimed at increasing the health and wellbeing of women and girls.** MHM is not a standalone intervention and is more likely to be effective when implemented in partnership with stakeholders in other sectors at all levels (federal, regional, district,

school, health facilities, work places, households/communities, refugee or emergency). Implementation of MHM interventions require the use of a coordinated and multi-sectoral approach with other key sectors, such as Education, Water, Women, Children and Youth Affairs and Labor and Social Affairs.

5. **Evidence-based:** interventions aimed at addressing MHM will be more effective when based on research and data collection. Reliable data on MHM would inform the design of effective interventions and advocacy for effective policymaking and resource mobilization.
6. **Sustainable:** interventions aimed at addressing MHM should ensure that the benefits such as WASH facilities, production of sanitary pads and awareness raising activities are sustained beyond the life of the intervention.

2.5. Theory of Change

The key elements of an MHM-supportive environment are shown in the following diagram.



Source: UNICEF MHM Program document (2015)

3. Strategy

Strategies for addressing key challenges in MHM need to be based on effective analysis of the current situation- political, policy, economic, socio-cultural perceptions and practices regarding MHM. An analysis should define relevant strategies and appropriate options that correspond to the challenges.

3.1. Context Analysis

3.1.1. Policy environment

The policy documents are comprehensive in terms of including gender needs, gender is considered as a cross cutting issue in all the policy documents in Ethiopia. The second Growth and Transformation plan (GTP II) is the overarching development roadmap that guides all sectorial strategies and program plans has included gender equity and women empowerment as key development agenda.

Gender equity is one of the indicators across the health, education, WASH; social economic and other development programs and plans.

3.1.2. MHM Relevant sector programs and plans

The following is a snapshot of key sector plan and programs analysis from the perspective of menstrual hygiene management.

WASH sector programs

The OneWASH national program (OWNP) is a government led sector wide approach and the main instrument for achieving the goals set out for WaSH in the Growth and Transformation Plan (GTP); the OWNP brings four WASH ministries: Ministry of Health, Finance, Water resources and Education together to jointly deliver water and sanitation services to the people of Ethiopia, improving the health situation, decreasing the drop-out rates of children in schools, and making financing for Water Sanitation and Hygiene (WASH) more effective.

Among others, decreasing school dropout - mainly of girls - is included in the objectives of the OWNP and to achieve this objective institutional WASH/ water supply, sanitation and hygiene intervention in schools is included as major components of the OWNP.

MHM promotion and construction of WASH facilities by considering menstruation related needs is part of the OWNP activities and all WASH activities in schools are mandated by MoE and its structures from the Ministry down to the school level.

Developing guidelines for water and sanitation needs and management of the WASH facilities, developing a gender and age-sensitive curriculum on sanitation and hygiene, establishing standards for the construction of school latrines and hand washing facilities by taking into consideration gender and physical disabilities as well as capacitating adolescent girls on MHM and establishing school WASH clubs are the activities included for MoE to take responsibilities under the OWNP.

MoE receives financial assistance from the OWNP Consolidated WASH Account (CWA) for safe water and girl-friendly sanitation facilities combined with hygiene education to improve school enrolment and attendance, potentially lowering the dropout rate and repetition rates, especially for girls.

The financial assistance to the Woreda and towns/cities is made on submission of transparent and need-based WASH team annual work plan approved by their respective council. There is a criterion for prioritization of the need but the challenge is school girls usually do not participate in school development planning and decision making and due to the fact that menstrual hygiene is not yet acknowledged as a problem it is clear that the school planning process unlikely to pick up menstrual hygiene management as a priority.

Sensitization and awareness creation on MHM for Woreda and city/town WASH team as well as empowering girls to participate in planning and decision making process could be of great help to ensure MHM needs are practically addressed in the schools and beyond.

Likewise, respective MoE departments need support while designing gender and age sensitive curriculum on sanitation and hygiene, establishing standard for construction of school latrine and hand washing facilities as included in the OWNP to ensure the curriculum and designs included Menstrual Hygiene Management needs.

The OWNP in its institutional WASH component assists the MoH to take responsibilities for all WASH interventions in the health institutions including construction of gender sensitive WASH facilities with no mention of menstrual hygiene management[5].

Health Sector Programs

The Health Sector Transformation Plan (HSTP) is an instrument for achieving the goals set out for health in the Growth and Transformation Plan (GTP II). This Plan has included gender equity as a health determinant and a cross cutting equity indicator and one of the guiding principles to achieve the objectives of the HSTP.

The Ministry of Health had developed a gender mainstreaming guideline and it is being implemented in all the health sector program components including in the hygiene and environmental health sub components where menstrual hygiene management can best fit.

In the HSTP, scaling-up community led and school led total sanitation and hygiene (CLTSH) and sanitation marketing are among the strategic initiatives of the hygiene and environmental health sub component and the two performance measure indicators are increase proportion of households with access to improved latrines to 82% and increase proportion of Open Defecation Free (ODF) Kebeles to 82% and no performance indicator related to personal hygiene.

The health extension programme- the flagship in achieving universal primary health care in Ethiopia - includes 16 packages of which seven are related to hygiene and environmental health. Personal hygiene is one of the seven sub components and the training manual for personal hygiene has included a paragraph about care that should be taken during menstruation and it is a very good start and entry point to further work on menstrual hygiene management. In order to

[5]The Federal Democratic Republic Of Ethiopia: One WASH National Programme; Programme Operation Manual for the Consolidated WASH Account, September 2014 Addis Ababa, Ethiopia

influence positive MHM behaviour change among the wider community it is advisable to have a section on MHM in the personal hygiene training package or to have a separate MHM module on the Health Extension Integrated Refresher Training (IRT).Moreover, the National health institutional WASH facility construction and implementation manual also needs revision to incorporate menstrual hygiene needs[6].

Education sector programs and plans

The Government has given a unique focus to bring about generational change in the education status of its citizens evidenced by massive expansion of schools and higher education institutions. As a result, net primary school enrolment (Grade 1-6) reached 99% in 2014, a fivefold increase from the 1990 rate of 19%. In 2014, more than 1.7 million youth were attending higher education in 1312 TVETs and 33 universities.
http://www.moe.gov.et/English/Resources/Documents/eab05.pdf (MOE-2005 EFY report

The proportion of girls enrolled in primary and secondary education exceeded 45% in 2014 (more than 9.2 million girls out of 20 million) as a direct result of the Government's policy to empower women through enhancing girls' education.
http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf

The gender disparity index is almost approaching equality between boys and girls as evidenced by 0.94, 0.92 and 0.81 for primary (grad 1- 6), first cycle secondary (grad 7-8) and second cycle secondary level education (grad 9 -10) respectively in 2012.

Still the disparity is higher in first cycle secondary and secondary level compared to the primary cycle and menstruation that starts in average at the first cycle secondary could be among the causes of the disparity. The consecutive education sector development plans included equity in education in terms of gender and gender disparity in education has been used as an indicator for quality education.

School Improvement Program (SIP) is one of the sub-components of the general education improvement program (GEQIP) being implemented by MoE and World Bank, designed to assist

[6]The Federal Democratic Republic of Ethiopia: Ministry of Health, Health Sector Transformation Plan for 2015/16 - 2019/20 to (2008-2012 EFY), October 2015, Addis Ababa, Ethiopia

schools to: identify priority needs through a process of self-assessment; develop an effective and practical School Improvement Plan to address those needs by the school grant from the program; and then monitor and assess implementation (GoE, GEQI Plan, November 2008).

Unless the self-assessment and priority setting exercise involves girls, menstruation related problems never come out as a priority problem. Even if they are involved in the process, due to the taboo of discussion around menstruation they may not speak out and negotiate to get menstruation related needs included in the plan. Hence menstrual hygiene never appears as a priority barrier in school improvement program assessment, likewise the school grant which is dedicated to implement the School Improvement Program is not used to tackle menstruation-related problems.

Women and Children Sector (Women empowerment and gender equity)

One key aspect of the economic reform in Ethiopia is empowering women through creating equal opportunities and affirmative action for women to participate in the economic development of the country. The Ethiopian Constitution recognizes the principle of equality of access to economic opportunities, employment and property ownership for women.

A national gender policy includes gender mainstreaming in all relevant sector development programs, advocacy and capacity-building initiatives as a strategy to empower women.

Education as one of the indicators for empowerment shows progressive improvement, the proportion of girls enrolled in primary and secondary education has increased considerably.

However, the rate of unemployment is still high among women. According to the 2014 survey conducted by the Central Statistics Agency (CSA), urban unemployment rate is about 17.4%18. The corresponding rates for males and females were 11.3 % and 24.1 % respectively (Female unemployment is more than double that of males).http://www.csa.gov.et/images/general/news/urbaneusuervey_2014

The gaps in school enrolment and employment can only be closed when gender needs along the life cycle of the girls are identified, prioritised and addressed with dedicated resources.

A summary of approaches, challenges to be addressed, possible entry points and intervention strategies is provided below.

3.2. Operational research

Undertaking research is central to creating understanding on various issues, including perceptions and practices related to MHM including socio-cultural, policy and economic aspects. In addition, new products and technologies that can support MHM practices at a low cost should be explored.

Research and advocacy would encourage breaking of the silence and confronting dangerous myths, taboos, and practices related to MHM.

In addition, best practice on MHM from existing interventions shall be documented and shared.

3.3. Communication for Development – The Enabling Environment

3.3.1.Advocacy

Targeting policy and decision makers -parliamentarians, key public figures and practitioners at all levels - advocacy could be carried out for mobilizing resources for mainstreaming MHM in different sectors. It also allows better coordination among different stakeholders and linkages with the private sector. The use of media is crucial to bring MHM into the spot light so that key influencers can provide needed emphasis.

3.3.2. Social mobilization

Social mobilization is another strategy that supports participation of institutions, community networks, social/civic and religious groups to raise demand for or sustain progress toward a development objective. Accordingly, social mobilization work on MHM could be carried out with existing platforms or mechanisms such as religious leaders, traditional leaders, women associations, health development armies.

Social mobilization activities should target boys and men who have significant roles and powers in supporting their wives, female relatives, sisters, friends and colleagues. It can be carried out for various purposes --- challenging negative attitudes and perceptions; sharing information on

good menstrual hygiene practices; participating in local production of menstrual products; ensuring that women and girls can afford sanitary materials; addressing barriers to water and sanitation for the hygienic management of menstruation with privacy and dignity.

Social mobilization among women and girls could be focused on hygienic management of menstruation (production of sanitary materials, washing, drying and or disposing of used sanitary materials safely); maintaining one's own health and that of others; supporting other women and girls with information on good menstrual hygiene practices; preparing younger pre-adolescent girls for menstruation; addressing barriers to water and sanitation for hygienic management of menstruation with privacy and dignity and challenging negative attitudes and perceptions.

Social mobilization work with the community will relate to issues of breaking the silence around menstruation; confronting dangerous myths, taboos, negative perceptions' and practices; sharing information on good menstrual hygiene practices; ensuring equitable and sustainable access to water and sanitation facilities; involving women and girls in decision-making about water and sanitation facilities; encouraging households to have a private and secure latrine that includes mechanisms for safe disposal of sanitary materials; ensuring that schools support girls and female teachers manage menstruation hygienically and in dignified manner; ensuring girls and women in vulnerable situations and in public places have access to private and secure facilities for managing menstruation and encouraging the establishment of local small businesses that produce affordable sanitary products.

3.3.3. Behavioral Change Communication (BCC)

Behavior change communication is a useful strategy to enhance general understanding of MHM by breaking down barriers and taboos and creating a supportive environment for attaining positive attitude and behaviors towards menstrual hygiene management in different contexts. BCC involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve or plan with the objective of promoting and sustaining behavior change.

At the community level, existing structures such as the health development army, health extension workers, women's support groups, youth associations, parent-teacher associations and

religious and clan leaders are important entry points for promoting MHM. The Women, Children and Youth Affairs structures within the various sector offices are other potential entry points for promoting MHM in the work place.

At school level, it is very important to engage girls and boys in menstrual hygiene educational activities. School clubs (Reproductive health, WASH, mini media (a unit or a section available in most of the schools that is equipped with audio and sound system equipment and designated to disseminate awareness and information to the school community using megaphone, amplifier, tape player or CD player and by verbal announcement or entertainment),girls club, one to five network, peer to peer etc.) and Girls Education Advisory Committees could also be used as entry points. Schools offer opportunities to engage parents in menstrual hygiene and can improve support for girls in school and out of school. Parent and Teacher Associations can be instrumental in making the school environment menstrual hygiene-friendly through provision of additional resources. Cluster supervisors and teachers can also play very important roles of monitoring the implementation of safe menstrual hygiene practices.

Awareness creation on menstrual hygiene management could be linked to existing IEC and BCC programs implemented by various sector offices. These could be enriched through provision of information which is vital to countering negative myths around menstruation and providing information on MHM.

Other approaches could include the development of information provision centers (IPC), mass media campaign, house to house visits, video appeals, social networks for advertisements, mobile campaigns, social media and a celebrity outreach campaign (MHM ambassadors). It is important to choose the most relevant approach for different contexts and target groups.

3.4. Capacity building

Capacity building of key players (Health, Education, Water, MOWCA, MSE and others) in MHM is crucial for effective implementation of the Guideline. Tailor made training program should be organized targeting key players; such as sector government staff, teachers and students and members of the community.

Master training on MHM for selected experts from different sectors (federal and regional health bureaus, education bureau, water bureau women, children and youth affairs, labor and social affairs, religious leaders and private sectors) shall be provided at regional level and cascaded to zonal, W*oreda* and *Kebele* level. Areas for capacity development could include: understanding of what happens to girls and women during puberty; how women and girls can keep themselves healthy during their menstrual period; how to dispose of menstrual pads in an environmentally friendly way.

It is also necessary to educate all children, including boys about reproductive and sexual health in general and menstrual hygiene in particular within a framework of comprehensive sexual education. Teachers in upper primary and secondary schools should receive training with emphasis on counseling, linkages with reproductive health and life skills education to transform negative attitudes, beliefs, and practices, as well as promote the social, emotional, physical well-being of girls.

Women's groups can be supported to produce sanitary pads. Capacity building in this regard should include quality and safety standards; entrepreneurship, marketing and distribution, etc. In addition, civic associations can also be supported to raise awareness and advocate for girl-friendly and gender-aware approaches thorough experience sharing as well as funding.

3.5. Partnership and Coordination

MHM is a multi-faceted issue and requires multi-sectoral response to address it in a comprehensive and sustainable manner. Experts from the Ministries of Health, Education, Water, Irrigation and Energy (the WASH structure)should work together. It is also very important to strengthen links between schools, health facilities and communities in MHM awareness-raising and to influence the design of appropriate sanitation facilities and disposal mechanisms. Existing coordination mechanisms, such as the MHM working group, the Hygiene and Environmental Taskforce, the WASH structures and other platforms at federal, regional, zonal, Woreda and Kebele levels should be used as mechanisms for coordination. Such coordination mechanisms will be implemented through establishment of oversight committees and technical working groups.

3.6. Resource allocation and prioritization

It will be necessary to mobilize resources for effective implementation of this guideline's recommendations and the successful integration of MHM issues into existing sector programs for girls and women. National and regional policies and strategies, such as the Health Extension Package, the Sexual Reproductive Health, the Water, Hygiene and Sanitation (WASH), the Educational Improvement National Strategy, etc. provide opportunities for effective integration and implementation of the MHM guideline with little additional resources. In addition advocacy among policy makers, parliamentarians, and practitioners at all levels is crucial for securing financial and non-financial resources. Development partners, private sector actors, the community, CSOs and professional associations could also be financial sources.

3.7. Ensure Availability of WASH facilities

It is important that women and girls have access to clean materials to absorb or collect menstrual blood, as well as safe water supply and sanitation facilities that allow privacy to change sanitary materials (cloths or pads). They need to have sustainable access to soap and clean water (for bathing, hand-washing and washing clothes); and facilities for safely disposing of used materials. Such facilities must also be suitable for girls and women of different ages, health and physical status (disability)in all contexts (school, community, work place and emergency).

4. Minimum Standard Package for MHM

There is an increasing recognition of the potential positive impact of providing separate, private and safe latrines for girls towards improving their school attendance and retention. It is also recognized that girl-friendly sanitation is only part of the solution; and that girls need to have access to sanitary protection materials and pain relieving medicines to enable them to continue attending classes' during their menstrual cycles. Furthermore, it is necessarily to empower girls with information about their own bodies and MHM. Such information would make them confident about coping with the normal developmental changes they are experiencing, and attain a sense of positive body awareness. Therefore, it is important to define a minimum package of information and services that are critical for addressing MHM in a comprehensive and dignified

manner. The following four components comprise a minimum requirement for MHM interventions in different settings.

Component 1: Comprehensive Awareness Raising– Creating Demand

A communication framework for awareness raising and promotion of menstrual hygiene should include appropriate information relevant for different target groups such as, women, girls, boys, men, community leaders, care-givers of girls and women in vulnerable situations, politicians and government ministry staff. The process of developing a package for promotion should be informed by rapid assessment, particularly in an emergency context.

a. Mechanisms to create education/ guidance material and information both pre and post menarche

b. Basic MHM/ guidance for girls and women on managing their menstrual period should include:

   i. How to manage your first period
   ii. How to absorb the blood
   iii. How to dispose of cloths and/or pads
   iv. How to keep yourself clean during your period
   v. How to manage stomach pain/menstrual cramps

c. Boys/men involvement in menstrual hygiene

d. Promoting menstruation as a natural process not as curse

e. Establishing/strengthening school clubs e.g.WASH/girls clubs

f. Involving Parent and Teacher Associations in monitoring how menstrual hygiene-friendly school environments can improve their children's learning and how they can support their children particularly in the household budgeting for the sanitary pad.

g. Training with particular focus on MHM for girl students, girls club representatives, PTA members and teachers.

h. Developing different teaching/education tools IEC like posters, counseling cards, leaflets, story books and others

i. Engaging mini-media in the MHM issue, develop continuous printed, audio narrative tools and songs to be broadcasted during peak times.

j. Addressing social taboos while providing trainings as stated in the assessment

In a similar manner, methods and channels of communication should be relevant to each target group.

Component 2: Water, Sanitation and Hygiene (WASH) Facilities - Supply

Availability of functional and gender-sensitive WASH facilities is essential for successful implementation of menstrual hygiene interventions. As discussed above, adequate and gender sensitive sanitary facilities for washing, changing and disposal of menstrual waste are very important. Sanitation facilities should ideallyincorporate taps inside the toilets for washing and bathing; as well as sufficient space for washing and drying reusable pads.In institutional settings where toilet facilities are not suitable for MHM services; a safe space (MHM room)can also be providedfor privacy and washing services, such as a washing basin, a tightly closingwaste-bin for disposal of used materials, asoak-away pit for liquid waste management, water connection from the water source to the safe space or water bucket. Such facilities must offer privacy, safety and dignity to menstruating girls and women.

Institutions (schools, clinics, work places) must have adequate water supply systems with sufficient number of faucets for drinking wateras well as for hand washing.

In order to handle solid waste, sanitation facilities should incorporate environmental friendly and cost effective mechanisms, such as bins with covers for collecting used pads and incinerators. Moreover, mechanisms for managing liquid waste drained from wash rooms and toilets should be in place.

In addition to these facilities, a safe space is crucial for girls to have peer to peer education, counselingservices, space for resting, anti-pain relief kits and emergency pads.

Component 3: Supply of Sanitary Pads

The choice of sanitary protection is very much a personal decision and is based on cultural acceptability and user preferences. It is often influenced by several factorssuch as the woman or girl's environment and access to funds; access to water supply, soap and sanitaryfacilities and means of disposal for used materials. It is critical that any program aiming to support women or girls with the promotion of sanitary protection materials should involve them in the planning.

Key actors who speak the local language, who know the cultural context and have in–depth knowledge of the local customs, habits and lifestyle of girls and women must be involved.

Initiatives on sanitary pad production or promotion should consider the following issues - cultural acceptability, affordability; availability of raw materials/products;hygiene and comfort levels(softness, absorbency, color to minimize staining, durability, etc.),and ease of washing, drying, storage and disposal.

The production of sanitary pads is commonly grouped into three main categories. First, handmade, re-usable sanitary pads, produced in homesby groups of adolescent girls orwomen fortheir own use; second, small-scale production for commercial purpose by women enterprises; and third, large-scale commercial production of sanitary pads. If production by women's groups is considered, it would be worthwhile to developa clear business model in order to ensure sustainability.

Sanitary pad production and distribution could also be enhanced by combining it with existing initiatives like sanitation marketing, private public operators (PPOs) engaging in solid and liquid waste management and established small scale enterprises.

Component 4: Management and disposal of sanitary materials

Menstrual hygiene requires appropriate, affordable and accessible sanitary protection materials and facilities for their disposal**.** Hygienic disposal of sanitary napkins and other protection materials in ecologically-friendly ways deserves more attention.

Disposal of sanitary materials involves a number of steps in the waste disposal chain, particularly when a woman or a girl is in a school or other public places where sanitary materials are collected for disposal. In these instances, the waste chain is likely to include: a discrete, washable container with lid for temporary storing of used sanitary materials, collection, transfer and empting of the containers and final destruction of the sanitary materials. The latter could include burying, incineration or burning, disposal into a regular waste management collection and disposal system, disposal into a pit latrine, and composting (for biodegradable sanitary materials).

A sustainable management system with persons responsible for operating is crucial for effective implementation of the waste disposal chain. Each stage of waste disposal must be discrete or private and not cause embarrassment to the users. The waste chain should be hygienic and not risky for those who operate it. Operators of the waste chain (adults) should be provided with protective equipment, such as gloves.

5. Implementation arrangement for MHM Guideline

The Constitution of the Federal Democratic Republic of Ethiopia has clearly articulated that every person has the right to live in a clean and healthy environment. The Government has demonstrated significant political commitment to addressing the reproductive right of girls and women and has issued various polices and put institutional structures in place.

Hence the sector-specific policies and programs in the Ministries ofHealth, Education, Water, Women, Children and Youth Affairs, Labor and Social Affairs are available to provide a positive and opportune enabling environment for mainstreaming MHM without significant financial and resource implications.

The One WASH National Program and structures from federal to Kebele level with specific roles and responsibilities of the four signatory ministries (MoWIE, MoH,MoE and MoFED) provide an excellent opportunity for effective implementation of the MHM Guidelines. Regions where the Agriculture and Rural Development and the Women, Children, Youth Affairs are members of the WASH structure canprovide further opportunities for mainstreaming the MHM agenda.

The Women, Children and Youth Affairs Ministry (MoWCYA) which is mandated to mainstream gender equality into government policies, programs and work places in all public offices is another important entry point for mainstreaming the MHM agenda. The Ministry is responsible for addressing unequal gender relationsand power inequalities in access to and control over resources and decision-making regarding menstrual hygiene. The MoWCYA, which also works with civic associations, can be involved in providing supportto empower women and girls, so that their voices are heard and their menstrual hygiene needs taken into account.

The Ministry of Labor and Social Affairs (MOLSA) that is mandated for ensuring social protection of vulnerable groups (those living in the street and in emergency situations, persons with disabilities and persons living with HIV/AIDS) is another entry point for addressing MHM in specific contexts. Labor Departments can ensure that employers avail gender friendly menstrual hygiene facilities and ensure quality and safety standards for disposal of sanitary materials at the work place.

The Ministry of Education will be developing its own more specific MHM guideline for schools in line with the responsibilities described in the One National WASH Program plan and budget.

The main role of sectoral authorities at federal, regional and zonal level is to create an enabling environment - developing legislation, policies and strategies for supporting good menstrual hygiene practices in the workplace, public places, schools, the home and the community. Woreda and Kebele level sectoral authorities would be responsible for actual implementation and monitoring of MHM interventions.

The health sector has the primary responsibility and overall leadership in the implementation of the MHM Guideline. The FMoH, as a lead agency, shall facilitatean enabling environment for coordination and collaboration with the sectors mentioned above. In addition, FMoHshould work closely with other relevant stakeholders and development partners, particularly the MoE for MHM in schools and including those operating in emergency situations (UNHCR, ARRA) and the private sector. These actors should play important roles in the implementation, monitoring and evaluation of the MHM Guideline.

In particular, the Hygiene, Environmental Health Case Team has the primary responsibility for ensuring the implementation of the MHM Guideline. MHM Technical working groups will be established at federal, regional, zonal, Woreda and Kebele levels and will report to the Hygiene and Environmental Task Force at the respective level.

The potential roles and responsibilities of the Ministry of Health are highlighted below.

Federal Level – MOH

- Prepare and disseminate MHM guideline, training materials, manuals and facilitate actual implementation of guidelines including the roll out of trainings;
- Create an enabling environment for scale up and sustainability of MHM interventions;
- Coordination and collaboration among other relevant sectors in order to promote an enabling environment;
- Solicit technical and financial support for MHM including resource mobilization;
- Promote and advocate MHM interventions and innovative MHM products, using different media outlets (both electronic and print media) and through organizing public annual events (MHM day, Global Hand Washing Day, World Toilet Day, World Water Day, Ethiopian Hygiene and Sanitation Festival, EPHA, etc.);
- Jointly monitor and evaluate the progress of the regions /zones/woredas on a regular basis;
- Facilitate the design, prototyping and standardization of MHM products and services that fit women and girls requirements, with the support of development partners and in close collaboration with the private sector; and,
- Strengthen linkages between MHM and sanitation marketing and supply-chain development and water supply fast moving spare parts and other products.

Regional level – Regional Bureau of Health

- Contextualize the developed guideline, including translation to local languages;
- Provide training for the relevant sectors at Regional and *Woreda* level;
- Undertake promotional activities and events;
- Advocate for resource mobilization jointly with regional sector actors;
- Coordinate all stakeholders and actors at regional level;
- Jointly monitor and evaluate the MHM activities;
- Organize experience-sharing platforms and events among Woredas and Zones;
- Support, monitor and evaluate inclusive WASH friendly construction of MHM facilities;
- Adaptation of MHM management procedures from WHO to address problems in emergency situations including resource mobilization;
- Facilitate annual public events on MHM days.

Woreda level - Health sector and WASH structures

Actual implementation of MHM takes place at the Woreda and community level. First and foremost the Woreda Health Office is responsible; but shall be fully supported by the Woreda WASH Team. The Health Office shall:

- Coordinate all stakeholders and actors at Woreda and community levels;
- Facilitate and conduct capacity building activities and provide technical support, assisted by the region/zone;
- Ensure quality of the MHM products and service provision in collaboration with the FMHACCA;
- Facilitate advocacy and promotion activities at Woreda and community levels; and include MHM as a priority agenda for the Woreda cabinet;
- Solicit technical and financial support at the initial stage of implementation;
- Conduct joint follow up and supportive supervision activities, and undertake regular reporting, documentation and review activities on the progress of MHM in the Woreda;
- Enhance and facilitate strengthening of linkages between sanitation product and service providers and microfinance institutions as well as Kebele or municipalities for arrangement of premises for production and selling sites;
- Support, monitor and evaluate inclusive WASH friendly construction MHM facilities;
- Facilitate annual public events like MHM day.

Health Center and Health Post

Health Centers and Health Posts have an important and leading role to play in the actual implementation of MHM at their respective catchment areas of health service.

- Coordinate and take leadership in the implementation of MHM at their respective health service catchment areas;
- Be a role model for the community and households by improving institutional MHM facilities in health centers and health posts;
- Promotethe creation and facilitation of access to MHM products and services at community level; and,
- Identify and record any challenge related to MHM among end users and facilitate linkages with the Woreda for follow up.

Kebele Level

At Kebele level, existing structures, such as health development armies (HDAs), development assistants (DAs), water sanitation and hygiene committees (WASHCOs), natural leaders, faith based organizations, civil society organizations, youth and women associations and others need to be involved in the implementation of MHM. They can have the following responsibilities:

- Facilitate the promotion of MHM through HDA, DAs, natural leaders, school children and others who can reach and influence households;
- Facilitate annual public events like MHM day, Global Hand Washing Day, World Toilet Day, World Water Day, school celebration days etc. for the promotion of MHM;
- Use mini media for message dissemination on branding of MHM products and services in schools; and
- Identify and record any challenge related to MHM among end users and facilitate linkages with the Woreda for follow up.

Suggested Roles and Responsibilities of Key Actors on MHM

• **Health**	• Provide accurate and user friendly information on the biological facts about menstruation, menstrual health and hygiene. • Provide affordable and easy to access healthcare for menstrual health issues, including those caused by poor menstrual hygiene and those linked with other diseases such as HIV/AIDS. • Coordinate all stakeholders and actors at all levels on MHM interventions • Ensure quality of the MHM products and service provision in collaboration with the Food and Medicine Health Care Control Authority; • Facilitate advocacy and promotion activities on MHM at all levels, • Solicit technical and financial support to at the initial stage of implementation; • Ensure the integration of MHM in hygiene and sanitation policy documents, guidelines and standards • Ensure the incorporation of menstrual hygiene in existing programs and interventions like service delivery, capacity development and sanitation marketing, WASH in schools,

	participatory hygiene and sanitation transformation.
• **Water and Irrigation sector**	• Ensure the incorporation of menstrual hygiene in existing programs and interventions like service delivery, capacity development and OWNP, participatory hygiene and sanitation transformation. • Facilitate advocacy and promotion activities at all level on MHM;
Education	• Ensure adequate water, sanitation and menstrual hygiene facilities in schools. • Sensitize teachers and students (including boys) about menstruation and menstrual hygiene, and promote a supportive environment. • Incorporate reproductive health and menstrual hygiene into the school curriculum and professional training for teachers. • Allocate budget for integrating menstrual hygiene management in school; • Ensure availability of water, soap, emergency materials (e.g. menstrual pads), facilities for disposal of used sanitary pads, and medication (e.g. pain killers); • Ensure availability of peer support mechanisms for school girls to help them understand menstrual hygiene management. • Menstrual hygiene management should be captured in the education sector quality assurance and performance report at all levels. • Ensure the incorporation of menstrual hygiene in to existing programs and interventions like school improvement program, GEQIP II, girls education and so on • Ensure the OWNP annual planning included menstrual hygiene management
Women and Children Affairs	• Women and Children Affair shall be responsible for monitoring of the Menstrual Hygiene Management guideline implementation by responsible institutions. • Ensure menstrual hygiene is integrated in to WASH facilities • Promote MHM friendly environment for girls and women at all levels. • Promote MHM in collaboration with civic societies; monitor progress, • Promote and ensure schools support girls and female teachers to manage menstruation hygienically, with private and secure latrines and methods or facilities for the safe disposal of sanitary products. • Promote and ensure girls and women in vulnerable situations

	are able to manage menstruation hygienically and with privacy and dignity. • Promote and ensure public places provide private and secure facilities for managing menstruation.
• **Labour and Social Affairs**	• Ensure that employers avail gender friendly menstrual hygiene facilities, ensure quality and safety standards for disposal of sanitary materials at the work place. • Promote and ensure MHM in the work place or public offices • Promote MHM in collaboration with civic societies • Ensure that women and girls in the most vulnerable situations are supported to manage their menstrual hygiene. • Support those providing menstrual hygiene interventions from other sectors to identify and reach women and girls in vulnerable situations. • Ensure quality and safety standards for sanitary protection materials and disposal facilities.
• **CSOs/development partners**	• Solicit technical and financial support at all stages • Facilitate linkages with different development actors at the local level to address menstrual hygiene holistically. • Support community enterprises to provide low cost sanitary protection materials. • Promote menstrual hygiene information to community organizations. • Provide technical support and consultation for the implementers. • Provide financial and material support for the enterprise or service provider through loan / donation • Collaborate with the implementers in different level for the efficient MHM advocacy works • Plays advisory rolefor the service provider
• **Private sector Partners**	• Produce and distribute affordable and appropriate sanitary protection materials and disposal facilities. • Ensure quality and safety standards for sanitary protection materials and disposal facilities.
• **Community**	• Break the silence; confronting dangerous myths, taboos, and practices; and challenging negative perceptions. • Share information on good menstrual hygiene practices. • Ensure equitable and sustainable access to community water and sanitation facilities. • Involve women and girls in decision-making about water and

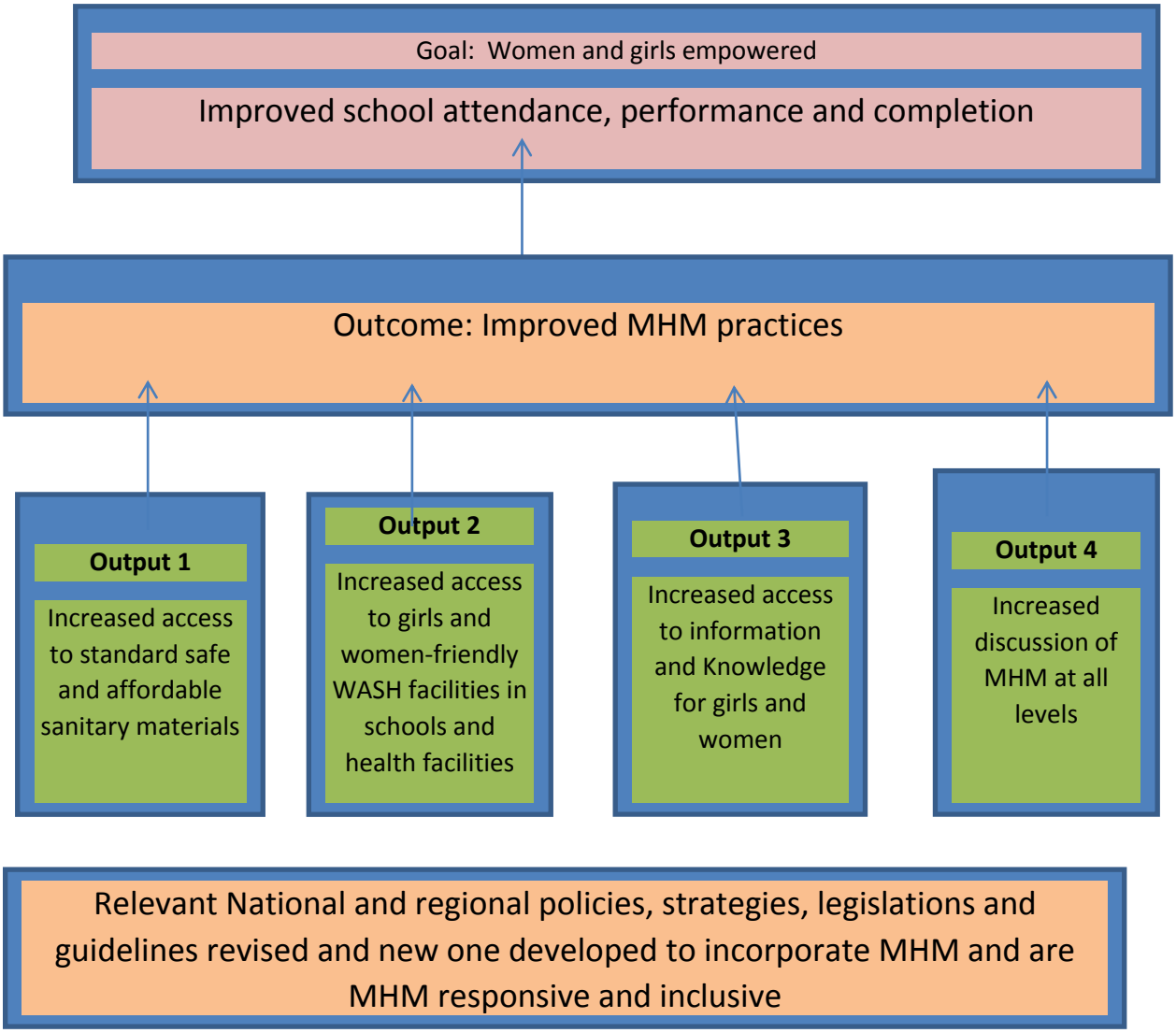
	sanitation facilities. • Encourage all households to have a private and secure latrine and methods or facilities for the safe disposal of sanitary products. • Ensure schools support girls and female teachers to manage menstruation hygienically, with private and secure latrines and methods or facilities for the safe disposal of sanitary products. • Ensure girls and women in vulnerable situations are able to manage menstruation hygienically and with privacy and dignity. • Ensure public places provide private and secure facilities for managing menstruation. • Encourage the establishment of local small businesses that make sanitary products, or ensuring shop keepers sell affordable and accessible alternatives.

6. Monitoring and evaluation

Monitoring and evaluation is a process that helps improve performance and achieve results through improving current and future outputs, outcomes and impact. It is mainly used to assess the performance of programs. It ensures that programs are focused; enable improving practices; sharing both positive and negative experiences with others.

Monitoring and evaluation in MHM aims to track the progress of implementing MHM intervention,including facilities. It also helps to identify challenges and possible solutions, lessons learned and best practices that would inform improvements in the MHMguideline. The below results framework helps to situate the goals of the MHM Guideline.

6.1. Results Framework for MHM



Note: The result framework is to show the bigger picture of the interventions including the enabling environment required to bring the impact of women and girls by addressing MHM needs.

6.2 Indicators

The following suggested key indicators can be used in monitoring and evaluating the implementation of the Guideline.

# of policies, strategies, legislations and guidelines revised to incorporate MHM Existence of framework for integration of sector actors in MHM # of schools with appropriate MHM facilities and services #of health facilities with appropriate MHM facilities and services Proportion of national MHM planned budget and interventions	# existence of reviewed policies, strategies and legislations # reports / field report #Reports / field report Annual plan
# of revised strategies and guidelines revised to incorporate MHM Existence of regional framework for integration of regional sector actors in MHM # of schools with appropriate MHM facilities and services in the region # of health facilities with appropriate MHM facilities and services in the region Proportion of regional MHM planned budget and interventions	# reviewed policies, strategies and legislations # reports / field report #Reports / field report # annual plans
#of schools with appropriate MHM facilities and services in the woreda # of health facilities with appropriate MHM facilities and services in the woreda Proportion of woreda MHM planned budget and interventions # of HEWs trained in MHM #of religious leaders sensitized in MHM # of IEC/BCC MHM packages developed # of safe spaces established in the schools # of girls friendly toilets rehabilitated or constructed	-reviewed policies, strategies and legislations # reports / field report #training reports Developed IEC/BCC packages Reports and observation/ field report

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