



NATIONAL MENSTRUAL HYGIENE MANAGEMENT STRATEGY 2021



Local Government Division

Ministry of Local Government, Rural Development & Co-operatives

Government of the People's Republic of Bangladesh

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Minister

Ministry of Local Government, Rural Development and Co-operatives

MESSAGE

Menstrual Hygiene Management (MHM) is a basic right of women and prerequisite for our overall development. During her lifetime, a woman has to manage menstruation on an average of 3 thousand days. So, adequate MHM facilities are essential for ensuring participation of girls and women in social, educational and economic activities with dignity and comfort.

I am pleased to know that, the Local Government Division, has formulated a 'National Menstrual Hygiene Management Strategy' following a participatory process. Opinions from different ministries, departments, development partners, international and national NGOs and all stakeholders were considered with due importance. The strategy aims to address the gaps in current MHM practices to ensure that each girl and woman has access to safe and dignified menstruation for realizing their basic rights irrespective of their class, religion and economic status. I believe this will help us to carry forward the principle of 'No Girl or Woman is Left Behind' in fulfilling their basic rights.

I would like to take this opportunity to thank every organization and individual who has contributed in its formulation. I hope this strategy will guide relevant ministries, local government institutions, NGOs, civil society, media and private sector in formulating comprehensive work-plans to implement safe MHM services. This will ultimately help us ensure good health and economic well-being of the women and girls of Bangladesh. I believe, our sincere and collective action can materialize the 'Sonar Bangla' envisioned by our Father of the Nation Bangabandhu Sheikh Mujibur Rahman.

Md. Tazul Islam, MP



Senior Secretary
Local Government Division
Ministry of Local Government, Rural Development and Co-operatives

MESSAGE

Menstrual hygiene is an issue about which most of the women feel uncomfortable to discuss in public. This problem is compounded by gender inequality, which excludes women and girls from decision making process. Until very recently it was neither discussed nor girls were educated about it at the family or school level. These factors pose a serious challenge to the girls and women in Bangladesh causing them to suffer in silence and practice unsafe, unhygienic, unhealthy and harmful ways to manage their menstruation. This gives rise to different health problems that affect other spheres of their lives as well. Poor Menstrual Hygiene practices prevent them from accessing basic opportunities such as health services and education. It also restricts the mobility of girls and women, their safety, security and employment. All these deprive them from achieving their full potentials and leading healthy and dignified lives. The situation is even worse for the girls and women of low and middle-income groups, those living in fragile set-ups and locations such as urban slums, remote and hard-to-reach areas and those who are displaced or affected by emergencies.

In the National Hygiene Baseline Survey 2014, it is found that only 11% schools have separate toilet facilities for girl students. The National Hygiene Follow-up Survey, 2018 shows that only 53 percent of students in schools have sufficient information about menstruation prior to reaching menarche. About 30 percent of girl students miss school during menstruation and 34 percent of girls use old cloth for managing menstrual hygiene. Moreover, many girls are unaware about the hygienic and proper use of cloths.

Based on this situation and recognizing the importance of proper MHM practices to ensure women's empowerment and health for all, the Local Government Division (LGD) of the Ministry of Local Government, Rural Development and Co-operatives (MoLGRD&C) has developed a strategy titled 'National Menstrual Hygiene Management (MHM) Strategy'. It aims to address the gaps in current MHM practices in a comprehensive way to improve MHM practices.

I am grateful to Honorable Minister, Mr. Md. Tazul Islam MP, Ministry of Local Government, Rural Development and Cooperatives for his overall guidance in formulating the strategy. I convey my sincere thanks to the working committee members, different ministries and other sector stakeholders for their valuable inputs and continuous support in accomplishing this important task. Special thanks to UNICEF for the financial and technical support to formulate the strategy.

I sincerely expect that this "National Menstrual Hygiene Management Strategy" will facilitate effective programs to ensure that each girl and woman everywhere in Bangladesh has access to safe and dignified menstruation to realize their rights to health, education, economic and other opportunities.

Helal Uddin Ahmed



Additional Secretary
Water Supply Wing
Local Government Division

FOREWORD

Local Government Division has recently developed the National Menstrual Hygiene Management (MHM) Strategy with the objective to facilitate programmatic and systematic approaches across essential elements of MHM through relevant sectors (e.g. WASH, health, education, environment). A national working committee, led by Water Supply Wing of the Local Government Division has accomplished this important task in close collaboration with other relevant ministries, especially Education, Health, Women and Children Affairs and other local, national and international stakeholders.

This strategy identifies five guiding principles and eight strategic priorities for improving MHM practices. The strategy also identifies some key actions and responsibilities of government agencies and other stakeholders for MHM practices in households, educational institutions, health-care facilities, work places and public places. I hope that this strategy will help us ensure that each girl or woman has access to safe and dignified menstruation to realize their basic rights.

I would like to express my sincere gratitude to Honorable Minister, Mr. Md. Tazul Islam, MP for his overall guidance in formulating this national strategy. I also express my gratitude to Mr. Helal Uddin Ahmed, Senior Secretary, Local Government Division for his advice and continuous monitoring at all times in developing and publishing this strategy paper.

I am thankful to UNICEF Bangladesh for the sincere efforts and financial and technical support in formulating this important strategy.

I express my heartfelt gratitude to the working committee members for their contribution in developing this strategy. I also thank the concerned ministries, departments, other development partners, sector professionals who have rendered valuable inputs through active participation in preparing this strategy paper.

I hope this strategy will help government agencies, private sector, international and national NGOs, mass media and individuals to break the silence, build awareness and promote good MHM, which will play important role in enabling women and girls to reach their full potential.

Muhammad Ibrahim



Joint Secretary
Policy Support Branch
Local Government Division

ACKNOWLEDGEMENT

Bangladesh has achieved remarkable success in improving water and sanitation coverage and has earned global accolades for its success in achieving high coverage despite many challenges. However, still we have a lot of challenges and there are lot of scopes for improvement as well. Specially, this is more true for Menstrual Hygiene Management (MHM).

Recognizing the importance of proper MHM practices to ensure women's empowerment and health for all, the Local Government Division (LGD) in coordination with the Ministry of Health and Family Welfare, Education, Primary and Mass Education, Religious Affairs, Women and Children Affairs, Social Welfare, Department of Public Health Engineering, Department of Environment and other relevant ministries; local, national and international NGOs, academia/research organization and sector stakeholders has developed 'National Menstrual Hygiene Management Strategy'. It aims to address the current challenges in a comprehensive way to improve MHM practices.

Honorable Minister, Ministry of Local Government, Rural Development and Co-operatives Mr. Md. Tazul Islam, MP is always very meticulous and provides realistic guidelines and valuable inputs in the policy issues. I extend my heartfelt gratitude to Honorable Minister for his overall guidance in formulating this strategy. I also express my gratitude to Mr. Helal Uddin Ahmed, respected Senior Secretary, Local Government Division for his all-out support in developing this strategy. I am grateful to Mr. Muhammad Ibrahim, Additional Secretary, Water Supply Wing of LGD for his valuable inputs, suggestions and directives in accomplishing this task.

I greatly appreciate the efforts and contributions of the working committee members in developing this strategy. I also thank the concerned Ministries, Department of Public Health Engineering (DPHE), DoE, BSMMU, ICDDR,B, WaterAid, MHM Platform, members of the National Forum for Water Supply and Sanitation and other development partners, sector professionals and stakeholders who have rendered valuable inputs through active participation in developing this strategy document. I particularly acknowledge the contribution of UNICEF Bangladesh and Practical Action in developing this strategy. I am thankful to Dr. Selina Ferdous, Senior Specialist, Gender and Inclusion, Practical Action in Bangladesh, Ms. Mahjabeen Ahmed, WASH Specialist, UNICEF and Mr. S. M. Moniruzzaman, National Consultant, Sector Coordination, PSB for their contributions and tireless efforts.

MHM is no longer considered as only a women's issue, rather a social responsibility across gender. This issue has been mainstreamed in a number of SDGs. I sincerely hope that this strategy will guide and facilitate sector stakeholders provide adequate facilities for menstrual hygiene at all levels and initiate a social movement towards creating an MHM-friendly environment.

Md. Emdadul Hoq Chowdhury

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ACRONYMS

ACI	Advanced Chemical Industries
ADB	Asian Development Bank
AusAID	Australian Aid
BCC	Behaviour Change Communication
BGMEA	Bangladesh Garment Manufacturers and Exports Association
BNPS	Bangladesh Nari Pragati Sangha
B-SCAN	Bangladesh Society for the Change and Advocacy Nexus
CHWs	Community Health Workers
Danida	Danish International Development Agency
DFID	Department for International Development (UK)
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DoE	Department of Environment
DORP	Development Organisation of the Rural Poor
DPHE	Department of Public Health Engineering
DSHE	Directorate of Secondary and Higher Education
DSK	Dushtha Shasthya Kendra
FGD	Focus Group Discussion
FBCCI	Federation of Bangladesh Chamber of Commerce and Industries
GBV	Gender-Based Violence
GIZ	German Development Agency
HKI	Helen Keller International
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICT	Information and Communications Technology
IDE	International Development Enterprises
JMP	Joint Monitoring Programme
KII	Key Informant Interview
LGD	Local Government Division
LIC	Low-Income Community
MHM	Menstrual Hygiene Management
MoLGRD&C	Ministry of Local Government, Rural Development and Co-operatives
MoWCA	Ministry of Women and Children Affairs
NGO	Non-Governmental Organization

ACRONYMS

NHBS	National Hygiene Baseline Survey
O&M	Operation and Maintenance
PPP	Public-Private Partnership
PSB	Policy Support Branch
PWD	Persons/People With Disability
SBCC	Social and Behavioral Change Communication
SDC	Swiss Agency for Development and Cooperation
SDGs	Sustainable Development Goals
SMEs	Small and Medium-Sized Enterprises
SMC	School Management Committee
SNV	Netherlands Development Organisation
SoP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health and Rights
ToR	Terms of Reference
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSUP	Water & Sanitation for the Urban Poor

GLOSSARY OF TERMS

Menstruation: Menstruation is the process in which a woman discharges blood and other materials from the uterus lining through the vagina at about a one-month interval from puberty until menopause, generally except during pregnancy. This process lasts about 3–7 days.

Menarche: Menarche is the first occurrence of menstruation and part of a girl's transition from childhood to adolescence that usually begins between 12 and 15 years of age (it could be earlier for some girls). However, globally the age of menarche is declining. The mean age at menarche in Bangladesh is 11.6 ± 3.6 years, while the median age is 12 years (Islam et al, 2017). It may be noted that with declining menarche age, some girls may not be fully mature by the time of menarche.

Menopause: Menopause is the time when menstrual cycles permanently cease. The diagnosis is typically made retrospectively after the woman has missed 12 consecutive months, and no other biological or physiological cause can be identified. It marks the permanent end of fertility. The age of menopause differs from woman to woman. It commonly happens between the ages of 45 and 55.

Menstrual Cycle: The menstrual cycle is counted from the first day of one period to the first day of the next from menarche until menopause, except during pregnancy. The menstrual cycle is not the same for every woman. However, menstrual flow may occur every 21 to 35 days with an average of 28 days and commonly lasts from 3 to 7 days.

Menstrual Hygiene Management (MHM): Women and adolescent girls are using clean menstrual management material to absorb/collect menstrual blood that can be changed in privacy as often as necessary during the menstrual period, using soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used materials. They understand the basic facts linked to the menstrual cycle and manage it with dignity and without discomfort or fear (WHO/UNICEF, 2012).

Menstrual Health and Hygiene: Encompasses both MHM and the broader systemic factors that link menstruation with Health, well-being, gender equality, education, equity, empowerment, and rights. UNESCO has summarized these factors as accurate and timely knowledge; available, safe, and affordable materials; informed and comfortable professionals; referral and access to health services, sanitation, and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy (UNICEF, 2019a).

Menstrual Hygiene Materials: Menstrual hygiene materials are the products used to catch/absorb menstrual flow, such as pads, pieces of cloths, tampons, or cups (UNICEF, 2019b).

Sanitary Napkin/Pad: A sanitary napkin or pad is a pad of absorbent material, like cotton, worn by women during menstruation to absorb the menstrual flow.

Tampon: A tampon is a wad of absorbent material like cotton, inserted into the vagina during menstruation, designed to absorb the menstrual flow.

Menstrual Cup: A reusable small, flexible, funnel-shaped device made of latex, silicone, or thermoplastic elastomer that collects menstrual flow when inserted into the vagina.

Menstrual Supplies: Menstrual supplies are supportive items needed for MHM, such as body soap (bar or liquid), laundry soap, underwear, hand sanitizer, and pain relief items (UNICEF, 2019b).

Menstrual Facilities: Menstrual facilities are those facilities that are associated with safe and dignified menstruation, such as toilets and water along with soap, including used menstrual product disposal infrastructure (UNICEF, 2019b).

Reproductive Age: Those years of women's lives between menarche and menopause, roughly 15–49, when they can become pregnant and bear children, although some women can become pregnant at younger or older ages.

Biological Sex: Biological sex (often stated as sex) is defined as the physical and biological characteristics that distinguish males and females, such as reproductive organs, chromosomes, and hormones.

Gender: Gender refers to the social relationships between women, men, girls, and boys that vary from one society to another and at different historical points (UNICEF South Asia, 2018).

Gender Equality: Gender equality is a transformational development goal. It is understood that women/girls and men/boys enjoy the same status on political, social, economic and cultural levels. It exists when women/girls and men/boys have equal rights, opportunities, and quality (UNICEF South Asia, 2018).

Gender Equity: Gender equity is the process of being fair to both women (girls) and men (boys) in the distribution of resources and benefits. This involves recognizing inequality and requires measures to work towards women's equality (girls) and men's (boys). Gender equity is the process that leads to gender equality (UNICEF South Asia, 2018).

Adolescent: Adolescence is a transitional phase of growth and development between childhood and adulthood. An adolescent is any person between the ages of 10 and 19 years. Adolescents are still considered children (Britannica, 2021; Convention on the Child's Rights; The Children Act, 2013).

Health: Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (Jakab, 2011; 8fit, nd). The Government of Bangladesh, in its National Health Policy 2011, has adopted this definition for Health.

Mental Health: Mental Health is a state of well-being in which the individual realizes his or her abilities, can cope with the everyday stresses of life, can work productively and fruitfully, and contribute to his or her community (WHO, 2018a).

Emotional Health: Emotional Health is a state of emotional and psychological well-being in which an individual can use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life; it can be thought of as an extension of mental Health (Peterson, 2019; Miller, 2020).

Unless otherwise indicated, definitions are from Glosbe, MedTerms Medical Dictionary <<https://www.medicinenet.com/medterms-medical-dictionary/article.htm>>, Merriam-Webster Dictionary, The Free Dictionary's Medical Dictionary <<https://medical-dictionary.thefreedictionary.com>>, and the US Department of Health & Human Services.

1. BACKGROUND

Menstruation is a natural bodily process of girls and women in the reproductive age group. Most women menstruate each month for about three to seven days. Yet this normal physiological phenomenon is stigmatized in various ways around the world. Roughly half of the female population, around 26 percent of the global population, are of reproductive age. This means that a large number of girls and women face social stigma due to menstruation. Bangladesh is no exception to this problem. Here the issues of menstruation are shrouded by taboos, myths, misinformation, and mystery.

Menstrual hygiene management (MHM) is stated by WHO/UNICEF Joint Monitoring Programme (JMP) as the practice by which:

women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and manage it with dignity and without discomfort or fear (WHO/UNICEF, 2012).

Many factors jeopardize the proper practice of MHM, as stated by the JMP definition. These include lack of appropriate sanitation facilities; accessibility to affordable quality hygienic menstrual products for adolescent girls and women at home, school/institutions, and at workplaces; inadequate number or lack of water, sanitation, and hygiene (WASH) facilities with disposal mechanisms for used products; and taboos and myths surrounding menstruation.

These factors pose a severe challenge to the girls and women in Bangladesh, causing them to suffer in silence and practice unsafe, unhygienic, unhealthy, and harmful ways to manage their menstruation. This gives rise to different health problems that affect other spheres of their lives as well. Poor MHM practices prevent them from accessing essential opportunities such as health services and education. It also restricts the mobility of girls and women, their safety and security, and employment. All these deprive them of achieving their full potentials and leading healthy and dignified lives. The situation is even worse for the girls and women of low- and middle-income groups, those living in fragile set-ups and locations such as urban slums, remote and hard-to-reach areas, and displaced or regions affected by emergencies.

Bangladesh has achieved remarkable success in improving water and sanitation coverage. It has earned global accolades to attain high coverage despite poverty and limited resources. However, improvement in hygiene still lags and has immense scope for improvement. This is more specifically true for MHM, as evident by pertinent data: the only 53 percent of students in schools have sufficient information about menstruation before reaching menarche; 30 percent of girl students miss school during menstruation; and 34 percent of girls in school use old cloth for MHM. (National Hygiene Follow-up Survey, 2018). Moreover, many girls are unaware of the hygienic and proper use of clothes.

The International Conference on Population and Development in Cairo, 1994 declared that SRHR (sexual and reproductive health and rights) includes dignity, autonomy, privacy, information, and Health. Improving SRHR is crucial to promoting gender equality, as an investment in SRHR has personal, social, and economic benefits, including saving and improving people's lives. Broadly, SRHR is based on the right and the ability of all individuals to have decision-making autonomy over their bodies to live healthy and productive lives. Addressing SRHR is thus key to ensuring sustainable development evident by the Sustainable Development Goals (SDGs). MHM issues cross-cut several SDGs, such as SDG 3, 4, 5, 6, 8, and 12, indicating mainstreaming MHM in different areas of development.

Recognizing the importance of proper MHM practices in ensuring women's empowerment and health for all, the Local Government Division (LGD) of the Ministry of Local Government, Rural Development and Co-operatives (MoLGRD&C) of the Government of Bangladesh, as the custodian of hygiene issues, called a meeting in November 2018 to discuss how to improve MHM practices in the country.

The participants shared information about different initiatives undertaken or planned by various ministries and agencies of other sectors towards improving MHM practices. The meeting came to the common understanding that many sectoral agencies and ministries have been working to enhance MHM practices independently for some time. These efforts deserve to be acknowledged and appreciated. But working in isolation could not be succeeded in creating any visible impact. The meeting referred to the global call regarding 'Menstrual Hygiene Day' held internationally on 28 May every year. This event fosters:

a global platform that brings together non-profits, government agencies, the private sector, the media, and individuals to promote MHM to break the silence and build awareness about the fundamental role that good menstrual hygiene plays in enabling women and girls to reach their full potential. Menstrual Hygiene Day also creates opportunities for advocacy for the integration of MHM into global, national and local policies, programs and projects (WHO, 2018b).

It was agreed that effective coordination and close collaboration among all the actors are necessary for a concerted effort to improve MHM practices and realize tangible impacts. The stakeholders unanimously voiced the need for a comprehensive National MHM Strategy towards this goal. The meeting concluded that a national Menstrual strategy is to be developed under the leadership of LGD, MoLGRD&C with support from all concerned agencies, ministries, and other stakeholders.

2. STRATEGY DEVELOPMENT PROCESS

A comprehensive process was adopted in formulating this National MHM Strategy. It comprised a literature review and primary data collection. Meetings were held with all relevant stakeholders to design and finalize the survey methodology, tools, and techniques.

2.1 Literature review

The literature review analyzed all relevant previous works done in Bangladesh. International experience was also reviewed. The study included MHM policy issues, challenges, and barriers, and mitigation options. Peripheral issues on women's rights and gender equity were also covered.

The Bangladesh National Hygiene Promotion Strategy 2012 revealed:

- o More than half of the students in schools (53 percent) had an initial idea about menarche, mostly from informal sources such as relatives and friends. It indicates that the schools need to strengthen education sessions on MHM for awareness building on menstruation management.
- o About 30 percent of girl students missed school during menstruation. The median absenteeism of the school-going girls was 2.5 days per month.
- o About a 34 percent girls in school were using old clothes for MHM. Around 62 percent of girls were using sanitary napkins/pads.
- o WASH facilities in the school toilets improved significantly: water supply was available in 58 percent of schools; soap and water were available in 32 percent of schools, and 22 percent of school toilets were found to have bins for the disposal of used MHM products.

2.2 Consultation meetings and workshop

An MHM Working Committee led the strategy development process. To accelerate the process, a smaller Technical Committee was formed to work as the technical arm of the working committee. The Technical Committee helped in preparing and validating the survey methodology and overall formulation of the strategy.

The survey captured a broad spectrum of stakeholders' issues, concerns, and voices to formulate the MHM strategy. Key informant interviews (KIIs) and focus group discussions (FGDs) were held with girls and women, boys and men, parents of adolescent girls, teachers, persons with disabilities and factory workers. The survey covered various geographic locations with different characteristics (urban, rural, hard-to-reach areas and low-income communities).

2.3 Survey methodology

A survey methodology was designed with appropriate tools, techniques and stakeholder mapping to understand the present MHM situation and issues. The methods and tools were reviewed and approved by the Technical Committee. A total of 16 FGDs were held with various stakeholders and nine KIIs were held with representatives of relevant agencies.

3. SITUATION ANALYSIS

The qualitative survey collected information regarding MHM practices, challenges and influencing factors. The aim was to collect the issues and concerns of girls and women in managing menstrual hygiene. The survey was not designed to quantify the prevalence of particular beliefs or the type of population or location where those occur.

3.1 Access to information

The survey showed that girls' and women's restrictions during menstruation are mostly social stigma and taboos. Such taboos, misunderstandings and misperceptions form because of a lack of access to accurate information.

3.1.1 Sources of information

Adolescent girls commonly receive information about MHM from their family members, primarily their mothers. Other sources of information are sister, sister-in-law, friends and classmates, magazines and other reading materials and media advertisements. Schools are another critical source of information about MHM. Some schools offer comprehensive and informative MHM sessions. But in some schools, the teachers skip the session on menstruation. They suggest that the students study the chapter on MHM by themselves or take help from their mothers.

3.1.2 Completeness and correctness of information

The information girls receive before or during menarche is mostly about MHM products and how to use them. Girls living in urban areas are taught to use MHM products as instructed on the package. All the girls reported that their mothers are pretty hesitant and not at all comfortable talking about menstruation.

3.1.3 Adequacy

Whatever the sources, settings and backgrounds are, the information about MHM makes no mention of Health, hygiene, comfort, or dignity. The survey showed a wide variation in understanding MHM issues among the respondents. This indicates inadequate and inconsistent dissemination of information.

3.1.4 Timeliness

Only a few respondents heard about menstruation before their menarche. The lack of prior information about menstruation and its management made the girls scared and shocked during their first menstruation. This caused mental trauma. Some girls had their menarche in school or outside the home and had to face an awkward situation. People, classmates, other girls and even their teachers laughed at them for having a blood-stained dress causing them shame and stress.

3.2 MHM practices: Myths, Taboos, beliefs and norms

The girls generally receive advice on menstrual hygiene from their mothers or other senior members of the family. However, the advice they receive is mainly based on social stigma, taboos and misconceptions. Common examples of such incorrect advice are outlined below.

3.2.1 Silence

The survey showed that the girls' receive information before and during the occurrence of menarche is not sufficient. Many suffer from physical and mental problems during their period. They are not allowed to talk about their issues or learn about menstruation. They are taught that menstruation is a strictly private matter. Also, they are told that menstruation is a natural process that each girl or woman has to go through, so there is nothing to talk about or learn about it.

3.2.2 Restriction on mobility

Menstruating girls and women are discouraged from going out of their homes, especially after dark, dictated by social norms and tradition. Such restrictions are practiced more in rural and hard-to-reach remote areas. Menstruating girls and women cannot visit shared toilets after dark even if they need to change menstrual clothes or pads. Many girls and women without significant physical problems or discomfort during menstruation cannot attend school, workplaces, or health service outlets.

3.2.3 Exclusion from social activities

Many girls and women cannot attend family or social events during menstruation. Almost all are not allowed to take part in any religious events. Even if they are allowed to go to school during menstruation, girls cannot participate in sports and games.

3.2.4 Food and diet

According to local traditions, many menstruating girls and women are not allowed to eat fish, meat, egg, or any high-protein and nutritious food as these items are thought to produce bad smells in the flow. Other restricted items include turmeric, tamarind, or sour things.

3.2.5 Keeping MHM materials hidden

Some respondents stated that menstrual clothes and other MHM products are considered personal items that anyone should not see. They are instructed to wash and dry these items in private and out of sight of anyone. This compels the users to dry rags in dark and damp areas. Such clothes remain wet and cannot absorb menstrual flow sufficiently.

3.2.6 Attribution of impurity

According to social norms, some activities are prohibited during menstruation, including cooking and touching, wearing good clothes, and sharing a bed.

3.3 Availability, affordability, accessibility and suitability

The respondents of the survey shared the following views and experiences on MHM products.

3.3.1 Availability

Sanitary napkins and pads of various brands are available in the market, even in remote areas. In very few places, the products are available at the doorstep level.

3.3.2 Affordability

Almost all the respondents shared their concerns about the price of MHM products. The price dictates which products they use. Many girls and women wear clothes because they cannot afford commercial MHM products. The rural and slum respondents proposed selling MHM products at a subsidized rate to them. There is a VAT waiver on importing raw materials for MHM products, but a 15 percent tax on the finished products makes the products costly.

3.3.3 Accessibility

The respondents stated that MHM products are available in pharmacies and stationery shops all over the country. But a few girls living in hard-to-reach areas reported that the shops are far from where they live. They prefer using readily available clothes. A few girls said they do not like a salesman's mischievous behavior when asking for sanitary pads. A few of the respondents proposed to take initiatives in making napkins available at the doorstep level, within the vicinity/community and at schools, preferably sold and distributed by women.

3.3.4 Suitability

More women are finding employment and are more mobile now because of their livelihood and other purposes. Considering the variety in working conditions, the time they stay out of access to any toilet or changing facilities, the amount of menstrual discharge, age, marital status and parity, women need many options for menstrual hygiene products to suit their particular situations and conditions. In addition to sanitary napkins/pads, the respondents named other product options such as cups, tampons and washable/reusable napkins.

3.4 WASH infrastructure and facilities

3.4.1 School/Madrasha

Some centralized and a few peripheral schools have separate sanitation blocks for boys and girls with all the required facilities. But the user-to-toilet ratio is not adequate. Sometimes, the teachers reserve the toilets for their use, mainly because women teachers are usually not considered in the design of school sanitation complexes. In the peripheral areas, the lack of maintenance of the sanitation complexes is a severe concern. The WASH facilities at schools are neither suitable for people with disabilities (PWD) nor gender-friendly. They are not cleaned or maintained regularly. The discussion sessions revealed that the lack of gender-friendly WASH facilities in schools is one reason rural girls become 'school drop-outs' at the higher secondary level.

3.4.2 Health care facilities

The toilets in private and NGO-managed healthcare facilities maintain the basic WASH facilities standards, but the situation is dismal in government health facilities. The lack of adequate running water supply is the most common problem associated with inadequate WASH facilities. In a few cases, separate toilets for women exist, but the privacy, safety and security conditions are not acceptable.

3.4.3 Work-Places

Industries

A few garments workers stated that high-quality WASH facilities for women workers are maintained in the factories. However, a few reported that the toilets are not at all gender-friendly. Waste bins are found everywhere in the factories, but there are no bins in the toilets for menstrual product disposal. Besides, privacy is not protected in all garment factories.

Other Workplaces

The respondents reported that the WASH facilities at most government offices are inferior, especially in the peripheral areas. Almost all such toilets are unhygienic, visibly dirty, in a poor state of maintenance, lack adequate running water and soap, not at all gender-friendly, and do not have washing or changing facilities or even a disposal bin. The lack of privacy is one of the most significant concerns. Some offices do not have separate toilets for women staff. Moreover, the entry to the shared toilets is often through the male colleagues rest area. This discourages the women staff from using office toilets. They resort to taking leave if possible during their menstrual period. The staff-to-toilet ratio is inadequate in almost all government offices. Toilets in the non-government offices are found to be most inclusive with all the necessary WASH facility provisions. However, an insignificant number of WASH facilities at workplaces are PWD-friendly.

3.4.4 Households

Cleanliness, overall hygiene, lack of MHM product disposal provision and high user/toilet ratio are some of the concerns in the household expressed by the respondents.

3.4.5 Public toilets

Public toilets are mostly not adequately maintained and lack adequate running water supply and handwashing facilities. These toilets are visibly dirty, unclean, unhygienic, and foul-smelling. They are not gender-sensitive or sex-segregated. A few of the toilets have separate chambers for women and men. Still, the entry to the toilet and the location do not provide privacy, safety and security to the women users. The toilets in the high-end malls are inclusive and equipped with all the necessary WASH facilities. But the rest, although better than the public toilets, are generally not gender-sensitive and MHM-friendly. Public restrooms are usually not available along with transport (bus, train and river) routes. The lack of WASH facilities along the long-distance routes makes women travelers suffer as they cannot use toilets for many hours or change MHM materials.

3.4.6 Community toilets

Almost all community toilets in urban slums, LICs and rural areas lack basic facilities such as adequate running water supply with washing and 'changing' facilities for girls and women to change their MHM materials. Non-inclusive toilets lack hygienic conditions, privacy, safety and security.

3.4.7 Hard-to-Reach Areas

WASH facilities are not satisfactory in hard-to-reach areas. The non-inclusive toilets in these areas are neither maintained nor cleaned. These toilets lack adequate running water supply and washing facilities. The building materials used are of poor quality in general.

3.4.8 Emergencies

The survey found that the WASH facilities in emergency centers such as cyclone shelters are often neglected. These facilities frequently lack adequate running water supply and soap and have no provisions for washing. Privacy for girls and women is a serious concern at the temporary toilet facilities. Practicing proper MHM in such conditions is very challenging.

3.5 Disposal of used menstrual products

The respondents of the survey reported that the availability of disposal facilities for used menstrual products is limited. A few toilets have bins, but those are not cleaned regularly. In urban areas, used MHM products are thrown out at random in the surrounding areas. Another common way of disposal is simply flushing down the toilet. Some urban residents dispose of MHM products with household/kitchen waste. In rural areas, the used MHM products are thrown in the surrounding areas, including water bodies. In urban and suburban areas, schools/Madrashas and workplaces keep bins in the toilet for used menstrual product disposal, which is periodically cleared. Some respondents stated that the used products could be buried in pits, thrown into dumpsites, or incinerated. There is no guideline to follow. Disposal facilities are generally not available in any toilets of rural/peri-urban areas, hard-to-reach areas, and emergency shelters.

3.6 Challenges and barriers to proper MHM

The survey conducted as part of formulating this strategy identified several significant challenges and barriers to practicing MHM safely as described in the JMP definition in various socio-economic classes and geographic areas. These are summarized below.

3.6.1 Access to knowledge, information, and addressing social stigma

There is a general lack of timely, appropriate and accurate information on proper MHM practices. The lack of correct, complete and timely information on MHM practices, along with traditionally existing myths and misunderstandings, is a significant challenge.

3.6.2 Access to affordable and safe hygienic menstrual products

Many types of MHM products are now available in the markets. All these commercial products are manufactured for making profits and generally targeted towards affluent groups. As a result, these are not affordable to many users, especially women and adolescent girls living in LICs, hard-to-reach areas and emergency shelters. The survey further indicated that accessibility to MHM products in certain places is also a concern.

3.6.3 Access to adequate WASH facilities

Inclusive MHM-friendly WASH facilities are available in minimal numbers in selected schools for the affluent class, in a few private clinics/hospitals and specific non-government workplaces. Elsewhere, the WASH facilities are non-inclusive and lack adequate running water and washing facilities. These toilets are mostly not gender-sensitive or PWD and MHM-friendly. Women and girls tend to avoid such unhygienic toilets unless there is an urgent need.

3.6.4 Access to safe disposal of used menstrual products

There is no standard system for safe, hygienic and environment-friendly disposal of used menstrual products.

3.7 Overall observation and brief analysis

Although the situation is improving gradually, we cannot ignore the adverse effects of poor MHM practices that women and girls face all over the country. The condition is especially dire in rural, hard-to-reach, LICs and emergency areas. The survey respondents identified various aspects of MHM that require attention. These are listed below.

3.7.1 Protection of privacy, safety, and security

The survey portrayed the severe lack of safety, security and privacy of girls and women. This involves access to correct information, suitable quality products, gender-friendly WASH facilities and disposal of used products.

3.7.2 Health and dignity

The lack of proper MHM practice affects the overall health of adolescent girls. Unhygienic menstrual products and not using toilets for a long time cause physical discomfort and mental stress during menstruation. Mobility restrictions and the use of poor-quality menstrual products prevent girls from taking part in extracurricular activities.

3.7.3 Empowerment and equality

MHM practices are also related to women's empowerment. Women's empowerment is mainly about their decision-making capacity. The survey and literature review revealed that the rate of girls dropping out in higher grades is double that of boys. The increased school drop-out rate of girls at higher levels may be partly due to inadequate gender-friendly WASH facilities.

3.8 Government commitment

The Government of Bangladesh is committed to improving women's conditions in all spheres of life. This is evidenced by many policy documents formulated by the government, including the National Women's Development Policy 2011, that under scores the need to improve women's economic conditions and Health. Similarly, the government has promulgated policies and strategies for the WASH sector as well. Pertinent policy documents include the National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh 2012, Bangladesh National Hygiene Baseline Survey 2014 and the National Sanitation Strategy 2005. The above documents expressed the need to address MHM issues. Besides formulating policies, the government has also built up institutional support structures to implement the policies.

4. NATIONAL MENSTRUAL HYGIENE MANAGEMENT (MHM) STRATEGY

4.1 Goal

The overall goal of the National MHM Strategy is to address the gaps in current MHM practices in a comprehensive way to improve MHM practices. This ensures that each girl and woman everywhere in Bangladesh can access safe and dignified menstruation to realize their rights to health, education, economic and other opportunities.

4.2 Objectives

1. Facilitate programmatic and systematic approaches to ensure sector wise essential elements of MHM.
2. Create an enabling environment in collaboration with relevant stakeholders and agreement with other policies.
3. Enhance engagement of the private sector.
4. Provide a coordination mechanism among different relevant stakeholders and sectors.
5. Ensure MHM facilities and accessibility of in all settings (e.g., education institutions, healthcare centers, workplaces, prisons, industries, commercial/public places and public toilet).

4.3 Guiding principles

The National MHM Strategy is guided by the following inclusive and contextualized principles:

1. MHM is a part of the fundamental right of girls and women. As such, they should have access to MHM information, materials and facilities to practice MHM with privacy and dignity. Girls and women should be empowered to make decisions regarding MHM according to their choice and convenience.
2. The private sector has the vitality of innovation and distribution. They can bring MHM products to the market that are affordable and available everywhere. Government authorities should create an enabling environment for the private sector to utilize their strengths to the maximum extent.
3. Boys and men are an integral part of promoting MHM. Male engagement should be facilitated for a friendly environment for MHM practices by girls and women.
4. Adopting gender-friendly policies and mainstreaming MHM issues are essential in promoting MHM. This should be reflected in all relevant sectoral strategies and activities.
5. No girl or woman should be left behind in promoting MHM, including marginalized and poor. There should be a structured and coordinated effort to build service delivery agencies' capacity and equip them adequately to ensure that no one is left behind.

4.4 Scope of the National MHM Strategy

4.4.1 Building knowledge and skills for awareness towards behavior change

Strengthen education on MHM in the school curriculum/syllabus for adolescent girls and boys and non-formal education for the school drop-outs. Promote mass awareness for the community at large by enhancing access to information on MHM and relevant issues. Develop guidelines, modules and behavior change communication (BCC) materials for targeted interventions to promote proper MHM behavior. The sessions are to be conducted preferably by trained women.

4.4.2 Menstrual products

Foster partnership among relevant sectors/stakeholders to manufacture quality MHM products and make them affordable, accessible and available everywhere. Patronize and capacitate small and medium enterprises (SMEs) for sustained supply of low-priced quality products in remote areas. Encourage local girls and women in such initiatives. Encourage concerned government authorities to reduce the tax burden on MHM products. Encourage funding agencies to extend low-cost credit to manufacturers to expand production and reduce the price.

4.4.3 WASH facilities

Ensure inclusive, sex-segregated PWD and gender-friendly WASH facilities with an adequate running water supply and washing materials along with disposal provisions for used MHM products. The National Sanitation Strategy 2005 recommends that planning, investing in and promoting sanitation facilities must address women's unique needs and priorities. Thus, gender aspects need full consideration in sanitation programs. Protect privacy, safety and security at all settings (schools/Madrashas, workplaces, prisons, health service outlets, public and community toilets and emergency shelters) across different geographical locations. The design of WASH facilities should address MHM in emergencies and flood-prone areas. In line with the National Sanitation Strategy, the role of women in the process of planning, decision-making and management should be promoted through their increased representation in management committees and boards (municipalities, WASAs, local government bodies, etc.).

The modifications for such WASH facilities should include improved access (wide entrance, ramp, adequate space for maneuvering wheelchair for mobility-restricted persons); guardrails and braille instructions for blind persons; pictorial guides for illiterate users; and clear written instructions for all non-disabled users on how to properly use the facility including disposal of used MHM products. Experts should be consulted in designing such facilities and establishing standards.

4.4.4 Safe disposal

Promote safe, hygienic, and environment-friendly disposal of used menstrual products in all situations and locations. Particular attention must be paid to promoting MHM in flood-prone areas and emergencies in shelters during hurricanes.

4.4.5 Positive social norms

Launch social and behavioral change communication (SBCC) campaign to motivate durable behavior change through various methods. This includes campaigns to mitigate the challenges and barriers to practicing proper MHM by gradually reducing and eliminating taboos, myths and superstitions as an integral part of mass awareness creation.

4.4.6 Informed professionals

Build the capacity of relevant professionals such as teachers and health professionals, including community health workers (CHWs) and skilled birth attendants. This will enable them to provide required inclusive services, including information, counseling and treatment to adolescent girls and women.

4.4.7 Health services

Equip healthcare outlets to provide services to menstruating adolescent girls and women requiring medical attention for acute cases through 'Women-Friendly Units' preferably managed by women professionals.

4.4.8 Involvement of men and boys

Create an enabling environment for girls and women to promote correct MHM behavior. Emphasize the strategic and active engagement of boys and men.

4.4.9 Coordination and collaboration

Strengthen and formalize the coordination and cooperation across sectors/ministries and other stakeholders in a structured way.

4.4.10 Governance

Optimize the profile of the National MHM Coordination Committee to provide strategic leadership of the nationwide MHM promotion initiatives for planning, designing, guiding, monitoring, financing, budgeting, and allocating resources. Form a few Thematic Groups/Committees composed of experts to support the National MHM Coordination Committee in specific sector-wise implementation plans, budgeting, monitoring, research and resource allocation. Feed them with regular updates through reports. Assess and evaluate the progress through surveys and studies and refine implementation based on the findings.

4.4.11 Policy, guidelines and standard operating procedures (SoPs)

Develop and adopt MHM and gender-responsive policies, guidelines, and SoPs to operationalized the National MHM Strategy. Create an environment conducive to positive MHM practices while adhering to compliance with the National MHM Strategy. Mainstream MHM issues in all relevant documents under the leadership of the MHM Coordination Committee and Thematic Groups/Committees.

4.4.12 Action plan

Prepare an outline of significant activities for the concerned agencies and ministries to support them in developing long-term implementation plans.

4.5 Strategies for improving MHM practices

Objective 1: Facilitate programmatic approaches by addressing the systemic factors across sectors to ensure essential elements of MHM

Strategy 1: Breaking the barriers through education

Strengthening and amplifying awareness creation through education and information dissemination towards promoting proper MHM behavior by updating the school curriculum/syllabus; MHM sessions to be conducted following a structured guideline/module supplemented by BCC materials.

Strategic direction

1.1 Formal education

The school/Madrasha curriculum is reviewed and revised for comprehensive MHM information. To equip the girls with adequate details on MHM before the first occurrence of menarche, MHM sessions are to be introduced in class V (five) curriculum with basic information. These are to be expanded and made more comprehensive in higher classes. MHM sessions should be compulsory for the assigned female teacher to conduct following structured guidelines supplemented with context-specific SBCC materials. It should be mandatory to include MHM issues in examination papers. There should be separate MHM sessions for boys and girls.

1.2 Including in the non-formal education

MHM sessions should be an integral part of primary education for school drop-outs and children out of school facilities. Particular attention should be paid to those living in remote and hard-to-reach areas, members of marginalized groups, ethnic communities and low-income settlements. The girls and women outside the coverage of non-formal education also should be brought under the same sessions. The MHM sessions should follow approved guidelines, modules and materials.

1.3 Orientation of the women/mothers

Mothers and guardians should be provided information about proper MHM following approved guidelines. For this purpose Parents and teachers meetings should be held twice annually. These sessions should be held in the following places: 1) in schools and Madrasas in urban and rural areas, and 2) in courtyards in remote areas, urban slums, low-income settlements, ethnic communities and hard-to-reach areas for mothers and guardians not comfortable to attend school sessions.

1.4 MHM sessions in youth/adolescent clubs

Sessions are to be designed and organized for youth and adolescents following the approved guidelines/manuals and BCC materials to promote MHM practices.

1.5 Orientations of men/fathers

Men should attend similar sessions in schools so that they can have a clear idea about menstruation as a natural bodily process. Acquiring such information will encourage them not to impose any undue restrictions on girls and women in the family. Instead, they can provide support to menstruating girls and women.

1.6 MH Day – 28 May

Every educational institution should celebrate Menstrual Hygiene Day on 28 May. It is essential because menstruation is still stigmatized. Breaking the taboo starts with providing information to menstruate and men and boys to create a favorable environment where all can talk freely about menstruation (WSSCC, 2019).

1.7 Curriculum guideline

The National MHM Coordination Committee will constitute a curriculum review and revision sub-committee by involving appropriate members and co-opting additional technical experts as necessary. The sub-committee will prepare a guideline for teaching MHM to students of grade V to grade X. The guideline will also address non-formal institutions, parents and adolescent clubs. The National MHM Coordination Committee will review and take necessary action to get it approved. All stakeholders will then follow it.

Strategy 2: Making quality MHM products affordable and available

Access to available, affordable, suitable and good-quality MHM products to complement the awareness creation campaign about proper MHM practice.

Strategic direction

2.1 Availability

To increase the availability of MHM products, the distribution networks must be enhanced to supply the products everywhere. In addition to pharmacies and general stores, MHM products must be available at workplaces, institutions (schools, colleges and Madrashas), health service outlets and public toilets. Considering MHM as a part of the fundamental rights of girls and women to Health and dignity, MHM products should be made available to low-income households at subsidized rates or free of charge as an element of the social safety net. Vending machines may be installed on a pilot basis to study the acceptability of selling MHM products through this channel.

2.2 Affordability

As commercial manufacturers are profit-oriented, they often target the affluent groups and fix prices accordingly. As a result, the products remain unaffordable to low-income households and those living in remote areas. The distribution network of the commercial MHM products often does not extend to remote areas due to transportation costs and lack of affluent clients. The private sector enjoys a tax waiver on the import of raw materials. But a 15 percent tax on the retail sale of products keeps the price high for many potential users. It should be revisited by government authorities to make the products affordable to consumers.

Additionally, SMEs can be patronized by the government and non-government agencies in terms of low-interest bank loans and technology training. This may help in making MHM products available to a large number of consumers in two ways: 1) products will be available at affordable prices and 2) women and girls may become entrepreneurs or find employment to manufacture MHM products, thereby opening a window towards empowerment.

The government may supply MHM products at a subsidized rate or free of charge to school girls in the same way as free textbooks are provided. There may be cost-sharing by the parents of the students also. The improvement in health conditions may offset the cost of the subsidy. An economic analysis may be conducted in this regard. A similar approach may be adopted to reach the girls and women living in LICs, slums, ethnic communities, and emergencies in line with the Water and Sanitation sector's Pro-poor Strategy in Bangladesh 2020.

2.3 Accessibility

Many girls and women are not comfortable buying menstrual products from male salesmen. Sometimes the long distance to shops discourages them from buying menstrual products. To overcome these problems, the frontline field staff of government and NGO agencies may be utilized to distribute MHM products. It will make the products available at the doorstep. Initiatives may be taken to establish community-level warehouses run by women's groups to store and sell MHM products.

2.4 Suitability/options

The number of working women is increasing all over Bangladesh. Also, the mobility of girls and women is rising due to education and livelihoods. Considering factors such as duration of time spent outside the home, availability of MHM-friendly toilets, age, marital status and menstrual discharge, girls and women should have a wide range of MHM products to choose from according to their needs. Such options may include cups, tampons, underwear and washable/reusable napkins. These are additional to usually available options such as clothes and sanitary napkins/pads. New products should be developed to cater to consumer demands for higher quality and lower prices.

2.5 Quality assurance

There should be standards to ensure all MHM products are manufactured in Bangladesh or imported. The quality of all MHM products should be monitored strictly by the proper authority.

The MHM Coordination Committee is to engage with the apex bodies of the private sector and manufacturers of MHM products to expand the distribution network of MHM products and increase the outlets. Steps and targets should be earmarked and monitored. For distribution through the public sector, the MHM Coordination Committee is to engage with the Directorate General of Health Services and Directorate General of Family Planning to activate their frontline workers to distribute MHM products. The first step is to prepare a joint plan, provide necessary training, followed periodic monitoring. Similarly, another plan should be designed with appropriate NGO agencies. In this way, the distribution and availability are to be increased by both government and NGO field workers.

To encourage research and development of new MHM products, the MHM Coordination Committee can engage with the manufacturers to launch a consumer survey to understand the issues (positive and negative) of present products and consumer demands. An award and recognition program may be organized to acknowledge the most innovative new products. The publicity and prestige will encourage the manufacturers to continue to develop new products.

To establish standards of MHM products and quality assurance, the MHM Coordination Committee should engage with the Bangladesh Standards and Testing Institution to review the current standards of MHM products and update the standards if necessary. A minimum set of criteria must be adopted for commercially manufactured items and those produced by SMEs, cottage industry, or entrepreneurs.

Strategy 3: Upgrading WASH facilities for MHM

Inclusive WASH infrastructure and amenities including protection and promotion of privacy, safety and security of girls and women should be ensure.

Strategic direction:

3.1 Adequate quality and quantity of WASH facilities

The currently available toilets at home and in public places are mostly not MHM-friendly. At the same time, the number of hygienic toilets for girls and women is not adequate all over the country. This is true for most public places such as markets, schools, healthcare facilities, offices, and factories, including garments industry installations where many women work. The design of toilets needs to be improved to make them more inclusive, particularly for girls and women. Also, the number of WASH facilities needs to be increased. The quality of all MHM products should be monitored strictly by the proper authority.

3.2 Inclusive design

The Government of Bangladesh should develop a guideline for inclusive toilet infrastructure design in line with the National Sanitation Strategy provisions. The design and operational specifications should cover cleaning, maintenance, and use. There should be a minimum standard for all WASH facilities, but modifications may be applied for specific contexts and needs, including flood-prone areas where WASH facilities face the added threat of inundation. The design standards need to consider the following issues:

- o **Water and cleaning materials:** Adequate running water supply and washing soap or cleansers to be available in all locations.
- o **Sex-segregated toilets:** Sex-segregated separate WASH facilities are needed for girls and women, particularly in public places, to promote and protect their privacy, safety and security.
- o **Gender-friendly toilets:** Toilets for girls and women should have changing/washing facilities, including disposal bins and a collection mechanism for used MHM materials. Menstrual products should be available near public toilets. The feasibility of vending machines to sell MHM products in public places needs to be assessed for the emergency needs of girls and women.
- o **PWD-friendly toilets:** Not only inside the toilets, but access/entry to the toilets should be PWD-friendly. These toilets should be MHM-friendly as well, with necessary features.
- o **Toilet use:** A handy set of instructions in the toilets in public places can be made available to educate users on proper operations and etiquette.
- o **Operation and maintenance:** All toilets except at the household level should have resource allocation, including a budget, assigned cleaner/caretaker/guard for proper and hygienic care, and regularly cleaning toilets. Relevant authorities should ensure funding for the operation and maintenance. The authority should conduct appropriate monitoring to ensure the cleanliness and maintenance of the toilets. The assigned monitoring person (e.g. teacher or education officer for schools) should monitor WASH facilities using a monitoring checklist and maintain a record.

The MHM Coordination Committee constitutes a sub-committee for recommending MHM-friendly WASH facilities' standard design and operational guidelines. This committee reviews the existing plans and standards against MHM requirements, including quantity, quality and functional aspects. This sub-committee may be formed by representatives of the Department of Public Health Engineering (DPHE), Local Government Engineering Department, Public Works Department, Education Engineering Department, Health Engineering Department, Bangladesh University of Engineering and Technology and other relevant national and international agencies. The standards and operational guidelines are to be approved by the MoLGRD&C. Once approved, all public and private WASH facilities to be constructed must follow the standards and procedures. MoLGRD&C is to issue a directive to this effect. Compliance with the standards and operational guidelines must be ensured by relevant agencies when issuing permits and during the periodic inspection. Such agencies may include the Department of Environment (DoE), city corporations, city development authorities and other enforcement and monitoring agencies.

Strategy 4: Disposing MHM products safely

Safe, hygienic and environment-friendly disposal of used MHM products aiming to protect the environment from pollution; keeping it safe, clean, hygienic for the interest of public Health and hygiene.

Strategic direction

4.1 Recognizing the need

The safe disposal of used menstrual products is the most neglected but critical area of MHM. This issue must be recognized and addressed in the interest of protecting public health and the environment. The disposal must include primary collection, transport and final disposal of MHM products safely for all situations and geographical areas, including flood-prone areas.

4.2 Safe, hygienic, and environment-friendly disposal

A three-tire system to be adopted for safe, hygienic and environment-friendly disposal; a guideline on safe disposal would be helpful and relevant persons/institutions/authorities should comply with it. Table 1 explains a model eco-friendly disposal system of used menstrual products.

Table 1: Safe, hygienic and environment-friendly disposal

Issues	Levels		
	Level 1: Primary	Level 2: Secondary	Level 3: Tertiary
Provisions	A washable pedal bin with a lid to be used in all toilets, including households, institutions (school/Madrasha/college), health service outlets (public & private), business centers of all types, workplaces (public/private), public and community toilets and others.	A smaller Menstrual Waste Transport Van of concerned LGIs to collect menstrual waste from all the places mentioned in level 1	A larger Menstrual Waste Transport Van of concerned LGIs collects menstrual wastes from the Ward/Union menstrual waste transport van and takes it to the respective Incinerator.
Personnel	All the agencies to assign one/roster basis of their cleaning staff to collect used menstrual products from each bin and put those in the menstrual waste deposit site close to the premises at the end of the working day. Those bins to be replaced by another set for the next day; by then, the first set can be washed, cleaned and dried.	Concerned LGIs will assign a person at Ward/Union level to collect the menstrual wastes from all the menstrual waste depositsites and put them in the Ward/Union Menstrual Waste Transport Van	Required several trained staff at the Incineration Plant to put all the menstrual wastes in the incinerator and complete incineration of all the menstrual waste under strict supervision of a trained supervisor.
Payment/ financing	Institutions/agencies/households to bear the bin cost, including the maintenance cost of the menstrual waste deposit site.	Respective LGIs to arrange the payment of the waste collector, vehicle drivers within the Ward/Union territory and fuel and minor maintenance cost of the vans. The estimated amount to be allocated during the preparation of the concerned LGI budget.	Concerned City Corporation and Paurashava to bear all the incinerator cost, maintenance of the incinerator, cost of the fuel and driver of the large menstrual waste transport van and the human resources to be engaged for incineration and supervision of the task.

Management, monitoring and quality control: The concerned LGIs will organize training of the menstrual waste collectors at all levels. This includes personnel who will operate the incinerator and the supervisors at the appropriate level. The incinerators should be centrally procured and then handed over to the LGIs or sufficient fund should be allocated to the local government institutions for procuring incineration plant. The LGIs should select the site for installing incinerators, preferably on khas land (government-owned land). There should be budgetary provisions for operation and maintenance (O&M) and other relevant costs. The National Coordination Committee and local government division will monitor and supervise to ensure that all the things are appropriately managed. Incineration process should be well maintained and managed by the trained staffs to comply with the guidelines for Safe, Hygienic and Environment-Friendly Disposal.

The MHM Coordination Committee is to prepare guidelines for the safe disposal of MHM products and the safe reuse of homemade products. Since removal is highly contextual, a number of methods may be included based on existing knowledge. This may consist of the burial and treatment of domestic solid waste. MoLGRD&C will approve the guidelines. After the guidelines are published, the commercial product manufacturers will be required to follow the recommendation, such as instructions on disposing of packaging and inclusion of disposal bags within a package.

The MHM Coordination Committee will encourage and recognize innovation in disposals such as biodegradable pads and reusable products.

Compliance with the guideline will be monitored and enforced by the appropriate agencies such as the Bangladesh Standards and Testing Institution, DoE, city corporations and municipalities.

Objective 2: Create an enabling environment in collaboration with relevant stakeholders and in line with other policies

Strategy 5: Achieving synergy

Addressing a culturally sensitive and complex issue like promoting proper MHM behavior requires collaboration among all relevant stakeholders.

Strategic direction

5.1 Synergistic effect

There should be an effective collaboration mechanism among concerned ministries, agencies and stakeholders. The aim is to bring about synergistic effects where by each collaborating agency performs its tasks in a planned way so that the combined result achieves optimum results. A collaborative and synergistic mechanism may be built following the experience of large-scale campaigns in Bangladesh, such as the eradication of open defecation and national immunization.

5.2 Collaborative partners

Collaboration has been effectively maintained since commencing the development of the National MHM Strategy. The stakeholders extended their active participation in every step, including the surveys. The collaborative partners include:

- relevant ministries/departments/sectors;
- development partners;
- relevant international NGOs;
- relevant national NGOs;
- relevant platforms;
- private sector representatives;
- press, electronic, and online media representatives.

The promotion of MHM practices demands gender equality and the active engagement of boys and men. It also requires the support of the local social gatekeepers like religious and political leaders, decision-makers, different professionals of education and Health, media, private sectors and the general public. Informed professionals also play a significant role in contributing to an enabling environment through gender-friendly professional support. All these stakeholders should be effectively brought under the collaborative mechanism.

5.3 Enabling/cross-cutting issues

5.3.1 Gender equality

Effective promotion of MHM requires gender equality and equity for mainstreaming MHM issues in all relevant social development programs. It also needs women's rights to be addressed, including women's empowerment. The following strategic directions need to be adopted to make our society gender equitable.

- o **Understanding gender:** Gender should not be confused with sex, which is entirely biological. Existing Gender norms, roles and relationships and stereotypes stop pose enormous challenges for girls and women accessing other health, education and employment opportunities.
- o **Mainstreaming gender:** Gender analysis has to be done to adopt gender equality and equity into the policy, procedures and programmatic intervention across sectors by identifying the gaps and shaping the programming approaches to address the inequalities.
- o **Employment opportunity:** A clear understanding of gender equality effectively eliminates several taboos and restrictions imposed on girls and women; once the inequalities are adequately addressed, it will create space for women to work more with minimum or no challenges.
- o **Total development:** A gender-equitable society appreciates the engagement of girls and women in different social, cultural, political and economic activities. In this way, they become an integral part of total development. This is what the Government of Bangladesh strives to achieve.

5.3.2 Male engagement

Safe, hygienic and healthy MHM is an essential component of a gender-equitable society. Active engagement of boys and men is a must to create an MHM-friendly environment. Proper MHM is a shared responsibility for both sexes. MHM is not an issue for girls and women only. To emphasize this point, 28 May is celebrated globally as Menstrual Hygiene Day. All stakeholders join in promoting safe MHM during this event. In the same spirit, this strategy strives to achieve the participation of boys and men.

- o **Buying products:** Boys and men of a family may help buy MHM products for the girl and women members of their family.
- o **Support for physical issues:** Men and boys can share the burden of household chores when girls or women suffer during their menstruation. Strenuous work during menstruation is harmful to women. During this time, men can relieve them of such responsibility.
- o **Support for psychological issues:** Girls and women may suffer from psychological stress during menstruation. Most of the time, male family members, friends, husbands, colleagues and classmates, even teachers do not understand this issue. Boys and men need to be considerate and compassionate towards girls and women during their period. Proper knowledge and information can help boys and men to change their attitudes.
- o **Distribution of MHM kits among girls and women with disabilities:** Women and girls with disabilities (physical, psychosocial, communication, visual, or hearing impairments) are complicated to reach with any message and materials on MHM. Their condition makes them more vulnerable to GBV. Poorly organized distribution events may expose them to physical harm or hinder accessibility. They need to be protected during such events by offering unique time slots or a dedicated venue. Community networks, women's groups and disability organizations may extend support to women and girls with serious protection needs. All involved should be mindful of the vulnerability of girls and women with disabilities.

- o **Treatment support:** Some girls and women become critically ill with severe pain, bleeding and other problems during menstruation that need medical attention. Family members, especially men, can take the sufferer to the nearest healthcare facility and provide the necessary support.

5.3.3 Political will

Promotion of the correct MHM behavior demands strong political will and commitments. The policies listed below can be considered supportive in terms of creating an enabling environment for reaching the goal of the National MHM Strategy:

to address the gaps in current MHM practices in a comprehensive way so that girls and women have access to safe and dignified menstruation and realize their rights to health, well-being, education and other opportunities live in comfort and dignity.

- Sector Development Plan (FY 2011–2025); Water Supply and Sanitation Sector in Bangladesh
- National Strategy for Water Supply and Sanitation, 2021
- Bangladesh National Hygiene Baseline Survey, 2014
- Bangladesh National Hygiene Follow-up Survey, 2018
- Sustainable Development Goals

5.3.4 Capacity building Informed professionals

Relevant professionals (school/Madrasha teachers, health professionals, employers, religious and political leaders) require capacity building to render support to menstruating girls and women by making them feel comfortable, confident, and dignified.

- o **Teachers:** Teachers need to understand the challenges a girl experiences during menstruation. This includes shame, fear and physical discomforts. These result in a lack of concentration in class and compel girls to miss school for a couple of days each month. Sometimes the situation is so unbearable that a girl drops out of school. If teachers understand and deal with the issue correctly, the girls will gradually develop a positive attitude towards school and education. With training and capacity-building support, teachers, especially the ones assigned for teaching about menstruation, will be able to talk, discuss and clarify issues related to MHM in addition to conducting classes on MHM. The Teachers Training Colleges should include MHM information in their curriculum, containing authentic, science-based and comprehensive information. Thereby the teachers will become confident in discussing MHM topics. Informed teachers in consultation with the school management committee (SMC) can initiate an 'MHM Corner' with menstrual products available on a free or pick-n-pay basis and provide a sickbed for girls who require rest.

SMC members play a crucial role in the functioning of a school. So, capacity building of SMC members should be included as well.

- o **Health professionals:** Because of their academic background and nature, health professionals often treat menstruating girls and women with critical conditions like all other patients. Compassion and privacy are often not rendered while dealing with girls and women with menstrual problems. Such incidences harm the service seekers in this category. A 'Women-Friendly Health Section' approach should be adopted in all the health service delivery outlets to treat girls and women with menstruation-related issues. They should be preferably seen by a woman health professional who is trained to provide treatment and counseling and maintain confidentiality and privacy. While managing the health problems, the service providers need to

remember the associated mental issues due to menstruation which sometimes even the sufferers do not realize or recognize. Counseling should be an integral part of the management of menstruating girls and women. All these are possible through proper orientation and training of health professionals.

- o **Community health workers:** The community health workers (CHWs) play a significant role because of their easy access to the doorstep level in the community. They should be provided training on MHM issues with relevant information on basic counseling, identifying critical sign symptoms of menstruation and menstrual products. Most of them already distribute contraceptives. Alongside this, they can distribute/sell menstrual products. They can counsel girls and women during courtyard sessions. The CHWs are much more acceptable to the community. So, counseling by the CHWs would be more of a practical approach for the remote areas. The CHWs can refer the girls and women who need medical support to the nearby health service outlets.
- o **Religious leaders:** Religious leaders in Bangladesh have significant influence over the general public. They can be trained on the role of male-family members towards menstruating girls and women of their household. Proper orientation and training on correct and comprehensive scientific information about MHM issues can help them preach about this topic and reduce social stigma. When appropriately trained and motivated, they can be instrumental in the process of creating a supportive environment.
- o **SMEs:** Many SMEs are interested in manufacturing and marketing MHM products, considering the growing demand for low-cost menstrual products available at the doorstep level. They are well-positioned to produce and distribute such items locally and employ local people. They are especially suitable to make such products available in hard-to-reach remote areas. They should be supported with low-interest loans and training from the Ministry of Women and Child Affairs
- o **Mothers and peers:** Two of the most important sources of information on MHM for adolescent girls are their mothers and peers. Sometimes other members of the family (grandmother, aunt) may also provide information. It is essential to build the capacity of these informants. Based on experience in national-level campaigns (e.g., popularization of oral rehydration solutions, eradication of open defecation), one of the best dissemination channels is short infotainment on the issue. Other emerging channels may be voice ads or text messages over mobile phones that have become ubiquitous in Bangladesh.

5.3.5 SBCC intervention

A structured SBCC intervention towards promoting correct MHM practices in an enabling environment needs to be designed and launched as early as possible in partnership with relevant stakeholders. Taboos, myths and misunderstandings can be eliminated by providing correct and complete messages for safe, hygienic and healthy MHM practice through different context-specific approaches and BCC materials. This will positively impact other relevant issues such as women's empowerment and gender equality as spin-off effects. Different platforms can be utilized to reach people in various set-ups and locations. Paying attention to current trends, information and communications technology (ICT) needs to be considered along with other platforms. The SBCC strategy may include MHM and puberty issues (e.g., menstrual fluid absorbents, the need for changing disposable or reusable materials every 4–6 hours, among others). The SBCC strategy should include sections for boys and girls to learn about male and female pubertal changes.

As many girls and women continue to use cloths, the proper way to maintain this material should be included in the SBCC strategy (i.e. washing with soap and water, drying under sun/open area, and storing in a safe place/closet). This is important as a low-cost option, but safety precautions must be taken. Otherwise, it may lead to infection.

5.3.6 Online MHM information and knowledge hub

An information hub and website needs to be established. Alternatively, an appropriate existing platform may be upgraded as the National Knowledge Hub for MHM. This resource should be accessible to all. Different initiatives, messages, success stories, case studies and experiences may be shared using the hub. Also, different updates, documents, research and study findings and monitoring reports of the activities under the MHM implementation plan may be posted here. The knowledge hub may be linked with relevant international hubs such as the hygiene hub.

The MHM Coordination Committee will form a National Platform for promoting MHM. All relevant national and international agencies will be represented on this platform. The members will meet quarterly to promote MHM-related issues such as gender equality, engagement of boys and men and capacity building of professionals and frontline workers. The members will distribute responsibilities among concerned member agencies and monitor their progress.

The MHM Coordination Committee will form a sub-committee on the SBCC campaign as it is a massive undertaking. This sub-committee will include, among other relevant agencies, the Bureau of Health Education, Ministry of Information and representatives of mass media. They will develop messages and recommend channels of dissemination. The sub-committee will take lessons from early successful national campaigns to eradicate open defecation, nation wide immunization and the popularization of oral rehydration solutions.

For creating online knowledge hubs, the MHM Committee will collaborate with appropriate government agencies such as the ICT Division of the Ministry of Information and a2i (access to information).

Objective 3: Enhance engagement of the private sector through public-private partnerships (PPPs)

Strategy 6: Harnessing the private sector

The Government of Bangladesh supports multi-stakeholder governance in different areas of development through partnering with the private sector. Supporting the promotion of correct MHM behavior presents ample opportunities for partnership with the private sector to contribute significantly and accelerate the process.

Background information

In August 2010, the Government of Bangladesh issued the Policy and Strategy for Public-Private Partnership (PPP) to facilitate the development of core sector public infrastructure and services vital for the people of Bangladesh. The PPP program fosters partnership with the national and international investment community, financiers and civil society to realize the needs for a growing and more prosperous Bangladesh. PPPs have accomplished a few initiatives concerning gender equality and health service delivery for women.

The survey respondents from the private sector appreciated the government tax waiver on importing raw materials for menstrual products and expressed their highest commitments to contribute to MHM practices by strengthening partnerships with the public sector and other relevant stakeholders.

Strategic direction

6.1 Menstrual products

The private sector should be encouraged to produce and market a range of MHM products with different pricing to cater to different types of consumers. They should revisit their manufacturing and marketing policy to include the LICs as potential consumers.

This requires support from the government. To make the partnership function properly in the desired direction, both parties can enter into formal agreements. The following approaches should be considered to bring a win-win situation for both parties.

- o **Eco-friendly product:** Most of the menstrual products available in the market are non-biodegradable. The private sector needs to be encouraged to produce environment-friendly menstrual products. The government should patronize the manufacturing of such products.

Lifecycle studies should be conducted in developing new products to assess environmental dimensions in terms of different parameters ranging from material sourcing to final disposal. This will ensure outcomes that are environment-friendly throughout their lifecycle.

- o **Suitable product:** Private enterprises can be encouraged to manufacture or import other options for menstrual products such as cups, tampons, reusable and washable napkins and period panties/underwear to meet the growing demand for a range of options. However, different demand creation strategies should be a part of the SBCC campaign.
- o **Reaching out:** The private sector can be encouraged to utilize human resources such as health workers and field staff in selling and distributing their products in remote areas where commercial products are not available. This will get expand the market for their products and girls and women will benefit from doorstep product delivery.
- o **Marketing strategy adjustment:** The private sector is importing raw materials at a low rate due to a government tax waiver. But a 15 percent tax at the retail stage makes the products expensive and beyond the reach of many potential consumers. Abolishing or reducing the sales tax on finished products will bring the price down and encourage consumers to buy and use quality, hygienic MHM products.
- o **Vending machine:** Installation of menstrual product vending machines can greatly support girls and women in places like schools/Madrashas, workplaces, transportation hubs, public toilets and community WASH facilities. These machines can be piloted at the initial stage to understand their feasibility.
- o **Cross-subsidy:** The private sector may offer different levels of pricing for their products. Less expensive products may be marketed for low-income consumers. The two types of products may be taxed differently as well to promote cross-subsidy.
- o **Disposal pack:** The manufacturers need to be encouraged to include biodegradable disposal bags inside the menstrual product pack. In this way, the users will avoid disposal-related problems; also, the environment will be protected from pollution.
- o **MHM combo pack:** The quality of napkins needed, in terms of absorbance capacity and size, at different days of one menstrual cycle may be different. However, the napkins available in the market come in packages of 8–10 pieces of the same size and absorbance capacity. Instead, the products should be sold as single pieces with different prices according to size and absorbance. Then a consumer can buy the type she needs for specific days. The package may be of a 'combo' type containing both heavy and light pads to handle different amounts of discharge. In this way, a consumer can avoid buying more expensive high-absorbance pads for all days. This will reduce the cost of MHM.

Additionally, the single packs may include a biodegradable brown paper bag to dispose of the used napkin. The disposal bag should have instructions printed and be marked 'disposal'. The package may contain wet tissues for cleaning. The private sector may market such innovative products.

6.2 WASH materials

The private sector can supply washing and cleansing materials (soap/cleanser/cleansing dispenser), MHM products, disposal bins and toilet cleaning materials for WASH facilities in public toilets, schools and other public places. Enterprises can be engaged at the district and divisional levels for decentralized and faster service.

6.3 Menstrual product disposal

The logistics and equipment procurement for disposal should be contracted out to selected private enterprises. They are installing and operating incinerators at the district level and procuring and operating MHM waste transport at the union level. They should be given capacity-building training in operating and maintaining incinerators. The design and operation of incinerators must comply with environmental standards and not release toxic pollutants into the environment.

6.4 Construction of WASH facilities

Partnerships need to be considered on constructing inclusive WASH facilities as per specifications, especially in the school/Madrasha, public and community toilets.

6.5 Capacity building

Low-priced, good-quality MHM products are needed for girls and women living in rural, remote, hard-to-reach areas, LICs and ethnic communities. SMEs can produce and supply low-cost menstrual products where commercial products are not available. SMEs can be providing support to build their technical capacity to make low-cost quality products. The government and development partners may extend assistance to SMEs in this regard. SMEs can be further supported with access to low-cost credit, subsidies on their products and linkage with distributors.

The MHM Coordination Committee will engage with the Bangladesh PPP Authority, Infrastructure Investment Facilitation Company (a government agency that provides training on PPP) and apex business bodies (e.g., Federation of Bangladesh Chambers of Commerce and Industries) to promote joint investment in MHM by the public and private sectors.

The MHM Coordination Committee will engage with Bangladesh Bank for the inclusion of MHM products in the green funds, such as the Green Transmission Fund, which gives low-cost credit to manufacturers of environment-friendly products.

Objective 4: Provide a systematic approach to address challenges thus accelerate progress

Strategy 7: Guiding the stakeholders

The promotion of proper MHM behavior practices demands a systematic approach combined with knowledge and practices innovatively. It is essential to address the challenges to accelerate the process.

Strategic direction

The challenges to proper MHM practices are:

- o social stigma in the form of taboos, myths, misunderstandings and mystery;
- o access to knowledge and information;
- o access to safe, hygienic menstrual products;
- o access to adequate WASH facilities;
- o access to safe disposal of used menstrual products.

A diversified, inclusive, integrated and collaborative approach is required in addressing each of the challenges by engaging relevant government and non-government agencies and other stakeholders. The few key steps are indicated below.

7.1 Developing terms of reference, guidelines, manuals, SoPs and strategies

- o **Terms of reference (ToR):** ToR for the Central Coordination Committee and Thematic Groups/Committees are to be developed specifying their roles and responsibilities. However, if there is an existing ToR for the MHM Coordination Committee, that should be updated rather than inventing something new, considering the expanded roles and responsibilities mentioned below.
- o **Guideline for WASH infrastructure:** A National Guideline for WASH Infrastructure should be developed for each category of toilets with the appropriate specification. The House Building Research Institute can be consulted by the specific Thematic Groups/Committees for disposal and inclusive toilet design. Such options should be available in MHM-friendly toilets. A final disposal mechanism should be developed. For example, all the disposed of MHM products could be incinerated weekly and ashes buried. This will be an alternative to the separate 3-step 'Total Disposal'. Also, the Guideline should be inclusive in design for PWD-friendly access and use. There should be sex-segregated WASH facilities for girls and women. The user per toilet ratio should be close to the national standard. Non-stop water supply and lighting should be available in the standard toilets.
- o **Guideline for toilet O&M/SoP:** All the toilets should be maintained for cleanliness and hygiene as per the Guideline/SoPs. The assigned caretaker/guard should be well-oriented in GBV as it is often reported mainly in the public toilets after dark.
- o **Guideline for safe, hygienic and environment friendly disposal:** A comprehensive guideline for the disposal of used MHM materials has to be in place and that should be strictly followed.
- o **Traning for professionals:** Professionals such as teachers and health service providers should be trained on the MHM manual.
- o **Review and revise the school curriculum:** Authentic, scientific and realistic information on MHM chapter/sessions should be included in the curriculum. These should be taught in a timely manner – standard V should be the starting point with a basic idea. More information should be gradually added in higher classes.
- o **Awareness building of the parents:** Parents should be provided MHM-related information during parent-teacher meetings. The manual should be divided into several sessions to be covered in one year. Similar sessions should be organized in courtyards for the parents living in remote areas who may be reluctant to attend school sessions. For this group, some visual materials may be helpful.
- o **SBCC campaign strategy:** A structured SBCC campaign should be designed and launched at the earliest possible time in partnership with media (press, electronic and online, including social media). The campaign should strive for mass awareness creation on MHM and relevant issues like women's empowerment and gender equality. It should also work to eliminate the social stigma, myths and taboos against MHM. The SBCC campaign should consider using ICT and social media in addition to other platforms.

7.2 Advocacy

A detailed MHM advocacy strategy should be developed in line with the relevant SDGs. The advocacy strategy should consider gender equity and equality and identify the pertinent advocacy issues. The advocacy strategy should capture local concerns. These should be brought to the table for policy review and revision or new policy formulation. All the relevant stakeholders should promote advocacy following appropriate policy guidelines such as:

- Sector Development Plan (FY 2011–2025); Water Supply and Sanitation Sector in Bangladesh
- National Strategy for Water Supply and Sanitation, 2021
- Bangladesh National Hygiene Baseline Survey, 2014
- Bangladesh National Hygiene Follow-up Survey, 2018
- Sustainable Development Goals

7.3 Monitoring, evaluation, learning and reporting

Quality control is a must for systemic strengthening. A structured monitoring system needs to be in place with supportive monitoring tools for quality assurance of the ongoing activities under the MHM Implementation Plan.

Monitoring should be done regularly by assigned Thematic groups/committees members who will provide information about achieving the activities' targets in stipulated time. Progress should be measured through a set of indicators. The findings should be analyzed to understand that the activities move towards the goal and in the right direction. The analysis should examine the qualitative and quantitative accomplishments, deviations, underlying causes and barriers and recommend measures to be taken. If needed, adjustment/amendment should be made at any level activity, plan, or strategy. Evaluation needs to be planned to analyze the value for money and capture the learning and best practices shared in a regional or global platform.

Table 2: Indicators (these should be revised/updated based on the costed implementation plan)

Strategy	Indicators
Access to information	School curriculum revised: authentic and scientific relevant information is included in the standard V class books
	Teachers are trained in conducting class/sessions on MHM
	Parents are well-informed about MHM issues and allow open discussion; they are engaged in discussion
	Girls and women recognize taboos and myths and not following any harmful practices
	Girls and women have accurate and comprehensive information about MHM
	The general public are sensitized and aware of MHM with the basic information
	The environment is open to talk, share and discuss MHM issues
	Accurate information is available to people with various disabilities (e.g. people with mobility issues, hearing impairment and blindness) and their caregivers in the appropriate format (such as materials in braille for the blind)
Menstrual product accessibility	Good quality, hygienic, economic napkins are available mainly in the remote, hard-to-reach areas and LICs
	More girls and women of the above group can afford napkins/pads
	Adequate products available in distant places with a wider reach
	Girls and women in remote areas have improved access at the doorstep level
	CHWs, government and non-government agency frontline/field staff are engaged in the distribution of menstrual products
	The number of capacitated SMEs is increased
	Products sold in the market are tax-free
	Options of products piloted
	The ratio of menstrual product use is increased
	Rag users' ratio is decreased
	MHM practice-related health problems are reduced
	Girls' school attendance is increased with better performance and absenteeism reduced
WASH infrastructure and facilities	Girls and women are accessing different opportunities more
	Separate blocks for men and women in all toilets
	Facilities are well-maintained, clean, with an adequate and sustained water supply, washing soap/liquids available, especially in toilets for women
	Privacy is maintained in all toilets for women including ensuring sufficient light
	Used product disposal bin available in all the women's toilets; bins are regularly cleaned
Safe, hygienic, environment-friendly disposal	Toilet/user ratio decreased; close to the national standard
	Disposal bin wastes are put in the Menstrual Waste Transport Deposit each day
	Used MHM products should be collected and carried by the Menstrual Waste Transport vehicle to the Ward/Union disposal facility every day
	Waste collected at the Ward/Union disposal facility should be transported to the district-level incinerator for final disposal
	Incineration has done to ensure total disposal in compliance with environmental protection guidelines
No used product visible in open spaces, not to dispose-up in the commode/pan of toilet or mixed with kitchen rubbish	

The MHM Coordination Committee will constitute various Thematic Groups/Committees as needed. A monitoring committee will take the responsibility of monitoring, evaluation, and learning. The member agencies may include DPHE, the Department of Secondary and Higher Education (DSHE), Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP), DoE, NGOs, UN agencies and others. This committee will finalize a set of monitoring indicators and suggest a monitoring mechanism through existing agencies. They will identify an entity for the collection, processing and reporting of the monitoring data. The monitoring committee will submit monitoring data to the MHM Coordination Committee.

The responsibility for accountability and enforcement of standards will rest with respective departments, management and facilities owners.

Objective 5: Provide a coordination mechanism among all the actors, ministries, sectors and other stakeholders

Strategy 8: Achieving coordination and collaboration

Coordination and collaboration among government and relevant stakeholders is a key target of the United Nations SDG 17. The conception of developing a National MHM Strategy was the outcome of a multi-stakeholder meeting.

Strategic direction

8.1 Rationale

A well-established coordination mechanism is needed to address a multifaceted issue like the proper behavioral practice of MHM. It is an issue surrounded by deep-rooted myths and taboos. The programmatic approaches to promote MHM demand active engagement of a number of government ministries, departments and sectors. It also needs the support of relevant stakeholders such as NGOs, the private sector and the media.

A well-defined coordination mechanism needs to be in place for effective operationalization of the National MHM Strategy. Coordination among the partners is necessary for the effective and efficient implementation of the planned activities.

LGD should lead the coordination among government agencies and other stakeholders through a National MHM Coordination Committee. The committee, however, can co-opt any ministries/sectors/stakeholders/person if needed. Also, the ToR or profile of the committee needs to be revised based on their expanded role of overseeing the nationwide activities to be accomplished by different stakeholders.

8.2 Role and responsibility

The National MHM Coordination Committee will be responsible for the following:

- o Coordinate, guide and support costed implementation plan developed by the ministries/ departments/sectors/LGIs and relevant stakeholders.
- o Lead the development of all the required guidelines/modules/materials/SoPs to operationalize the National MHM Strategy.
- o Establish a structured monitoring system using a set of indicators to measure the progress of the planned activities regularly, provide feedback on the progress and take remedial measures as needed to accelerate the process and ensure quality.

- o Undertake survey/assessment/study/research/review and evaluation on MHM issues to update policy documents/strategies and adjust the implementation plan accordingly.
- o Facilitate documentation of best practices/success stories.
- o Facilitate and ensure availability of the updates/reports on MHM issues on the webpage/online MHM information and knowledge hub; publish certain documents and best practices/case studies to reach global audiences.
- o Represent MHM initiatives of Bangladesh in different national/regional/international platforms/forum.
- o Facilitate negotiation and solicitation with development partners for resource mobilization to implement listed planned activities/research/findings/policy guidelines etc.
- o Facilitate partnership between the private sector and other stakeholders with the relevant government ministries/departments/sectors.

8.3 Coordination of MHM activities

National MHM Coordination Committee will coordinate country wide MHM Activities. Committee will monitor overall MHM activities and collect information regarding progress. In addition it will analyse the activities undertaken and give necessary instruction to all concerned.

8.4 Support system

To support the National MHM Coordination Committee in managing the diverse roles and responsibilities, several Thematic Groups/Committees need to be formed. These Groups/Committees will report to and be accountable to the MHM Coordination Committee. Experts should be included in these committees.

8.5 Decentralization

To take issues forward, the National MHM Coordination Committee has to facilitate the formation of Division and District MHM Committees that should report to the National MHM Coordination Committee. These Committees should take stocks and updates regarding the progress of MHM activities of their working areas through formal reporting and scheduled online meetings and take actions on the feedbacks provided to them by the National MHM Coordination Committee.

8.6 Composition of the National MHM Coordination Committee

Government ministries/departments/sectors

1. Local Government Division, Ministry of Local Government, Rural Development and Co-operatives
2. Ministry of Women and Children Affairs
3. Ministry of Social Welfare
4. Health Services Division & Health Education and Family Welfare Division, Ministry of Health & Family Welfare
5. Ministry of Primary and Mass Education
6. Secondary and Higher Education Division & Technical and Madrasah Education Division, Ministry of Education

7. Ministry of Youth and Sports
8. Information and Communication Technology Division, Ministry of Posts, Telecommunications and Information Technology
9. Ministry of Environment, Forest and Climate Change
10. Ministry of Information & Broadcasting
11. Ministry of Cultural Affairs
12. Ministry of Industries
13. Finance Division and Internal Resources Division (National Board of Revenue), Ministry of Finance
14. Ministry of Disaster Management and Relief
15. Ministry of Religious Affairs (Islamic Foundation)
16. Ministry of Land
17. Ministry of Chattogram Hill Tracts Affairs
18. Implementation Monitoring & Evaluation Division, Ministry of Planning
19. Bangladesh Bureau of Statistics, Ministry of Planning
20. Ministry of Housing and Public Works (House Building Research Institute, RAJUK)

Non-government stakeholders:

1. **UN agencies:** UNICEF, UNFPA, UNDP, UNESCO, UN Women etc.
2. **Development partners:** The Netherlands Embassy, DFID, USAID, SDC, AusAid, World Bank, ADB, SIMAVI, Danida etc.
3. **International non-profit organizations:** WaterAid Bangladesh, Practical Action, WSUP, BRAC, Plan International, CARE-Bangladesh, IDE, HKI, GIZ, Max Foundation, SNV, ICDDR,B etc.
4. **National NGOs:** DORP, DSK, BNPS, NGO Forum for Public Health, B-SCAN etc.
5. **Private sector:** FBCCI, BGMEA, Women Chamber of Commerce etc.
6. **Platforms:** Shornokishoree Foundation, Share-Net, MHM Platform etc.
7. **Media:** Press, electronic, online etc.

Local Government Division will form the National Menstrual Hygiene Management (MHM) Coordination Committee consisting of the representatives of the above mentioned government and non-government stakeholders with specific terms of reference as per this strategy.

5. KEY ACTIONS AND RESPONSIBLE MINISTRIES

To operationalize the National MHM Strategy, some supplementary guidelines/manuals/materials/ SoPs need to be developed, including review, revision and updating of a few curriculum to provide scientific and comprehensive information on MHM issues that should be target group specific. In all the documents, gender equity and equality issues have to be mainstreamed. All documents should be in Bangla with an optional English version.

Outcomes of the key actions will be overseen and approved by the MHM Coordination Committee to materialized the objectives of this strategy.

Table 3: Key actions and responsible Ministries/Divisions

Key actions	Lead Ministries and partners
<ul style="list-style-type: none"> o Review and revision of school curriculum/syllabus o Review and revision of 'Basic Education Curriculum' for non-formal education o Parents' guideline/module o Guideline for teachers o Guideline for religious leaders o Review and revision of the curriculum for Teachers' Training 	<p>Lead: Ministry of Education, Ministry of Primary & Mass Education</p> <p>Partners:</p> <ul style="list-style-type: none"> o Ministry of Information & Broadcasting o Ministry of Health & Family Welfare o Ministry of Women & Children Affairs o Ministry of Religious Affairs o Local Government Division
<ul style="list-style-type: none"> o SBCC strategy; context-specific BCC material development considering the diversified contexts and situations o Advocacy strategy, guideline for professionals etc. 	<p>Lead: Ministry of Health & Family Welfare,</p> <p>Partners:</p> <ul style="list-style-type: none"> o Ministry of Primary & Mass Education o Ministry of Education o Ministry of Women & Children Affairs o Ministry of Information & Broadcasting o Ministry of Religious Affairs o Ministry of Environment, Forest and Climate Change o Local Government Division
<ul style="list-style-type: none"> o Menstrual product manufacturing and marketing strategy including lifecycle assessment for safe and environment-friendly products 	<p>Lead: Ministry of Industry</p> <p>Partners:</p> <ul style="list-style-type: none"> o Ministry of Finance (Internal Resource Division) o Ministry of Women & Children Affairs o Ministry of Commerce o Ministry of Environment, Forest and Climate Change o Local Government Division
<ul style="list-style-type: none"> o Inclusive WASH infrastructure design, specially for school/madrasha, public and community toilets o SoPs for the toilet use, cleanliness, O&M, list of essential amenities o Protection and promotion of privacy, safety and security protocol for girls and women in WASH facilities 	<p>Lead: Local Government Division</p> <p>Partners:</p> <ul style="list-style-type: none"> o Ministry of Education o Ministry of Health & Family Welfare o Ministry of Primary and Mass Education o Ministry of Women & Children Affairs

Key actions	Lead Ministries and partners
<ul style="list-style-type: none"> o Safe, hygienic and environment-friendly disposal manual o Incinerator operation manual 	Lead: Local Government Division Partners: <ul style="list-style-type: none"> o Ministry of Health & Family Welfare o Ministry of Environment, Forest and Climate Change o Ministry of Power, Energy & Mineral Resources (Power Division)
<ul style="list-style-type: none"> o Monitoring, survey, research, evaluation plan, design, conduction, reporting and coordination o Online information and knowledge hub development and updating 	Lead: Local Government Division Partners: <ul style="list-style-type: none"> o Ministry of Information & Broadcasting o Ministry of Education o Ministry of Primary & Mass Education o Ministry of Planning (Bangladesh Bureau of Statistics) o Ministry of Women & Children Affairs o Ministry of Health & Family Welfare
<ul style="list-style-type: none"> o Preparation of Costed action plan and its implementation 	<ul style="list-style-type: none"> o Each ministries/divisions/agencies will prepare MHM action plan, allocate budget and implement the activities in line with the MHM Strategy

6. ROLE OF GOVERNMENT AGENCIES AND OTHER STAKEHOLDERS

Respective stakeholders need to be working towards a common goal.

To address the gaps in current MHM practices in a comprehensive way so that girls and women can access safe menstruation and realize their rights to health, well-being, education and other opportunities, thus live in comfort and dignity.

Relevant ministries

Support the MHM Coordination Committee through active and effective engagement and develop ministries/departments/sectors specific cost implementation plans and execute those. Collaboration with relevant stakeholders needs to be adopted. Ministries should play a facilitative role in resource mobilization to support the MHM Coordination Committee. Also, as mentioned above, they need to play an active role in developing or supporting the development of the documents for effective implementation of the National MHM Strategy.

Development partners

Support the Government of Bangladesh through financial and technical support in executing the implementation plan.

International NGOs

Reinforce/undertake programs in partnership with the national NGOs for inclusive WASH, women's empowerment and gender equality; capacity building of the NGO staff and support in resource mobilization; advocacy at policy level to support the formulation of the proposed/relevant guidelines and execution of the MHM strategy. Research to assess the progress of MHM-friendly environments in consultation and guidance from the coordinating body and collaboration with the development partners.

National NGOs

- o Proper implementation of the activities, especially awareness-raising on MHM issues including disposal in the intervention area in a sustainable way;
- o Utilize front line staff in awareness creation on MHM at family and community level including the social gatekeepers in collaboration with the relevant ministry and media;
- o Improve product availability by facilitating the formation of SMEs to produce low-cost, quality menstrual products primarily for the low-income communities and hard-to-reach areas in collaboration and cooperation with the private sector and large manufacturers both at central and local levels;
- o Facilitate/explore vendors at the community level for broader availability of products and advocacy on relevant issues.

Private sector

Produce good quality menstrual products at an affordable price with more comprehensive ranges, keeping in mind the growing demand for new-generation adolescent girls. Revisit the marketing strategy for broader availability of products. Provide all possible support to the SMEs with the ultimate goal to increase users at all tiers. Support construction of inclusive, sex-segregated sanitation blocks in institutions, especially schools and public toilets. Negotiate and adopts partnership agreements with the relevant ministry regarding production and selling cost of quality menstrual products.

Print and electronic Media

- o Carry out a mass awareness campaign under the SBCC campaign;
- o Use all possible platforms to disseminate the messages and materials;
- o Support in developing the SBCC campaign strategy;
- o Positive reporting on MHM issues, women's empowerment, and gender equality;
- o Support the I/NGOs in formulating, publishing and disseminating relevant case studies/best practices on local, national, regional and international platforms.

Annex 1: Working Committee formed by Local Government Division

Sl. no.	Name, Designation & Organization (Not According to Seniority)	Position in the Committee
1	Muhammad Ibrahim, Additional Secretary (Water Supply Wing), Local Government Division	Chairperson
2	Md. Enamul Haque, Addl. Secretary Technical and Madrasha Education Division, MoE	Member
3	Iqbal Hussain, Joint Secretary, Ministry of Women and Children Affairs	Member
4	Abeda Akhter, Joint Secretary, Ministry of Social Welfare	Member
5	Md. Nayeb Ali, Deputy Secretary, Ministry of Social Welfare	Member
6	Mahmudur Rahman, Deputy Secretary, Technical and Madrasha Education Division, MoE	Member
7	Niaz Rahman, Deputy Secretary, Health Education & Family Welfare Division, MoHFW	Member
8	Dr. Bilkis Begume, Deputy Secretary, Health Services Division, MoHFW	Member
9	Nasrin Mukti, Deputy Secretary, Secondary and Higher Education Division, MoE	Member
10	Dr. Faria Haseen, Associate Professor, BSMMU	Member
11	Sharmistha Debnath, Executive Engineer, Department of Public Health Engineering	Member
12	A.K.M Rafiqul Islam, Deputy Director, Department of Environment	Member
13	Happyna Tripura, Asst. Chief, Directorate General of Health Service, MoHFW	Member
14	Dr. Mohammad Ali Zulkawar, Assistant Director (MCH), Directorate General of Family Planning	Member
15	Dr. Muhammad Zahirul Islam, Program Officer (Health), SIDA, Swedish Embassy, Dhaka	Member
16	Alok Majumder, Country Coordinator, SIMAVI Netherlands, Dhaka	Member
17	Shofiqul Alam, WASH Specialist, UNICEF	Member
18	Hasin Jahan, Country Director, WaterAid Bangladesh	Member
19	Dr. Farhana Sultana, Assistant Scientist, ICDDR,B	Member
20	Mohammad Zobair Hasan, Director-Research, Planning and Monitoring, DORP	Member
21	Uttam Kumar Saha, Strategic Lead, Practical Action in Bangladesh	Member
22	Aklima Khatun, Hygiene Specialist, WSUP	Member
23	Mahbuba Kumkum, MHM Platform, Dhaka	Member
24	Chairperson, Shornokishoree Network Foundation	Member
25	Mustafizur Rahman, Head, Private Sector Manufacturing Association (sanitary pad)	Member
26	S.M. Moniruzzaman, National Consultant, PSB, LGD	Member
27	Md. Emdadul Hoq Chowdhury, Joint Secretary, LGD, PSB	Member Secretary

Technical Committee for developing National MHM strategy

Sl. no.	Name, Designation & Organization (Not According to Seniority)	Position in the Committee
1	Md. Emdadul Hoq Chowdhury, Joint Secretary, LGD, PSB	Chairperson
2	Dr. Faria Haseen, Associate Professor, BSMMU	Member
3	Sharmistha Debnath, Executive Engineer, DPHE	Member
4	Dr. A.S.M. Nurullah Awal, Health Adviser, WaterAid Bangladesh	Member
5	Alok Majumder, Country Coordinator, SIMAVI Netherlands	Member
6	Aklima Khatun, Hygiene Specialist, WSUP	Member
7	Dr. Selina Ferdous, Sr. Specialist, Gender & Social Inclusion, Practical Action in Bangladesh	Member
8	Dr. Mehjabin Tishan Mahfuz, Research Trainee, ICDDR,B	Member
9	Mahjabeen Ahmed, WASH Specialist, WASH Section, UNICEF, Dhaka	Member Secretary