

‘MHM in Ten’:

Advancing the
MHM Agenda in
WASH in Schools

Co-hosted by Columbia University and UNICEF, New York **30 October 2014**

Acknowledgements

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Executive Summary

In recent years, there has been growing attention to the challenges faced by menstruating schoolgirls in low- and middle-income countries. A solid body of research conducted across numerous countries and contexts has documented menstruating girls' experiences of shame. The evidence has revealed the discriminatory nature of many school environments, with menstruating girls (and female teachers) unable to adequately manage their monthly menses with safety, dignity and privacy. This, in turn, may have negative impacts on girls' ability to succeed and thrive within the school environment. There may also be implications for girls' sexual and reproductive health, self-esteem and empowerment and economic potential.

In response to these findings, a growing number of academics, non-governmental organizations (NGOs), United Nations agencies, ministries of education, private sector companies and social entrepreneurs are seeking to address the menstrual hygiene management (MHM) challenges facing schoolgirls in relation to water, sanitation and hygiene (WASH) in schools. On 30 October 2014, representatives from a range of organizations came together in New York for 'MHM in Ten', a working meeting co-hosted by UNICEF and Columbia University that sought to map out an agenda to dramatically improve MHM in schools over a decade of concentrated, multi-agency, multi-sector coordination. The meeting followed the Third Annual Virtual MHM in WASH in Schools Conference (held on 29 October 2014).

Although not all relevant actor groups could be gathered at this initial meeting due to the short time frame and budget, a diverse range of actors provided perspectives on the key priorities around which the loose global consortium of MHM actors can coalesce to make a significant difference (see Appendix 1 for a list of participants). Through a series of breakout groups, ranking exercises and plenary discussions, five MHM priorities were identified:

MHM in Ten: Priorities for Menstrual Hygiene Management in Schools, 2014-2024

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

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

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

Priority 4: *National governments will have allocated responsibility for the provision of MHM in schools to specific government entities, including adequate budget and M&E; and will report through global channels and to constituents.*

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

Critical to the achievement of the five priorities will be the engagement of multiple sectors. As MHM is not a WASH-specific challenge, the education sector is a critical partner, as are the health, gender and child protection sectors, with the engagement of national governments critical to achieving the priorities by 2024. The MHM in Ten meeting is a first step in this global, cross-sectoral and multi-partnered effort. We collectively look forward to working together with the global community so that all five priorities can be achieved by 2024.

Meeting Details

Background: Changing MHM in Schools by 2024

Although energy and enthusiasm for addressing the MHM needs of schoolgirls and female teachers is growing, the various local, national and global stakeholders have not had a cohesive framework around which to coalesce their efforts. While much has been accomplished to date, there is an urgent need to identify the key priorities for the coming decade.

In an effort to systematically map out a ten-year agenda for overcoming the challenges faced by menstruating schoolgirls, the MHM in Ten meeting was organized by Columbia University and UNICEF (with the participation of the Joint Monitoring Programme) in New York on 30 October 2014. The meeting was held the day after the Third Annual Virtual MHM in WASH in Schools Conference.^{1,2} The conference included 16 presentations (ranging from new research findings to current programming efforts), followed by a brainstorming session on goals for the coming decade (see textbox below).³

Top MHM in schools goals for 2014-2024

Brainstormed during the Third Annual Virtual MHM in WASH in Schools Conference (29 October 2014)

- Develop cross-sectoral, evidence-based advocacy strategies for approaching ministries.
- Improve maintenance of school environments, transforming them physically and socially.
- Establish a certification process for “MHM-Healthy Schools”.
- Develop an evidence-based, comprehensive approach for MHM within WASH in Schools interventions.
- Move beyond champions to systematized and standardized approaches.

The overarching aim of the MHM in Ten meeting was to bring together a cross-sectoral group of participants to provide differing perspectives on the priorities to be achieved in MHM in schools over the next ten years. Participants represented a range of sectors, including health, education, gender, WASH and emergency response and included colleagues from academia, NGOs, social entrepreneurial organizations, advocates, donors, UN agencies and the private sector (see Appendix 1 for a list of participants). The meeting also sought to map out potential roles and responsibilities for the various actor groups in achieving the identified priorities. In advance of the meeting, participants were asked to consider three questions:

Question 1: What do you think needs to be accomplished in the next ten years in MHM in schools?

Question 2: What do you feel is the role of your respective actor group in achieving the goals (or priorities) that you have identified?

Question 3: What does your actor group need from the other actor groups to accomplish or achieve these goals (or priorities)?

Participants were also asked to identify which actor groups were missing from the meeting (e.g. girls, national governments) and to collectively brainstorm on how to engage the relevant actors needed to advance the MHM in schools agenda by 2024.

In order to achieve the aims of the meeting, the agenda incorporated a series of mixed-actor breakout groups, actor-specific group breakout sessions, ranking activities and plenary group discussions (see Appendix 2 for the meeting agenda). This report details the discussions in order to provide a deeper understanding of how a consensus was reached on the five key priorities and the respective roles of the various actor groups in achieving those priorities.

Highlights from the meeting

The meeting began with opening remarks by UNICEF, Columbia University and UNESCO, followed by a series of breakout groups and plenary discussions (see Appendix 3 for details on the day's discussions). The meeting was designed to be very participatory, including adequate time for brainstorming and for reaching consensus. At the beginning of the meeting, the participants agreed on a common vision, and the subsequent breakout sessions were designed to map out the process for achieving it:

Common Vision

Girls in 2024 around the world are knowledgeable about and comfortable with their menstruation, and able to manage their menses in school in a comfortable, safe and dignified way.

Question 1

Participants gathered in small mixed actor groups to answer, "What do you think needs to be accomplished in the next ten years in MHM in WASH in Schools?"

There was significant overlap across the groups around the following key issues:

- Ensuring national-level MHM in schools policy and budgeting within the education sector;
- Improving teacher training on menstruation;
- Overcoming stigma around MHM inside and outside of the school environment (parents, communities);
- Increasing evidence to convince the education, sexual and reproductive health and gender sectors to integrate MHM into budgeting and programming;
- Creating cross-sectoral working groups on MHM across ministries;
- Developing minimum standards for measuring improvements in MHM; and
- Addressing the MHM needs of displaced girls and women.

During the subsequent plenary discussion, five areas were identified as particularly relevant for defining the priorities:

Developing global standards

- There is a need for global guidelines and minimal standards that allow for flexibility within national contexts.
- Guidelines should include core requirements for MHM-friendly schools, including hardware (facilities, supplies, disposal) and software (strategies for teacher or peer preparation, pedagogy and counselling).
- Indicators should be developed that will enable global and country-level monitoring.

Developing cross-sectoral translational research

- Additional evidence, particularly quantitative, is needed to more strongly demonstrate the need for increased attention to and resources for MHM. This will enable scale-up by governments.
- The evidence base needs to be cross-sectoral in order to ensure MHM policies are integrated into education, sexual and reproductive health, and other relevant sectors.
- A critical mass of people within a country is needed to move forward the agenda (i.e. champions).
- Improved evidence of programmes' abilities to improve girls' educational outcomes (i.e. school days attended, school completion) would be useful.

Developing a cross-sectoral, flexible, context-based advocacy platform and strategy

- MHM needs to be integrated into sectors beyond WASH.
- Actors outside of WASH are essential for expanding the ownership of and responsibility for MHM.
- MHM should become a core component of adolescent reproductive health, gender and equality approaches.
- Intervention trials are needed to identify more effective programming approaches on which to build advocacy platforms.

Placing an emphasis on the education sector

- The education sector must be convinced that MHM is key to learning outcomes.
- There is a need to focus on teachers in order to achieve overall education sector buy-in.
- There is a need for more evidence, better advocacy strategies and dedicated budgets.
- Other ministries or sectors need to be engaged to work with the education sector.
- Each country will need to identify the key actors within the government who can catalyse large-scale MHM change for schools.

Promoting the need for clear accountability

- Accountability needs to factor into advancing the MHM in schools agenda, and it must be systematized and monitored at local and national levels.
- Each country will need to determine where accountability lies for the various components of MHM in schools. This might include responsibility for the provision of MHM programming within schools, including adequate budgeting and monitoring and evaluation of programmes and policies.
- National governments will need to allocate responsibility for MHM in schools to designated government entities.

Consensus 1

Based on the plenary discussion, five overarching priorities for advancing MHM in schools were identified:

MHM in Ten: Priorities for Menstrual Hygiene Management in Schools, 2014-2024

- Priority 1:** *Build a strong cross-sectoral evidence base for MHM in schools for prioritization of policies, resource allocation and programming at scale.*
- Priority 2:** *Develop and disseminate global guidelines for MHM in schools with minimum standards, indicators and illustrative strategies for adaptation, adoption and implementation at national and sub-national levels.*
- Priority 3:** *Advance the MHM in schools movement through a comprehensive, evidence-based advocacy platform that generates policies, funding and action across sectors and at all levels of government.*
- Priority 4:** *National governments will have allocated responsibility for the provision of MHM in schools to specific government entities.*
- Priority 5:** *Integrate MHM and the capacity and resources to deliver inclusive MHM into the education system.*

Question 2 and Question 3

Participants next gathered in actor-specific groups to answer, “What do you feel is the role of your respective actor group in achieving the priorities that you have identified?” The small groups ultimately responded to Question 3 at the same time, “What does your actor group need from the other actor groups to accomplish or achieve these priorities?” Each group was asked to rank the top three contributions their actor group could contribute to advancing the five priorities.

Consensus 2

After reflecting on feedback received from the larger plenary group, each group was asked to rank the top contributions their actor group could make towards advancing MHM in schools:

Academics

- Capacity strengthening for everyone
- Translate research and disseminate findings to many audiences
- Drive research excellence through collaboration

NGOs/advocates

- Demonstrate effective/inclusive approaches that can be taken to scale
- Strengthen accountability links between citizens and governments
- Work in partnership across sectors

Donors

- Convene stakeholders
- Fund (research for policy, pilots, knowledge gaps, dissemination of failures and successes and innovation)

NGOs/advocates

- Demonstrate effective/inclusive approaches that can be taken to scale
- Strengthen accountability links between citizens and governments
- Work in partnership across sectors

UN agencies

- Lead the development of a normative framework
- Support national governments to integrate MHM into educational systems
- Ensure the integration of MHM into the post-2015 framework
- Engage strategically on advocacy efforts to advance the MHM agenda
- Speak with one UN voice on MHM in schools

Plenary Discussion: Who is missing?

There was consensus around the need to move beyond the meeting participants to engage other actors important to advancing MHM in schools:

<ul style="list-style-type: none">• Economists• Girls• Researchers, governments and community leaders from low- and middle-income countries (LMICs)• Men and groups working on male involvement• Advocates for disability• Media• Mothers/female guardians• Non-traditional donors	<ul style="list-style-type: none">• Education sector (funders, practitioners, researchers, teachers and administrators)• Gender sector (feminist organizations, gender officials in ministries, girls' rights and empowerment groups)• Professional organizations (nurses, paediatricians, gynaecologists, teachers' associations/unions)• Humanitarian/emergency assistance groups• Engineers who work as engineers (need involvement from those who do design)• Environmental and waste management groups	<ul style="list-style-type: none">• Faith community• Health sector (e.g. community extension, encouraging practitioners to be more adolescent friendly; tie-in with HPV vaccine roll out)• Older adolescents/education beyond grade 10 (in relation to teacher training and levels of education for students in vocational schools; particularly relevant in settings where girls may have late menarche)• Communications staff in existing organizations• Those involved in adult literacy programmes (to reach female elders)
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With regard to the need to engage a wider group of stakeholders, the participants agreed that “fostering a critical mass of champions within countries is the next step. This is primarily a task for country-level work.”

Looking ahead to a meeting one year from now, the group aimed to identify twenty countries where investments have started on MHM and bring them together to continue the process of moving towards the five identified priorities. In order to fund the participation of representatives from LMICs, outreach could be made to specific donors, with relatively small grants making a difference. The 14-country MHM in schools project being funded by the Canadian Department of Foreign Affairs, Trade and Development (DFATD) and led by UNICEF and Emory University could also support the participation of LMIC participants. Additional ideas for better engaging LMIC participants included forming an academic technical working group that would both further the MHM research agenda while also strengthening the capacity of researchers in LMIC, and making presentations at a range of sectoral conferences (such as the education focused CIES).

Next steps

Numerous next steps were identified for the group to either engage in collectively, or for sub-groups to pursue with their own respective actor groups.

An initial 'To Do' list	
Action	Possible Lead
<ul style="list-style-type: none"> Hosting an NGO meeting in Washington, DC 	Save the Children
<ul style="list-style-type: none"> Developing a strategy to move forward the five priorities 	WASH Advocates and others
<ul style="list-style-type: none"> Devising a name for the MHM working group (e.g. MHM Consortium) 	Everyone
<ul style="list-style-type: none"> Initiate smaller working sub-groups (e.g. research, advocacy, iNGOs) 	TBD
<ul style="list-style-type: none"> Organize a brown bag lunch at the World Bank 	World Bank
<ul style="list-style-type: none"> Participate in the Every Woman Every Child working group 	Women Deliver
<ul style="list-style-type: none"> Data quantifying the challenges and impact of intervention trials 	Research group; iNGO group in partnership with researchers
<ul style="list-style-type: none"> Developing a theory of change and results framework 	UNICEF

It was also proposed that the group create a short list of action times to accomplish in the next year. The following timeline was suggested:

December 2014	Academics will provide a short write-up of the impact data needed.
March 2015	An advocacy strategy for moving forward MHM in schools will be drafted for review
	Meeting and conference reports published. Peer reviewed article on meeting outputs drafted for submission to a journal
	The Waterlines special issue on MHM will be published and disseminated across MHM network
	Academics and/or NGOs will draft a publication that reviews existing MHM interventions
June 2015	UNICEF will develop a Theory of Change framework for dissemination
October 2015	MHM research in 14 countries will be underway or completed and shared at the 4th annual virtual conference

Conclusion

The meeting ended with a summation of the consensus reached. There was remarkable collective agreement on the five priorities. Although this report details the range of discussions that made up the first working meeting aimed at mapping out a collective and cross-sectoral agenda for MHM in schools, there was consensus that this was only the first of many meetings to come, and that future meetings would include a broader range of actors from around the world, particularly LMICs. While significant momentum was generated at the meeting, there remains much to be done, including generating additional evidence of impact, engaging a broader range of stakeholders and mobilizing resources and national governments.

Appendixes

Appendix 1: List of Participants/Organizations

Rockaya Aidara, WSSCC

Asanthi Balapitiya, National Institute of Health Science, Sri Lanka

Clarissa Brundage, Bill and Melinda Gates Foundation

Abigial Bucuvalas, Sesame Street

Lizette Burgers, UNICEF

Teresa Calderon, UNICEF Bolivia

CeCe Camacho, Sustainable Health Enterprises (SHE)

Bethany Caruso, Emory University

Sue Cavill, UNICEF

Venkatraman Chandra-Mouli, WHO

David Clatworthy, International Rescue Committee

Emily Deschaine, WSSCC

Anna Ellis, Emory University

Sarah Fry, FHI360

Nora Fyles, UNGEI

Velvet Gogolbennet, Proctor & Gamble

Greg Keast, UNICEF

Jackie Haver, Save the Children

Min Jeong Kim, UNESCO

Therese Mahon, WaterAid

Claudia Mitchell, McGill University

Relebohile Moletsane, University of KwaZulu-Natal

Jeanne Long, Save the Children

Melissa Opryszko, OFDA

Susan Papp, Women Deliver

Archana Patkar, WSSCC

Penny Phillips-Howard, Liverpool School of Tropical Medicine

Rosemary Ropp, World Bank

Murat Sahin, UNICEF

Amritpal Sandhu, Consultant

Tom Slaymaker, UNICEF

Marni Sommer, Columbia University

Belen Torondel, London School of Hygiene and Tropical Medicine

Elynn Walter, WASH Advocates

Erin Wheeler, Columbia University

Columbia University Team:

Sarah Blake

Emily Cherenack

UNICEF Team:

Carmelita Francois

Meera Mohan

Yodit Sheido

Appendix 2: Agenda

MHM in Ten Meeting – October 30, 2014

Time	Content
8:00am	Registration and Breakfast
8:30 – 9:45am	Introductions Setting the Context Getting to Know Each Other Outlining the Day's Agenda
9:45 – 10:30am	Group Breakout: Responding to Question #1: <i>Identifying the goals to accomplish by 2024</i>
10:30am	Coffee Break
10:45 – 12:30pm	Reaching Consensus on Question #1
12:30 – 1:15pm	Lunch
1:15 – 3:00pm	Responding to Question #2: <i>What is the role of your actor group in achieving the identified goals?</i>
3:00pm	Coffee Break
3:15 – 4:30pm	Responding to Question #3: <i>What do you need from other actor groups and what does your group have to offer?</i>
4:30 – 5:00pm	Next Steps
5:00 – 5:15pm	Wrap Up and Concluding Remarks
5:15 – 6:15pm	Reception

Appendix 3: Details on the Day's Discussion

Opening Remarks

The meeting opened with brief remarks from Lizette Burgers, UNICEF Senior WASH Advisor, who highlighted the need to integrate MHM into systems, to push for more scale-up of successful MHM approaches, and the need to work across sectors both within the UN system and in the wider arena of global MHM actors (both those in the room and those missing from the meeting). Marni Sommer, Associate Professor of Sociomedical Sciences at the Mailman School of Public Health, Columbia University, provided slides to contextualize the day's discussion, emphasizing the need for cross-sectoral action and the absence of sufficient evidence to guide effective interventions and generate interest within national governments and donor agencies. Tom Slaymaker, UNICEF Senior Statistics and Monitoring Specialist, presented on the perspective of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), highlighting the need to identify indicators that will enable global monitoring of MHM. Dr Belen Torondel, Lecturer, London School of Hygiene and Tropical Medicine, briefly summed up the key points from the Third Annual Virtual MHM in WASH in Schools Conference from the day before, pointing to the need for holistic multi-sectoral approaches to MHM, and addressing the less often spoken about issues of disposal of used sanitary materials. Final opening remarks were made by Min Jeong Kim, Head Girl's Education First Initiative (GEFI) Secretariat, UNESCO, who spoke about GEFI and the three objectives of improving access, the quality of education and fostering global citizenship.

Details of discussion from Plenary Session 1

- **Identify sector goals and provide relevant, evidence-based advocacy to ministries and other important actors so that menstruation education, hygiene and sanitation is seen as beneficial and necessary**
 - Need evidence that is compelling to governments, such as quantitative studies, ethnographic studies, modelling of costs, etc
 - Multiple translational efforts of research findings, both the external and internal to the research community, to multiple levels in governments, through writing OpEds for country audiences
- **Promote inter-sectoral, cross-ministry collaboration to improve planning and implementation**
 - Identify who affects planning and implementation within a country
 - Promote gender-based integrated budgeting/planning across ministries
 - Ensure planning for policies/budgeting occurs early and within appropriate ministries
 - Provide reports on what the education sector should be doing, the health sector should be doing, etc
- **Implementation/scale up/sustainability**
 - Integrate MHM into education plans
 - Focus on existing systems and where they are inadequate
 - Build a critical mass by thinking about who else needs evidence and what type and how to disseminate

- Ensure MHM is included in budgets
- Make sure approaches are continuous and sustainable
- Increase the number of girls who have access to stigma-free MHM education, services, materials and facilities.

Details from the actor group discussions in response to Questions 2 and 3

NGO Group

Brainstorming

- *Role as implementers, advocates*
- *Strongly call for coordinated efforts among NGOs to conduct advocacy together*
- *Testing and innovation (not as risk averse as governments; can pilot and evaluate)*
- *Defining priorities at the national level*
- *Can convene members of different sectors (government, private sector, civil society)*
- *Can contribute to the environment for citizens to hold governments accountable (empower citizens)*
- *Can assure programs are inclusive; help advocate for inclusive policies*
- *Demonstrate relationship of MHM issues with donor priorities/influence/inform donor priorities by sharing evidence and experiences of effective MHM programming (educate donors)*
- *Partner with researchers to strengthen evidence on real-world experience/policy-relevant*
- *Strengthen capacity of governments*
- *Adopt and use global standards and guidance*
- *Convene across government sectors*

Feedback

- *Be a model of breaking down silos in donor organizations*
- *Work with government partners as much as possible*
- *Guide research based on knowledge*
- *Build partnership with NGOs working in gender*
- *Build ownership of local actors on the issue*
- *Dissemination of lessons learned*
- *Partner with academics to ensure rigor*
- *Incorporating principles across NGO service delivery*
- *Ground truth of pilot innovations by working with local governments at scale*

Academic Group

Brainstorming

- *Capacity strengthening for research in countries (create partnerships with local universities; identify an agenda of what must come from countries; must be bottom up)*
- *Bring male counterparts on board*
- *Lend expertise where it exists/assist with M&E; do more M&E*
- *Carry agenda for research from ground up*
- *Use diverse methodologies*
- *Generate a stronger evidence base*
- *Identify research gaps*
- *Harness diverse interdisciplinary research*
- *Conduct translational research*
- *Disseminate findings to broad audiences*
- *Teach (topics; methods)*
- *Generate partnerships in research/coordinate partnerships in research*
- *Learn/develop new skills to address research needs*
- *Improve/create/inform measures/indicators of effect/impact and outcomes*
- *Academic advocacy*
- *Create technical working groups*

Feedback

- *Help map gaps in the research*
- *Guide others on MHM and encourage research by students*
- *Empower southern researchers*
- *Serve as advisors on implementation*
- *Ask governments what questions they would like answered; what evidence they want/need*
- *Partner with governments and NGOs to evaluate and publicize pilot projects*
- *Engage with teacher training institutions*
- *Work with communications to find the right messages to disseminate*
- *Disseminate results in lay language*
- *Translate findings for use by diverse audiences – not just NGOs*
- *Develop methodologies for research that can be conducted by others*
- *Provide pragmatic recommendations*
- *Share findings/methods/recommendations in different languages (including local languages)*

Private Sector:

Brainstorming Contributions:

Corporate responsibility arm: Accountability: Provide expertise to gov't regarding the provision of:

- *Manufacturing of products: software and hardware*
- *Distribution, marketing and materials, services, the budget to work with*
- *M&E = positive ROI (return on investment), money and social impact*

Educator sector:

- *Provides expertise*
- *Provides funding or product*
- *Provide strategic guidance*

Global standards:

- *Best in class practices/standards for dissemination and development of global to local*

Cross-sectoral advocacy:

- *Help to develop the branding of the MHM movement*
- *Help to develop the story telling of the MHM movement*

Evidence base:

- *Share established data in the private sector with non-profits or gov't*
- *Data that moves across sectors (health, education, business, finance)*

Feedback Received:

- *Fund research and development*
- *Tax refunds; reduce tax on MHM related goods*
- *Assist with affordability of product*
- *Innovate for green MHM product*
- *Understand poorest market segment demands and respond*
- *Leverage power to change norms*
- *Consider product creation through to disposal*
- *Collaborate with humanitarian response when data needed on girls'/women's product preferences*
- *Encourage other private sector groups to take on the MHM issue*
- *Create/seek out PPP with gov'ts and NGOs*

UN Group:

Brainstorming Contributions:

- *Create minimum standards*
- *Strengthen the global body that would be reporting out*
- *Lead the development of a normative framework around standards, indicators and strategies*
Provide concrete examples, generate evidence (e.g. publication of systematic review of five issues, how to get girls information)
- *Facilitating the generation of evidence (pulling together data or supporting studies)*
- *Developing tools (e.g. improving case management of menstrual health problems by health care workers)*
- *Build capacity so that tools will be applied/utilized*
- *Support country level planning, policy, action, management, monitoring*
- *Global and national level advocacy*
- *Speak with one unified voice (the multiple agencies who are involved)*
- *Providing credible institutional home for the global guidelines (WHO, UNICEF)*
- *Could it be an MHM group of UN bodies? Not just UNICEF/WHO? UNESCO for education?*
- *Support national gov'ts to integrate MHM into education systems*
- *Help to create global channels for reporting*
- *Advocate for and support integration of MHM into post-2015 goals*
- *Support research and disseminate findings of academics and practitioners*
- *Support the translation/application of evidence into programming/policy*

Feedback Received:

- *What is a normative framework?*
- *Analyze where to integrate MHM*
- *How will UN support national gov'ts (e.g. funding, other)*
- *Mainstream MHM into UN documents and across sectors*
- *What about serving role of convener at national and global level for events, etc.*
- *Bring key ministries (cross-sectoral) together*
- *Establish a community of practice for sharing work, research*
- *Develop guidelines for countries*
- *Help coordinate cross-sector national responses*
- *OCHA should play a role in emergencies*

Donor Group:

Brainstorming Contributions:

- *Education remains a tougher sell at the moment; cross-sectoral is key for funding*
- *To date the evidence is not clearly health (the way some donors organized internally)*
- *Role in funding and advocacy*
- *Each donor has own instruments requiring different kinds of evidence and/or different types of funding (e.g. focus on development policy)*
- *Need a development policy for lending on MHM*
- *Partner with civil society organizations and stakeholders to develop the DPL*
- *Provide funding for strengthening evidence base and for policy/programs*
- *If evidence base was stronger, some donors could provide technical assistance to countries*
- *Ensure MHM in schools or humanitarian responses*
- *Need guidelines to focus on infrastructure development*
- *Would be most useful to have a broader agenda that donors could buy into (e.g. not just WASH)*
- *Could focus on 1-2 countries to provide evidence for others to learn from (e.g. get MHM into curriculum)*
- *Some donors work country by country (not focused on global statements)*
- *Topic falls between donor areas so up to country goals to include (and then fund locally)*
- *Support convening of stakeholders*
- *Link with gender and protection policies*

Feedback Received:

- *Fund and test unproven/novel approaches (take risks)*
- *Provide support for piloting*
- *Fund translation to scaling*
- *Be open about failures so others don't duplicate weak approaches*
- *Use influence as donors to urge gov'ts to change policies, spark catalytic funding from gov't (matching funds)*
- *Bring peers on board*
- *Communicate/integrate across funding silos*
- *Establish financial collaborative group (on MHM)*
- *Building capacity via technical assistance*
- *Include attention to standards and outcomes being achieved*
- *Support conference for best practices*

References

- ¹ Sommer, M, Vasquez, E, Worthington, N, Sahin, M. *WASH in Schools Empowers Girls' Educations: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012*. New York: UNICEF and Columbia University. 2013.
- ² Sommer, M, Vasquez, E, Worthington, N, Sahin, M. *WASH in Schools Empowers Girls' Educations: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2013*. New York: UNICEF and Columbia University. 2014.
- ³ Sommer, M, Blake, S, and Cherenack, E. *(In Press) WASH in Schools Empowers Girls' Education: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2014*. New York,: UNICEF and Columbia University

