

**Every child, including adolescents,
has access to safe and equitable
water, sanitation and hygiene
services, and lives in a safe
and sustainable climate and
environment**

Compendium of SBC Best Practices



Key social and behaviour change (SBC) strategies, achievements and lessons learned

Access the individual case studies by clicking on each item below:



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UNICEF Indonesia Provides WASH Support for Safely Reopening Schools Following COVID-19 Closures

Key social and behaviour change (SBC)
strategies, achievements, and lessons learned

Brief summary

UNICEF Indonesia supported six provincial governments in their preparation for primary and secondary school re-opening in both rural and urban areas following ten months of closure due to COVID-19.¹ The criteria for reopening schools in January 2021 was that the schools could ensure the provision of minimum WASH services, including access to running water, functional handwashing stations with soap and clean toilets. UNICEF Indonesia supported the development of a WASH gaps assessment tool, technical and advocacy webinar-based workshops, and

guidance documents. At the provincial, district and local levels, authorities reported that the UNICEF WASH gaps assessment and costing tool helped them understand the magnitude and scale of the problem, and the urgent need to improve WASH facilities in schools in order to prepare for the re-openings. The high-level advocacy workshops were successful in building buy-in from the highest level of stakeholders in each province and district, and were critical in triggering concrete actions at more local levels.

Context

In July 2020, the Government of Indonesia released a Joint Decree signed by four Ministries mandating the availability of clean toilets, handwashing facilities with running water and soap or sanitizers, and disinfection services as a minimum requirement for healthy and safe reopening of primary and secondary schools in the aftermath of closures due to the COVID-19 pandemic. Following the release of this decree, Safe Schools Protocols were developed as part of the broader country COVID-19 response strategy to establish the minimum standards for ensuring children's safety in schools.

A key challenge to providing appropriate support to the provincial government in Indonesia was that the WASH in Schools (WinS) data available on the National Information Management System did not always reflect the situation on the ground. There were inconsistencies and errors during data collection and data entry, and a lack of timely monitoring of infrastructure. These information gaps affected the ability of local governments to make informed decisions about WASH in schools.

Strategic approach

UNICEF Indonesia provided advocacy and technical support to provincial and district governments, and NGO implementing partners, for the safe re-opening of schools by:

- Setting up a round of initial workshops with the heads of Provincial and District Education offices to identify existing barriers and leverage systems to meet the WASH standards for safe reopening of schools. In these meetings, the lack of data on the financial resources required to cover existing gaps in school-based WASH facilities and services emerged as a key issue, which led the UNICEF team to develop a WASH data analysis and costing tool to help local governments with calculating their financial resources needs and enable evidence-based decision-making.
- Organizing webinar-based high-level advocacy workshops in all the six UNICEF-focused provinces that had a significant number of schools set to reopen in January 2021. The objectives of the workshops were to (1) present the WASH data analysis and costing tool and promoting the use of evidence-based decision-making processes; and (2) influence and support decision-makers in the Provincial Education Offices and District Education Offices to prioritise available funds and mobilize new funds for improving WASH facilities in schools. The content of the advocacy meetings was developed in consultation with the Provincial Education Offices and the heads of provincial offices were leading and moderating each workshop. UNICEF Indonesia provided decision-makers and key stakeholders with evidence and information on needs and funding gaps in their respective areas to enable informed decision-making about investment priorities, infrastructures' needs and partnerships' opportunities.
- Providing advice on technical options for water, sanitation and hygiene facilities to further enable stakeholders make appropriate choices and optimise their resources;
- Supporting local governments and NGOs to conduct rapid assessments of schools and improve their data collection capacity. Through WASH Clusters, the UNICEF team trained NGO implementing partners on how to use

the UNICEF WinS checklist to conduct rapid assessments of schools and produce easy-to-use, accurate data. They also provided local governments and NGOs with training materials to increase the capacity of enumerators and data system operators to correctly collect and enter data. At the national level, UNICEF Indonesia supported the development and roll-out of [a real-time monitoring system](#) that provides regular

snapshots of hand washing with soap behavioural compliance in public places including schools.

- Supporting the development of guidance documents (e.g., Handwashing with Soap Design Compendium) and video tutorials describing how to set up handwashing facilities in schools, and providing other relevant materials to local governments and partner NGOs to further support their respective school re-opening agenda.



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Key achievements

- The high-level advocacy workshops were successful in building buy-in from the highest level of stakeholders in each province and district, and were critical in triggering concrete actions at more local levels. The advocacy work led to the proactive engagement of each district to analyze WinS-related data and costs and to develop school-level action plans to improve WASH facilities and mitigate potential risks of COVID-19 transmission in their respective schools.
- Following the format of the UNICEF Indonesia advocacy workshops, several provinces led their own district-level workshops to engage their respective administrations and schools in the micro-level planning and implementation of their WASH activities. For example, following the advocacy workshops in Aceh province, the Provincial government announced an allocation of IDR 55 billion to improve WASH infrastructure in 455 high schools in the province.
- The UNICEF Indonesia technical resources (e.g., presentations of different WASH technologies and cost options) have been used by stakeholders to make funding requests to the Government for longer-term investments in more durable WASH infrastructures.



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The Provincial government announced an allocation of

**IDR
55 billion**

to improve WASH infrastructure in

45 HIGH SCHOOLS

Webinar-based high-level workshops organised in all six UNICEF-focused provinces

The high-level advocacy workshops were successful in building buy-in from the highest level of stakeholders in each province and district



Lessons learned & Recommendations

- 1 At the provincial, district and local levels, authorities reported that the UNICEF WASH gaps assessment and costing tool helped them understand the magnitude and scale of the problem, and the urgent need to improve WASH facilities in schools (WinS) in order to prepare for the re-openings.
- 2 UNICEF implementing partners reported the need for additional training. In response, UNICEF developed a five-part training series to provide Education Offices staff with additional training on how to use the costing tool. These materials were provided to UNICEF Indonesia NGO partners who used it to train staff in district offices.



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Endnotes

- 1 The six provinces include: *Aceh, South Sulawesi, East Nusa Tenggara, West Nusa Tenggara, Papua and West Papua* provinces.



UNICEF Nepal Supports Innovative Youth-Led Social Mobilization Initiatives to Prevent Acute Gastroenteritis and Cholera in Kathmandu Valley

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

Brief summary

UNICEF Nepal, in partnership with *Yuwalaya*, a youth-led organization, designed and implemented an innovative six-month social mobilization initiative to improve the hygiene practices of people living in the urban slums of Kathmandu Valley and eliminate cholera outbreaks. The interventions included capacity building among youth organizations, a campaign involving infotainment activities such as flash mobs, forum theatre, wall comics, slam poetry, community mobilization and discussions, and public hearings with district-level public officials. More than 34,000 people were directly reached

with key messages in 29 hot-spot areas in two metropolitan cities and five municipalities of the Kathmandu Valley. Eight hundred young people were reached with trainings by youth and strengthened their skills to discuss key sanitation and hygiene messages with their communities and families. Apart from increasing knowledge on safe water and hygienic practices, young people who designed, led, and implemented these initiatives, developed key life skills such as self-confidence in public speaking, expressing emotions, critical and creative thinking, and influencing people.

Context

Cholera is endemic in various parts of Nepal, including the Kathmandu Valley. A large earthquake in Kathmandu Valley (in 2015) resulted in partial water scarcity. Many people still live in unhygienic conditions with limited access to safe drinking water and sanitation facilities.

People living in slums have difficulty adopting safe water, sanitation and hygienic practices despite their knowledge on their importance. During the monsoons, cholera poses the threat of reaching epidemic proportions.





Strategic approach

A baseline survey of prevalent knowledge, attitudes and practices (KAP) was conducted to understand people's water, sanitation, hygiene and treatment seeking behaviours for acute gastroenteritis and cholera. Sixty-four young people received training on data collection to carry out the KAP survey. A questionnaire, containing 50 questions was developed by UNICEF Nepal and pre-tested by *Yuwalaya* (a youth-led non-profit, non-governmental organization in Nepal) for finalization. Young enumerators went door to door to collect data from 1,601 households. This method of collecting data built the capacity of young people to objectively assess the situation of sanitation and hygiene, as well as measure the difference that their work made in their communities.

The findings were used by UNICEF Nepal and *Yuwalaya*, in close consultation with the District Public Health Offices (DPHO) of Kathmandu, Lalitpur and Bhaktapur, to design a six-month programme to increase the adoption of safe water and sanitary and hygienic practices among families and communities in Kathmandu Valley. The programme was based on the Social Ecological Model (SEM) and incorporated corresponding communication approaches, namely advocacy, capacity building, and outreach/interpersonal communication.¹

Between June and November 2017, during the pre-monsoon and monsoon seasons, various trainings and innovative youth-led activities were carried out in 29 areas identified as hot-spots for cholera in the two metropolitan cities of Kathmandu and Lalitpur, and five municipalities of *Chandragari*, *Godawari*, *Kirtipur*, *Mahalaxmi* and *Suryabinayak*. The key activities included:

- 1. Strengthening the capacity of youth organizations:** By coordinating with the local youth clubs, adolescents and youth from the identified hotspot areas were selected for a training on Communication and Social Mobilization Skills. A one-day training was conducted for 141 youth where they acquired basic skills linked to social mobilization, and refined their knowledge on the prevention of water-borne diseases.
- 2. Community-level discussions:** Thirty youth clubs and various local stakeholders (e.g., ward representatives, Female Community Health Volunteers (FCHVs), women's groups and local youth) held community discussions to promote the use of safe drinking water and hygiene practices in intervention areas, and to advocate for a clean and healthy environment.
- 3. Events:** Youth clubs contributed to various events during the World Environment Day, International Youth Day, Children's Day and World Toilet Day, emphasising that access to safe drinking water and hygiene is crucial for a healthy community and the right of every child. The youth contributions included 130 wall comics, 20 flash mobs, 24 participatory forum theatre presentations, slam-poetry sessions (with 123 slam poets), and "miking" (walking or traveling through settlements while spreading messages using a microphone). Mascots were used to attract crowds for performances and presentations in public spaces.
- 4. Public hearings:** Public hearings were held at DPHO where youth presented sanitation and hygiene issues through slam poetry and theatre performances, and the presentation of wall comics.
- 5. Endline survey:** An endline survey was conducted to determine the effects of the campaign on prevalent knowledge, attitudes and practices (KAP) regarding water, sanitation, hygiene and treatment seeking behaviours.



Key achievements

- One hundred forty-one youth were trained in interpersonal communication and social mobilization. Twenty-nine community discussions and sanitation campaigns were coordinated and implemented by youth clubs in 29 wards. Sixty-four of these 141 youth were also trained in conducting household surveys on knowledge, attitudes and practices (KAP).
- Thirty-four thousand three hundred fifty-one people were directly reached with key messages in 29 hot-spot areas in two metropolitan cities and five municipalities of the Kathmandu Valley.
- Eight hundred young people were reached with trainings by youth trainers and strengthened their skills to discuss key sanitation and hygiene messages with their communities and families.
- Apart from increasing knowledge on safe water and hygienic practices, young people who designed, led and implemented these initiatives, developed key life skills like self-confidence in public speaking, expressing emotions, critical and creative thinking, and influencing people.
- Thirty youth clubs strengthened their collaboration with local stakeholders; 16 youth, including eleven community facilitators, two field supervisors and three reporting associates, took the lead in ensuring a direct link between local youth clubs, their ward representatives and relevant health facilities
- Ninety-four public events around safe water, sanitation and hygiene promotion were implemented by 30 youth groups.
- Nine public hearings involving the District Public Health Offices, were implemented in hot spot areas in all seven municipalities.
- No cholera outbreak in Kathmandu Valley in 2017, as compared to 186 cases in 2016.

94

PUBLIC EVENTS

around safe water, sanitation and hygiene promotion were implemented by 30 youth groups

141

YOUTH

were trained in interpersonal communication and social mobilization

9

PUBLIC HEARINGS

were implemented in hot spot areas in all seven municipalities



Lessons learned & Recommendations

- 1 Public services (safe water supply and functional sewage systems) need to be improved to ensure that people living in urban slums are able to translate their high levels of knowledge and positive attitudes about sanitation and hygiene into practice.
- 2 Youth-led activities, using networks of youth clubs and supported by appropriate training, can be a cost-effective way to reach communities with relevant messages about water, sanitation, and hygiene.
- 3 Community engagement (especially involving youth) will likely increase project reach, efficiency and sustainability, and should be applied to all relevant projects.
- 4 Innovative activities such as slam poetry, flash mobs and wall comics could be used as part of other projects to tackle social norms and change behaviours.

Endnotes

- 1 The [Social Ecological Model \(SEM\)](#) posits that individual behaviour is determined by multiple levels of influence (individual, interpersonal, community, institutional/organizational, societal), hence the need to intervene at all levels in order to promote behaviour change.



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UNICEF Ghana Helps Prevent Outbreaks and through Digital Platform Agoo

Key social and behaviour change (SBC)
strategies, achievements, and lessons
learned

Brief summary

In 2015, UNICEF Ghana partnered with the Government of Ghana and the private sector to create Agoo, a mobile-based communication platform to provide Ghanaian cell-phone users with access to information about cholera prevention, through a call center with trained agents, Interactive Voice Response (IVR), and/or technology, and short message service (SMS). The platform gained popularity among young people through its promotion on mass media and

the mobilization of senior high school students. Due to its success, Agoo was transitioned to become a more interactive tool to create demand for information around WASH, education, health, nutrition, and child protection issues. The Agoo platform has evolved into an information hub used by adolescents and young people; more than 85 per cent of Agoo users are under 25 years of age, with the majority of them being in senior high school.



Context

Since the 1980s, Ghana has experienced sporadic outbreaks of cholera. From 2014 to early 2015, the country experienced the deadliest cholera outbreak in its history, with about 28,922 cases reported, including 243 deaths. The outbreak was widespread, with 130 out of 216 districts across 10 affected regions. Though children suffered during the outbreak, the most affected age group was between 20 and 49 years, which represented about 70 per cent of all reported cholera cases.

The risk factors for cholera outbreaks in Ghana include poor hygiene and environmental

sanitation, especially in crowded urban settlements with lack of potable water, poor drainage systems and improper disposal of both solid and liquid waste. In 2014, only 14 per cent of households in Ghana had access to improved toilets that were not shared with other households. Another 21 per cent of households practiced open defecation. Handwashing with soap, which is proven to be the most cost-effective way of reducing infectious disease, was not practiced by many Ghanaians; only 53 per cent of Ghanaians washed their hands with soap.¹



Strategic approach

In 2015, UNICEF partnered with the Government of Ghana and the private sector to create *Agoo*, a mobile-based communication platform.² *Agoo* is a service partnership between UNICEF Ghana and the country's largest mobile phone network, MTN. Under this arrangement, MTN provides free airtime worth US\$1 million to its customers to access information on *Agoo*. Customers can dial a toll-free service on 5100, while other mobile users also access information by calling 0540118999 for a small charge. Ghanaians were already using mobile phones thanks to affordable phone models and good network coverage. The *Agoo* platform gave literate and non-literate Ghanaians access to information about cholera prevention through a call center with trained agents, Interactive Voice Response (IVR)³ technology, and/or and short message service (SMS).

Initially, the focus of *Agoo* information was on the promotion of handwashing with soap as a first line of defense against cholera. Messages about Ebola prevention (similar to cholera prevention) were also made available. Ghanaians

could access this information in any of the seven commonly spoken languages in the country (English, Twi, Dagbani, Hausa, Ga, Frafra, and Ewe), at their convenience on their mobile phone. The platform included a real-time dashboard to track user statistics on which topics and messages users selected and how long they listened to them.

The platform gained popularity among young people through its promotion on mass media and the mobilization of senior high school students. UNICEF collaborated with the Ghana Education Service and a pool of 16 implementing NGOs to mobilize and educate more than 400,000 high school students (96 per cent of the high school population in Ghana) in response to the cholera outbreak. Each school received buckets and soap for handwashing as well as banners, posters and *Agoo* wristbands. More than 200,000 students voluntarily registered their phone numbers with the *Agoo* service. In the event of subsequent cholera or other outbreaks, their numbers can be used to distribute essential information in affected areas.

UNICEF also engaged eight well-known Ghanaian singers representing different languages and regions of the country to produce an edutainment music video called Wash Wana Our Hands.⁴ The catchy song and dance music features the gesture of handwashing as a choreographic element, and lyrics that promoted the importance of clean hands (for both cholera and Ebola prevention). The call to action, "Call Agoo to know more" is repeated throughout the music video, with the number prominently displayed on screen.

Due to its success, at the end of the cholera outbreak in 2015, UNICEF, together with other partners, transitioned the platform to become a more interactive tool to create demand for information around WASH, education, health, nutrition and child protection issues. The platform has since been linked to UNICEF's youth engagement platform, U-Report, to widen its reach and strengthen feedback loops to those who are responsible for policies and actions related to adolescents.

Key achievements

- Agoo has become one of the most interactive voice services in Ghana, with a daily call volume averaging 2,575 calls. In November 2018, nearly two million calls were received on the Agoo platform from over 460,000 individuals.
- The Agoo platform has evolved into an information hub used by adolescents and young people. More than 85 per cent of Agoo users are under 25 years of age, with the majority of them being in senior high school.
- Based on a survey conducted by VIAMO⁵ in February 2018, Agoo users have reported changes in attitudes and practices and have adopted some key behaviours such as preventing child marriage (12 per cent), avoiding open defecation (10 per cent), using long lasting insecticidal nets (7 per cent) and practicing handwashing (7 per cent) over the base line period of September 2017.
- According to an IVR-based user satisfaction survey in 2017, 78 per cent of users expressed that they would recommend the Agoo service to their friends and family.

85%

of Agoo users are under 25 years of age

78%

of users would recommend Agoo to their friends and family

12%

of Agoo users reported changes in attitudes around child marriage



Lessons learned & Recommendations

1 The Agoo platform has proven to be a valuable tool, especially for reaching young people. It is limited only by the population's access to mobile phones. As a platform using mobile phones, it has a competitive edge over mainstream mass media channels in the following ways:

- **Cost efficiency:** No costs are incurred for printing, delivery and buying media time for outreach;
- **Speed:** Key messages are sent within seconds to all subscribers with the click of a button;
- **Targeting:** Messages are sent to targeted population groups from the database of users who have registered their phone numbers with the service
- **Scalability:** There are no limits on the project's scale and it can be linked innovatively to other platforms such as the mobile-phone-based U-Report;
- **Flexibility:** It sends a variety of messages to adolescents that are tailored to their programming needs;
- **Measurability:** It collects user data on the duration of calls and choice of topics in real time.

2 The sustainability of *Agoo* as a free service depends on the willingness of the mobile network provider (MTN) to extend its memorandum of understanding with UNICEF. Once the MoU ends, UNICEF and the Government of Ghana will have to solicit private sector funds.

3 New participatory content incorporated into the *Agoo* platform such as interactive games and a link to a gender hotline counseling service can expand this approach.



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Endnotes

- 1 Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF International, 2015, and Ghana Demographic and Health Survey, 2014.
- 2 *Agoo* is a word used across regions and languages in Ghana to announce someone's presence when entering a house, a fitting name for a multilingual service that provides life-saving information to Ghanaians.
- 3 IVR is a technology that enables customers to interact with a company's host system via a telephone keypad, allowing users choice in the selection of topics and a private channel for learning about sensitive topics.
- 4 The Wash Wana Our Hands video can be seen at <https://youtu.be/rGjkZPyiD3g>.
- 5 Viamo is global technology enterprise that uses digital technology, data science, and mobile platforms to create scalable campaigns with immediate feedback.



UNICEF Ethiopia Helps Break the Silence of Menstrual Hygiene Management

Key social and behaviour change
(SBC) strategies, achievements, and
lessons learned

Brief summary



Dates of Activity

August 2016
to December 2020



Duration

3.5 years



Budget

US\$2.5 million

Girls across Ethiopia face social, cultural and economic barriers related to menstruation that inhibits their right to dignity, and often prevents their right to education because of inadequate menstrual hygiene education, insufficient WASH facilities in schools, bullying from their fellow students and poor access to sanitary materials. UNICEF Ethiopia's Water, Sanitation and Hygiene (WASH) Programme recognize that menstrual hygiene management (MHM) is an important aspect of eliminating inequalities in WASH services access, and that MHM contributes to reducing early marriage through improving

girls' school attendance, performance and school completion. UNICEF Ethiopia designed and supported the implementation of a pilot menstrual hygiene management (MHM) programme in six regions of Ethiopia between August 2016 and December 2020. The aim of the programme was to break the silence on MHM and empower adolescent girls to stay in school during menstruation. An endline study of the pilot showed that access to sanitary materials during menstruation was associated with fewer school absences.

Context

In 2017, there were about 17.9 million adolescent girls in Ethiopia between the ages of 10–24, representing more than one third (34 per cent) of the country's total population.¹ Findings from a 2016 national WASH KAP baseline survey in Ethiopia showed that 70 per cent of adolescent girls knew that menstruation is a natural process that occurred when a girl reached puberty. Most girls, however, are unprepared for managing their menses. Fifty-two per cent of adolescent girls never received information about menstrual hygiene; only 22 per cent of mothers said that they talked with their daughter about menstruation before she started menstruating. Less than half of girls in the baseline study (42 per cent) knew that homemade menstrual cloth and reusable pads/underwear needs to be washed with soap and water.²

In Ethiopia, the natural process of menstruation is strongly associated with shame and silence.

A pervasive myth about menstruation is that it is an indicator of the beginning of sexual activity. In traditional, rural communities this myth can be extremely damaging and potentially dangerous for adolescent girls since it is related to belief that menstruation is a sign of maturity that signifies that a girl is ready to be married. Girls that attend school experience harassment and teasing from their classmates, especially boys, leading to missed days of school during their period, and, in many cases, school drop-out. Teachers and school officials are of little help since most are unaware of the significance of this problem. WASH infrastructure in schools is in generally poor state, with over half of girls (56 per cent) reporting there is never access to water in schools. MHM centers created for girls tend to go unused because girls prefer not to be identified as having their period by using the centers, and, in some cases, require asking a male teacher for a key to use those facilities.³



Strategic approach

UNICEF Ethiopia commissioned two baseline surveys between 2016 and 2017 (led by Ethiopian research teams) to inform and guide the design of the MHM pilot programme, as well as to develop the monitoring framework and indicators to measure progress and guide the final evaluation. Until the UNICEF baseline, there had never been a detailed national survey on menstruation in Ethiopia, only small-scale studies have taken place, and only for some regions. There was also almost no evidence that looked at the attitudes and beliefs about menstruation among Ethiopian men and boys. UNICEF also organized a national Knowledge, Attitudes and Practices (KAP) survey in early 2017 to establish baseline data for UNICEF's WASH country programme strategy.

The UNICEF Ethiopia WASH unit translated the baseline findings into a pilot MHM programme entitled Breaking the Silence on Menstrual Hygiene Management.⁴ The aim of the programme was to ensure the safety, dignity, and empowerment of adolescent girls while contributing to the retention of adolescent girls in schools at the critical time of menstruation. Specifically, the key objectives of the programme were to achieve 80 per cent of adolescent girls in selected schools practicing appropriate MHM, and reducing by 80 per cent the number of girls that are absent from, or drop out of, the target schools. The pilot activities were implemented in 47 schools located in six regions of the country: Afar, Southern Nations, Nationalities and Peoples (SNNP), Oromia, Amhara, Somalia, and Gambella, between August 2016 and December 2020.

In collaboration with UNICEF, the Ethiopia Ministry of Health developed a national MHM guide designed to address the topic of MHM in schools, communities and workplaces, as well as in emergencies. On 15 February 2017, UNICEF launched community- and school- focused MHM training of trainers (ToT) workshops for a total of 240 staff of the regional health and education bureaus in Oromia, Amhara, Gambella, Afar, SNNP and Somali regions. The ToT workshop established coordination between the education and health sectors and equipped focal persons with global, national and regional menstruation facts. It also introduced participants to the MHM package of services: SBC activities concerning menstruation, establishing safe spaces to enable girls to receive peer support, counselling, and emergency kits as well as improved WASH facilities and supply of MHH kits.⁵



The pilot programme consisted of an advocacy component and a proof-of-concept component to test various sanitary pad products, marketing and distribution service options. UNICEF Ethiopia engaged in advocacy and dialogue with key higher-level stakeholders to promote the MHM agenda, and to influence adolescent girls and women friendly WASH programming by government and its partners. The advocacy activities included:

- Nationwide promotion of acceptable quality standards for local production of reusable sanitary pads;
- Nationwide revision and validation of institutional WASH design and construction manual to include provision of safe, private and MHM friendly WASH facilities in schools;
- Nationwide integration of MHM in the Health Extension Program (HEP);
- Adoption of the National MHM guidelines jointly by the Ministry of Health (MoH) and Ministry of Education (MoE); and
- Linkage with regional/global best practices and knowledge base.⁶

The programme worked in partnership with the One WASH national programme signatory Ministries of Water, Health and Education, and their respective line offices. UNICEF also collaborated with Non-Governmental Organizations (NGOs) to share/learn knowledge and practices on MHM, engaged specialty expertise from regional/global market to work on quality standards and regulation mechanisms, and partnered with local media companies (public and private) to sensitize stakeholders.

The key activities for the proof-of-concept testing were:

- Creating access to water, sanitation and waste disposal infrastructure in schools (MHM friendly WASH facilities and safe spaces);
- Capacity building for local production of sanitary pads in schools and communities (business viability assessment for local production and sale of reusable pads, supply of materials and equipment for local production of pads, and linkage/partnership with private sector to access key inputs for local production of quality and safe pads);
- Social behavioural change interventions. The intervention activities included providing girls and boys with pre- and post-menarche information to ensure they were prepared and informed about menstruation. Boys and young men were encouraged to understand the importance of menstrual hygiene, and to support girls and women during their menstruation. Boys participated in school-based activities, particularly through clubs and mini-media, and acted as role models and influencers for their peers; their aim was to persuade other boys to stop teasing girls during their period. Community meetings were held to discuss and de-stigmatize and dispel myths and misconceptions about



menstruation, and to raise awareness about the need to support girls and women instead of excluding them during their menstrual cycle. Opinion leaders (namely religious and clan leaders) were also engaged to support menstrual hygiene management;

- Monitoring and Evaluation (M&E) and Knowledge Management, i.e., knowledge management and sharing among sector actors, including linkage to regional/global partnerships and service agreements with specialized consulting firms; baseline/end-line surveys, interim evaluation and monitoring.⁷

The sanitary pad supply chain component of the programme established women's groups to produce reusable sanitary pads and provides support to local manufacturers through partnerships to improve the production, packaging, distribution and use of sanitary pad products in target regions. On the manufacturing end, partner companies were engaged in backward integration of the production of raw materials such as absorbents and liners. On the sales end, pharmaceutical and family planning outlets, such as pharmacies, drug stores and clinics, were utilized at local and regional levels to bring the improved products to communities.

An endline evaluation study was conducted in 2020 to understand changes in knowledge, attitudes, and practices around menstrual hygiene management among schoolgirls and boys resulting from the MHM pilot activities. The study used a cross-sectional, mixed-methods approach, with data collected from primary and secondary sources (structured interviews, in-depth interviews, focus group discussions case stories, observation and document review).



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Key achievements⁸

The pilot programme activities played an important role in improving access to facilities and hygiene materials for MHM at schools. Girls gained access to quality sanitary pads for free, safe places for changing pads, rest, and consultations, access to water and latrine facilities. Key achievements from this programme include:

- The percentage of girls who ever heard about MHM increased from 48 per cent in 2016 (the time of the pilot programme baseline) to 95 per cent at endline in 2020.
- The percentage of girls that knew menstruation is a natural process that occurred when a girl reached puberty increased from 70 per cent in 2016 to 93 per cent in 2020.
- The use of disposable and reusable sanitary pads increased from 50 per cent and 3 per cent respectively at baseline, to 80 per cent that prefer disposable sanitary pads and 15 per cent who prefer reusable sanitary pads at endline.
- Girls' practice in washing reusable menstrual materials with water and soap increased from 77 per cent at baseline to 99 per cent at endline.
- At least 90 per cent of the girls at endline said sanitary pads are available at their school for free. This is a significant increase from 19 per cent in the 2016.
- Seventy-two per cent of girls said that they used school safe spaces or rooms during menstruation. Among those who use the safe spaces or rooms, 78 per cent used the facilities for rest and 71 per cent for changing sanitary pads. Twenty-one per cent used the safe spaces or rooms for consultation.
- Forty-two per cent of the girls at endline said water is always available at school for menstrual hygiene, a significantly increased from 16 per cent in the 2016.
- Although there was no statistically significant difference from baseline to endline of the percentage of girls that missed school during menstruation, the most cited reason was too much pain as opposed to teasing or other shaming reasons.
- Qualitative study participants (girls and boys) reported improved knowledge and attitude change related to MHM within the school community and the general community. Female FGD participants confirmed that boys have stopped teasing them about menstruation at school. Boys who participated in FGDs claimed that they abandoned teasing menstruating girls due to the awareness raising education programme. Those boys said they were more supportive of girls when they were menstruating, by, for example, sharing their notes if the girls missed classes, or, if they saw menstrual blood stains on a girl's clothes, they would offer her their cloth to cover it and help her to go to the safe space/room.

AT LEAST
90%
OF THE GIRLS

at endline said sanitary pads are available at their school for free

72%
OF THE GIRLS

said that they used school safe spaces or rooms during menstruation

42%
OF THE GIRLS

said water is always available at school for menstrual hygiene, a significantly increased from 16 per cent in the 2016



Lessons learned

- 1** Awareness creation activities about menstruation among schoolboys is important for creating positive attitudes toward menstruation, and helps to prevent boys from teasing menstruating girls, reducing girl's school absenteeism due to fear of teasing. Engaging boys and men in the discussion around menstruation can help break the taboo and create a supportive environment for girls and women.
- 2** Providing pre and post menstrual information for both girls and boys, as well as parents, can help to dispel misconceptions and empower them with knowledge.
- 3** Conducting community discussions and awareness-raising campaigns on menstrual hygiene can help to break the silence and encourage open communication about menstruation.
- 4** Engaging community members such as religious leaders and local leaders in breaking the silence around menstruation can be an effective approach in promoting behaviour change and addressing cultural taboos. By involving these influential community figures, it can help to increase the acceptance and uptake of menstrual hygiene practices, as well as generate support for the social and behaviour change interventions.
- 5** Availability of safe spaces for girls to change pads, rest, and consult with others about their menstrual hygiene is essential at schools. Girls found the safe spaces necessary for managing their menstrual hygiene, and used the facilities for the intended purpose. The construction of safe spaces needs to consider the number of girls in the school to ensure the rooms' adequacy and proper site selection to safeguard privacy.





Recommendations

- 1** Similar MHM interventions should also address the cultural and religious taboos and beliefs that impede girls from social and religious activities during menstruation.
- 2** Explore the use of technology, such as mobile apps or interactive messaging platforms, to increase access to information and education around menstrual hygiene, especially in areas with limited access to health services.
- 3** Enhance male teachers' participation so that they are more comfortable discussing or teaching about menstruation.
- 4** Foster partnerships with private sector entities to increase access to affordable and quality sanitary products, especially for low-income communities.
- 5** Future school MHM programmes should focus not only on the construction of WASH facilities but also on ensuring uninterrupted water supply by installing adequate water storage containers, proper use, and periodic maintenance of latrines, and improving the hygiene of latrines.
- 6** Integrate menstrual hygiene management education in school curriculums to ensure that children and adolescents understand the importance of menstrual hygiene practices and receive accurate and reliable information.
- 7** Consider the number of girls in the school in determining the size of safe spaces and appropriate site selection to locate the facilities in areas that ensure the privacy of girls.
- 8** To enhance inclusive MHH by engaging children and people with disabilities and to ensure that MHH interventions reach the most vulnerable communities, i.e., Children with disabilities and MHH in humanitarian situations.
- 9** Besides providing sanitary pads to schools, similar future programmes should also focus on implementing a system to locally produce sanitary materials (e.g., supporting schools to produce locally made sanitary materials) by providing seed money, tools, and training to teachers.
- 10** Develop community-based peer education and mentoring programmes where older girls and women act as mentors to younger girls, providing support, information, and practical advice on menstrual hygiene.
- 11** Conduct advocacy with education offices and schools to allocate budgets to produce reusable sanitary pads.
- 12** Create a monitoring and evaluation system at the school to measure MHH's contribution to adolescent girls' education, including absenteeism and dropout due to menstruation.

Endnotes

- 1 United Nations Population Fund, 'Adolescent and youth dashboard – Ethiopia', UNFPA, 2017, <www.unfpa.org/data/adolescent-youth/ET>.
- 2 United Nation's Childrens Fund, Report on KAP baseline survey on water, sanitation, and hygiene in eight regions of Ethiopia. Addis Ababa, Ethiopia: DAB Development Research and Training PLC, UNICEF, Ethiopia, 2017.
- 3 United Nations Children's Fund, Menstrual hygiene management in Ethiopia: National baseline report from six regions of Ethiopia, UNICEF Ethiopia WASH, May 2017, <www.unicef.org/ethiopia/media/3096/file/Menstrual%20Hygiene%20Management%20in%20Ethiopia.pdf>.
- 4 The programme was funded by the Embassy of the Kingdom of the Netherlands.
- 5 Kalkidian Gugsu, 'UNICEF Ethiopia: Menstrual hygiene management programme kicked off with a training of trainers in Oromia and Somali regions', February 2017, <<https://unicefethiopia.wordpress.com/2017/03/30/menstrual-hygiene-management-programme-kicked-off-with-a-training-of-trainers-in-oromia-and-somali-regions/>>.
- 6 United Nations Children's Fund, Endline KAP survey on menstrual hygiene management among schoolgirls and boys in 6 regions of Ethiopia (Afar, Gambella, Somali, Oromia, Amhara, and SNNP): Evaluation report. Addis Ababa, Ethiopia: DAB Development Research and Training PLC, UNICEF Ethiopia, 2020, p. 3.
- 7 United Nations Children's Fund, Endline KAP survey on menstrual hygiene management among schoolgirls and boys in 6 regions of Ethiopia (Afar, Gambella, Somali, Oromia, Amhara, and SNNP): Evaluation report. Addis Ababa, Ethiopia: DAB Development Research and Training PLC, UNICEF Ethiopia, 2020, p. 3–4.
- 8 For a full account of the key achievements, see UNICEF Ethiopia (2020). Endline KAP survey on menstrual hygiene management among schoolgirls and boys in 6 regions of Ethiopia (Afar, Gambella, Somali, Oromia, Amhara, and SNNP): Evaluation report. Addis Ababa, Ethiopia: DAB Development Research and Training PLC.





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The Compendium of SBC Best Practices has been jointly developed by the Country Offices, the Regional Office, the HQ SBC Team and PCI Media.

Thanks to the amazing SBC and programme country teams for the contributions

The compendium is available electronically and can be downloaded from <https://www.sbcguidance.org> and <https://unicef.sharepoint.com/sites/PG-SBC>

For more information please contact: sbc@unicef.org