

MHM IN TEN:

**ADVANCING THE
MHM AGENDA IN
SCHOOLS**

THIRD ANNUAL MEETING

Co-hosted by Columbia University
and UNICEF
New York

26 October 2016

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Executive summary

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EXECUTIVE SUMMARY

A growing body of evidence has demonstrated the many challenges menstruating girls face in school environments. These include a lack of adequate, clean, safe, private toilets with water and disposal mechanisms for used menstrual materials, a lack of information, guidance and support on their changing bodies and new menstrual management needs, and insufficient materials for managing monthly menstrual flow. Increasing interest has led to a large range of actors engaging on the issue of menstrual hygiene management (MHM) in schools around the world, suggesting the need to identify a common vision and set of priorities to transform the school environment for menstruating girls and female teachers.

In 2014, UNICEF and Columbia University organized the MHM in Ten meeting, with the objective of mapping out a ten-year agenda for MHM in schools. The meeting brought together a wide range of actors, including academics, donors, non-governmental organizations (NGOs), United Nations agencies and the private sector – and from a variety of policy areas, including water, sanitation and hygiene (WASH), education, gender, sexual and reproductive health (SRH) and adolescent development. The participants identified five priorities to help dramatically improve MHM by 2024.

PRIORITIES FOR MENSTRUAL HYGIENE MANAGEMENT IN SCHOOLS, 2014-2024

PRIORITY 1:

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

PRIORITY 2:

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

PRIORITY 3:

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

PRIORITY 4:

Allocate responsibility to designated governments for the provision of MHM in schools (including adequate budget and M&E) and reporting to global channels and constituents.

PRIORITY 5:

Integrate MHM, and the capacity and resources to deliver inclusive MHM, into the education system.

The second annual MHM in Ten meeting, held in 2015, brought together an expanded group of participants, including representatives from ministries of education and health from a limited number of countries, to validate the five priorities and confirm the group's commitment to making progress in the coming two to three years.

The third annual MHM in Ten meeting, which was held on 26 October 2016, further expanded the group of participants, including additional representation from national partners, such as national women's unions, and increased representation from the range of sectors noted above. The meeting reflected on the status of the five priorities, including barriers and enablers to making progress, and introduced new topics of relevance, such as the intersection of the MHM in Ten agenda with the Sustainable Development Goals (SDGs), the importance of addressing teacher sensitization and training on MHM, the intersection of sexual and reproductive health with MHM, and the role of addressing equity in order to make progress.

Priority actions identified included identifying a mechanism for further linking the MHM in Ten agenda with progress being made on the SDGs; continuing to build the evidence base on effective MHM interventions in schools in order to inform national government priority setting; expanding opportunities to link MHM with the sexual and reproductive health community, and further engaging relevant national ministries (for example education, health, water, sanitation, and finance) and other relevant national partners on making progress within their countries on the five priorities. Annual meetings will continue to be organized by UNICEF and Columbia University to review progress.

BACKGROUND

There is growing evidence demonstrating the diverse challenges menstruating girls face in school environments –challenges affecting their physical and mental health, their education, their safety, and their dignity. It follows that improving MHM for girls around the world will improve lives in many ways. It will also directly contribute to the achievement of the Sustainable Development Goals, including the goals and targets addressing the need for clean water and sanitation (SDG 6), gender equality (SDG 5), quality education (SDG 4) and good health (SDG 3).

In 2014, a group of academics, NGOs, donors, private sector companies, and United Nations agencies came together to map out a ten-year agenda for addressing the MHM barriers facing girls in schools in low-income contexts, and to identify priority actions to help create school environments that provide comfortable, safe and supportive environments for menstruating girls and female teachers.

Participants at the 2014 meeting identified a common vision and developed five key priorities (see Executive summary). The group

also agreed that the engagement of **multiple sectors** (e.g. WASH, gender, education, sexual and reproductive health) and **actor groups** (e.g. academics, NGOs, donors, governments), and the development of a critical mass of MHM champions at country level, would be critical to achieving sustainable improvements in schools – and in girls' lives.

At the second annual MHM in Ten meeting, which was held on 23 October 2015 in New York City, the agenda focused on making progress in the next two to three years, with participants identifying actions their organizations could take to help meet the common vision.

The third annual MHM in Ten meeting was held on 26 October 2016 in New York City. The agenda focused on considering enablers and barriers to making progress on the strategic priorities, and on new topics of relevance to moving forward the agenda, such as the sensitization and training of teachers and the issue of equity in addressing MHM in schools, all of which are relevant to meeting the common vision.

COMMON VISION:

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

ATTENDEES

The 2016 meeting opened with a series of breakout activities that enabled the participants to identify the sectors and actor groups present (see Appendix 1 for a full list of participants). It is encouraging that there was a much larger group of interested stakeholders than the meeting's limited budget allows for. This meant that while the gathering included a broad range of experts representing various actor groups, the participants felt that there were some key absences, including representatives from additional national governments and partners, academics and donors from the global South, and adolescents themselves.

Participants expressed excitement to observe the increased engagement from various sectors since 2014, with many more participants present from gender, education and sexual and reproductive health sectors, expanding beyond the large number of WASH representatives. There was overall agreement that coordination across the sectors is essential for meeting the five priorities.

REFLECTING ON THE STRATEGIC PRIORITIES

The participants initially broke into 'actor groups' (as noted above), reflecting on the status of all five priorities, and barriers and enablers to progress. This initial brief brainstorming exercise highlighted an interest across the actor groups for increased evidence on the scale of the challenge and on MHM intervention impact, along with increased data on costing of proposed interventions and approaches for shifting social norms on menstruation.

Subsequently the participants were requested to select one priority for more in-depth discussion, and broke into new groups – one per priority. The overarching points made for each of the five priorities included:

Priority	Current status, enablers and barriers to progress
<p>PRIORITY 1:</p> <p>Build a strong cross-sectoral evidence base for MHM in schools for prioritization of policies, resource allocation and programming at scale.</p>	<p>Some progress achieved but primarily small-scale and pilot efforts. Evidence remains fragmented, with insufficient impact evaluations and standardized measures.</p> <p>Enablers: A growth of awareness among donors and governments at all levels is facilitating new support for building the evidence.</p> <p>Barriers: Evidence-building is hindered by inadequate funding. There is insufficient collaboration between researchers and implementers, and the need for the conduct of a cost-benefit analysis on implementing MHM in schools to support its importance.</p>
<p>PRIORITY 2:</p> <p>Develop and disseminate global guidelines for MHM in schools with minimum standards, indicators and illustrative strategies for adaptation, adoption and implementation at national and sub-national levels.</p>	<p>The SDGs include WASH in Schools (WinS) indicators of relevance to MHM. Select countries have developed individual MHM guidelines. UNESCO technical guidance has been developed on sexual education (including MHM), and WHO is planning guidelines that include MHM.</p> <p>Enablers: The linkage of MHM with multiple SDGs (e.g. SDG 4.7 safe and enabled learning environment) can augment the development of guidelines and standards. A three-star approach provides rollout guidance. The growing existence of cross-sectoral working groups on MHM at national and local levels provides mechanisms for development or adaptation of guidelines. Departmental sub-national approaches facilitate such efforts. MHM serves as a leverage point between sectors, encouraging cross-sectoral collaboration.</p>

Barriers: Harder to adapt and implement MHM guidelines in new countries if not aligned with the SDGs and national standards. Cultural specifics create challenges for the development of globally relevant MHM guidelines. In many countries, implementation guidelines on MHM in schools at national level are missing. Financing information on MHM interventions in schools is frequently not available, and MHM is often not budgeted for in countries.

PRIORITY 3:

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

No comprehensive evidence base yet exists to inform advocacy. Currently, primarily qualitative and formative research is informing advocacy. Governments want to see numbers, and data does not exist. Need to conduct cost-benefit analyses to highlight the costs of not investing for governments. Need to transform academic research findings into advocacy language.

Enablers: Extensive qualitative evidence. Coalitions between sector groups are forming. Formative MHM research has motivated action.

Barriers: Lack of resources. Donor funding silos (e.g. education, WASH, reproductive health) remain a challenge given MHM is a cross-sectoral issue.

PRIORITY 4:

Allocate responsibility to designated governments for the provision of MHM in schools (including adequate budget and M&E) and reporting to global channels and constituents.

There is increased awareness, but not budget allocations or specific policies. In specific country examples, sub-national government levels are eager to take action, but national level buy-in remains a challenge. Not yet incorporated in education systems.

Enablers: Political commitment and international support for efforts. Engaged parent-teacher associations (PTAs) push action.

Barriers: Insufficient political will. Competition by other priority issues. Lack of ownership at highest government levels. No budget.

PRIORITY 5:

Integrate MHM, and the capacity and resources to deliver inclusive MHM, into the education system.

Increased education ministry and government engagement. Beginning to establish policies and strategies. Mostly pilot efforts.

Enablers: Using existing WASH in Schools programs as entry points.

Barriers: On-going taboos inhibit action. Education systems prioritize other issues.

A plenary discussion followed that highlighted the importance of learning from the efforts to integrate gender across the sectors and into policies, and a recommendation to focus on the outcomes or results that the MHM in Ten agenda wants to achieve, with baseline targets and a timeline for making progress. There is also an urgent need to address the critical issues of water and waste management for MHM, with the question posed about the expanding supply of products globally. Lastly, the discussion emphasized the importance of finding a way for the MHM in Ten priorities to align with the SDGs in order to reach 100 million girls in ten years.

BRINGING IN MORE DATA

The participants then broke into groups to learn about four emerging topics, of relevance to advancing the priorities that were in need of collective input and analysis to identify a way forward. These were: (1) MHM and the Sustainable Development Goals; (2) Sensitization and training of teachers; (3) MHM and sexual and reproductive health; and (4) Equity and MHM.

Brief presentations were made on each of the four topic areas before participants broke into groups, in which together they explored key issues and opportunities for each, as described below.

MHM AND THE SUSTAINABLE DEVELOPMENT GOALS (SDGS)

- Recommendation to collaborate with UNESCO to target SDGs 3, 4, 5 and 6 to integrate MHM.
- For Goal 6 (water and sanitation), the JMP (Joint Monitoring Programme) should focus and report more in future on MHM based on available data – dependent on data from national governments.
- If targets related to MHM sit under multiple goals (i.e. SDGs 4 and 6), then links need to be made earlier in order to acquire governmental support.
- Need for improved indicators to measure MHM (e.g. on disposal, self-efficacy, sexual and reproductive health).
- Multiple data sources exist for the various data of relevance to meeting the SDGs; there is a need for improved data rigor.

SENSITIZATION AND THE TRAINING OF TEACHERS

- High prevalence of male teachers in many countries, and therefore challenges around starting discussion on MHM.
- Cultural context is important in determining engagement of male teachers (and all teachers).
- Possibility of engaging females from NGOs and other local actors if male teachers are not comfortable or appropriate.
- MHM has low prioritization when teachers in some contexts need other guidance (e.g. teaching reading skills).
- In-service teacher training is a good entry point for MHM (as part of professional development), since it is not usually currently part of pre-service training.
- MHM needs inclusion in curriculum (so mandated), but it is also an issue of confidence, comfort, and capacity of teachers.
- WASH in Schools programmes can provide a good entry point for teachers to discuss MHM.
- Pre-service training (teacher training colleges) would require a different approach than in-service training, due to the different challenges in relation to incorporating into pre-service curricula.

MHM AND SEXUAL AND REPRODUCTIVE HEALTH

- MHM provides an opportunity for educating girls about their bodies and serves as an entry point for the whole lifespan of SRH issues.
- There are indirect links (e.g. transactional sex for sanitary supplies) and direct links (e.g. different types of absorbent materials) between SRH and MHM.
- Very young adolescence (10-14 years old) is a good entry point for talking about menstruation, and paves the way for opening up discussion for other SRH topics later.
- Possible opportunity if linked to family planning agenda: many long-acting reversible contraceptive (LARC) methods can be used in younger age groups.
- Potential partnership with roll out of HPV vaccine, given similarity of age groups.
- Pre-menstrual syndrome (PMS) and Pre-menstrual Dysphoric Disorder (PMDD) can directly impact a girl's education.

EQUITY AND MHM

- It was recommended that the issue should be framed as an equality issue rather than equity, which would enable it to be linked to the human rights agenda.
- It is important to expand attention beyond schools, to reach the most marginalized (e.g. out-of-school girls).
- There is a need to consider intersectional issues (e.g. indigenous girls, girls with disabilities).
- There is too often an assumption of homogeneity about girls' MHM experiences, and the solutions for them, which relevant professionals and policy makers should be mindful of.

The plenary discussion included mention of the idea of creating SDG trackers for girls and women that would incorporate a number of goals and indicators, and the need for guidance on how existing data (official and unofficial) can be of increased rigor and linked to the SDGs. There was also discussion about the need for good models of how to incorporate MHM into pre-service and in-service teacher training. Teacher training unions were highlighted as an approach that has previously been effective at increasing awareness of other issues into schools (for example in Fiji, where UNICEF partnered with a teachers' union on WASH). The discussion also highlighted how sexual and reproductive health indicators could be used to measure the impact of MHM policies around the world, and how negative SRH outcomes have a large impact on girls' education (e.g. adolescent pregnancy, infection with HIV). Lastly, the group reflected on the need for guidance or criteria to guide programmes in how to address equity for MHM.

MARKETPLACE

This activity provided an opportunity for participants to introduce topics of their own interest in moving forward the MHM in schools agenda. There were two rounds of discussion on proposed topics, as detailed below. See Appendix 2 for each group’s participants and for additional discussion and follow-up.

ROUND ONE

Topic	Key discussion points	Action items
Women’s relationship to their own MHM; taboos, traditions, faith	<ul style="list-style-type: none">• Need for better understanding about origins of taboos and role in perpetuating narratives.• Potential for reflective dialogue (stories with communities) combined with narrative intervention.• Consider engaging faith-based leaders in efforts.	<ul style="list-style-type: none">• Test out storytelling methodology within specific contexts.• Explore collaborations with faith-based groups.• Identify champions to initiate projects.
Waste management of menstrual products in schools and homes: defining safe disposal	<ul style="list-style-type: none">• Limited guidance or approaches for disposal.• Questions around biodegradability of sanitary pads.• Various waste management options (e.g. pit latrines, clay-based incinerators) and associated risks/issues.• Numerous cultural practices around disposal (e.g. washing pads before disposing).	<ul style="list-style-type: none">• Explore making all products biodegradable.• Reusable products reduce waste, but often there is poor cleaning.• Address menstrual taboos confronting waste pickers (i.e. in cultures with large stigma around handling bloody materials).• Identify and promote products that reduce or eliminate waste.

Validation and evaluation: articulating what is good enough to inform policy and programming

- Develop a sequenced or cascade research agenda to give benchmarks for policy advocates.
- Lack of sufficient evidence on which to base programming.
- Best existing evidence is from NGO evaluations of programmes.
- Nascent policy not yet evaluated.

- Promote sharing of evidence across sectoral areas.
- Initiate policy but modify as more evidence is acquired.
- Can use minimum standards for a rights-based approach.

Engaging media in MHM advocacy

- Average consumer now aware that MHM is an issue.
- Social media useful but not always appropriate for MHM.
- Advocacy must be context specific.
- Should be locally driven.

- Develop easy messages.
- Target messages for populations.
- Identify media specialists.

Improving response to MHM in emergencies

- Explore what can be done pre-emergency.
- Update on the MHM in emergencies toolkit being developed by Columbia University and the IRC.
- Minimal peer-reviewed studies.
- Promoting integrating MHM into sectoral responses.

- Explore funding to pilot the MHM toolkit in additional humanitarian contexts.
- Encourage building of the evidence on effective response.

Creating differentiated approach to educating girls about their bodies through the lifespan

- Identifying effective ways to engage girls about their bodies.
- Address MHM as part of a life course approach.
- Explore how to distribute in a 21st century way.
- Create a supportive environment through engaging men and boys.

- Develop a series of videos: a fresh style for MHM information.
- Assure content is evidence-based.
- Incorporate content on gender norms, self-efficacy.
- Engage teachers on MHM.

ROUND TWO

Topic	Key Discussion Points	Action Items
Designing programs for scale vs. designing for platforms; scale and sustainability – having impact	<ul style="list-style-type: none">• Learn from previous lessons and initiatives (find ways to compile).• Model on other sustainable programmes.• Different entry points exist (e.g. health workers).• Need national systems buy-in (e.g. MHM in teacher training institutes).• Many communities do not recognize MHM as related to education.• Examine approaches that reach millions of girls so can adapt MHM approaches for scale.• Sustainable infrastructure needed along with people and practices.	<ul style="list-style-type: none">• Build the evidence base on what works.• Scale the evidence up.• Engage the private sector in potential solutions.• Focus on key elements of an MHM intervention and what can be tailored across countries.• Engage governments to go to scale.
Exploring the role of the private sector in MHM, and experiences of failure of pad production	<ul style="list-style-type: none">• Discussion around limited sustainability of national distribution of free pads.• Skills available: private sector working on MHM can provide business, management, and other skill-transfer to communities to create demand for MHM products and services.• Demand is primarily in urban areas; less stigma in pad purchasing.• Accountability to teach appropriate use, disposal, and product management.	<ul style="list-style-type: none">• Recognize skills brought by private sector and form partnerships.• Make consumer information culturally appropriate (e.g. on pad use and disposal).• Demand creation for MHM products starts with women when focusing on usage and with men in terms of raising awareness of women's needs.• Address waste management.

Reviewing the need and focus for large-scale trials

- Need additional trials to build rigorous evidence base.
- Numerous polices not evaluated (e.g. free pad distribution, quality of MHM education).
- If government is implementing, then can explore evaluating rollouts.

- Conduct evaluations of policies being implemented.
- Explore conducting evaluations of programs being rolled out.
- Seek funding for longitudinal studies on MHM.

Action learning on MHM and disability: researching learners with special needs

- Special needs exist on two levels: access and infrastructure.
- Huge vulnerabilities of this population.
- Response should be targeted to what will really be utilized by disabled.
- Explore what communities define as disability (and if girls are in school, as disabled girls with MHM needs may be unable to attend school).

- Find ways to organize disabled girls so they can support each other.
- Build evidence base on MHM experiences of disabled girls.
- Advocate for data disaggregation for disabled girls.

Fertility awareness and MHM

- Fertility beads can be an effective approach.
- Can introduce at younger age through MHM topic.
- Possibility for using 'apps'.
- Many misbeliefs around bleeding and fertility.

- Explore the pluses and minuses of linking MHM to larger family planning and maternal health agendas.
- Weigh benefits/risks of linking fertility information to menstrual tracking guidance.

CHAT SHOW

A representative from each actor group (six different participants) was invited to participate in a moderated panel that explored what had been learned over the course of the day, their observations about what aspects of MHM have been able to grow in the two to three years since the first MHM in Ten meeting in 2014, and their insights into the usefulness of continuing the MHM in Ten convening. Key points included the following:

- From a global advocacy standpoint, there is tremendous need for coordinated activities, including a multi-year research agenda.
- There is a huge benefit of meeting together as a mixed sectoral and actor group.
- Donors need to identify ways to work together on advancing the MHM agenda.
- Three years ago MHM was not on the global agenda and now it is; need to keep it there.
- It is essential for the education and health sectors to work together.
- The agenda needs to align with the overall education sector indicators.
- It is essential to consult with girls on the effectiveness of implemented interventions.
- Young people are increasingly tech-savvy, so need to adapt approaches to reach them.
- Need to identify ways to mobilize young leaders on this topic as strong advocates.
- A strong evidence base is essential, and research is a solid form of targeted investment.
- More experience needed at country level, and appropriate financing is required to expand efforts.

Overall, there were three main conclusions from the chat show discussion: One, that a great strength of the MHM in Ten forum is its voluntary and informal nature, which brings with it a high level of dedication; Two, that through the convening there is still space for more accountability and more focus on what we are actually delivering; and Three, the convening provides time to reflect on how we can more effectively promote this agenda and its ideas to the outside world.

COMMITMENT BUBBLES

In lieu of institutional commitments, which would have been challenging for the participants to make in such a forum, each of the participants was asked instead to write down and read aloud a personal commitment to advancing the MHM in schools agenda in the year ahead. For specific commitments, see Appendix 3.

CONCLUDING REMARKS

The third annual MHM in Ten meeting provided an opportunity to bring together the range of actors and sectors engaged on MHM in schools. The meeting focused on reflecting on the five priorities for the ten-year agenda, including barriers and enablers to making progress; it explored new topics of relevance for advancing the agenda in schools; and it generated discussions and potential new collaborations on a host of issues of relevance to the cross-sectoral nature of the agenda.

There has been impressive progress made in the expanded involvement of relevant sectors and the actors engaged on this issue, and important growing interest in focusing efforts on engaging teachers, even though much is left to accomplish and much additional evidence is needed on which to base policy and programming decisions and investments. Lastly, there remain key groups to ensure are incorporated within the broader agenda to ensure that MHM programmes are advancing equality – such as girls with disabilities, girls out-of-school, girls and women in the workplace, and girls and women in emergencies.

THE GUIDING VISION FOR COLLECTIVE EFFORTS CONTINUES TO BE:



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



APPENDIX 1: PARTICIPANTS

Alexandra Bayfield, DfID
Chiara Bercu, Columbia University
Afshan Bhatti, Real Medicine Foundation, Pakistan
Lizette Burgers, UNICEF
Maria Burquest, Proctor & Gamble
Teresa Calderon, UNICEF Bolivia
Bethany Caruso, Emory University
Sue Cavill, UNICEF
David Clatworthy, International Rescue Committee
Stephanie Drozer, The Bill & Melinda Gates Foundation
Pablo Freund, Be Girl
Toneisha Friday, Proctor & Gamble
Sarah Fry, Independent WASH Consultant
Nora Fyles, UNGEI
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Sylvia Wong, UNFPA
Sura Zatari, Ogilvy

APPENDIX 2: MARKETPLACE GROUPS

Group 1: Women’s relationship to their own MHM; taboos, traditions, faith

Claudia Mitchell; Susie Weldon; Ganga Gautam; Leah Meadows; Irene Amongin; Niyati Shah; Aster Ghebreab; Penelope Phillips-Howard

Group 2: Waste management of menstrual products in schools and homes: defining safe disposal

Michael Moscherosch; Tom Slaymaker; Deborah Mikesell; Cindy Kushner; Jeanne Long; Mariam Traore; Leeat Weinstock; Sagri Singh

Group 3: Validation and evaluation: articulating what is good enough to inform policy and programming

Therese Mahon; Jackie Haver; Pablo Freund; Bethany Caruso; Susan Papp; Julie Hennegan; Scott Pulizzi

Group 4: Engaging media in MHM advocacy

Sura Zataari; Sarah Fry; Teresa Calderon; Carmen Justiniano; Chiara Bercu; Rasmata Ouedraogo; Afshan Bhatti; Lizette Burgers

Group 5: Improving response to MHM in emergencies

David Clatworthy; Marni Sommer; Alyson Moskowitz; Alexandra Bayfield; Abraham Ghebrekidan; Tim Grieves

Group 6: Creating differentiated approach to educating girls about their bodies through the lifespan

Ariana Stahmer; Maria Burquest; Toneisha Friday; Ella Naliponguit; Zaid Mesfun; Sylvia Wong; Jessica Oliver

Group 7: Designing programs for scale vs. designing for platforms; scale and sustainability – having impact

Leeat Weinstock; Carmen Justiniano; Chiara Bercu; Pablo Freund; Ganga Gautam; Irene Amongin; Aster Ghebreab; Sura Zataari; Sagri Singh; Mariam Traore; Alyson Moskowitz; Sarah Fry

Group 8: Exploring the role of the private sector in MHM, and experiences of failure of pad production

Deborah Mikesell; Jackie Haver; Susie Weldon; Niyati Shah; Afshan Bhatti; Maria Burquest; Michael Moscherosch; Susan Papp; Leah Meadows; Lizette Burgers; Cindy Kushner; David Clatworthy; Inga Winkler

Group 9: Reviewing the need and focus for large scale trials

Penelope Phillips-Howard; Julie Hennegan; Ella Naliponguit; Sylvia Wong

Group 10: Action learning on MHM and disability: researching learners with special needs

Scott Pulizzi; Therese Mahon; Tom Slaymaker; Claudia Mitchell; Bethany Caruso

Group 11: Fertility awareness and MHM

Linda Sussman; Rasmata Ouedraogo; Teresa Calderon; Jeanne Long; Zaid Mesfun

APPENDIX 3: COMMITMENT BUBBLES

1. "Keeping in touch with Save the Children for peer learning and support on how we develop our implementation in Nepal."
2. "I will follow up with 1-2 UNFPA country offices on how they communicate with their young adults."
3. "On deck for the Philippines for the next year – to develop MHM and roll out teacher training in the Philippines."
4. "Finalize the research report of the MHM data, design interventions based on the findings of the research."
5. "Move forward on research publications and dissemination in India & Kenya, support in-country MHM in Kenya, and disseminate info from here, start our trial and document lessons learned."
6. "More cross-sectional work in MHM, see how collaboration can inform our planning."
7. "I will teach my daughter about MHM (when she's ready J)."
8. "Work with UNICEF to finalize MHM report, continue to work and spread the word about MHM across Emory University."
9. "To grow the commitment of Grand Challenges Canada and to define our strategy and increase our portfolio to make sure we increase our funds."
10. "To profile MHM stories and encourage others to do so via DeliverforGood.org."
11. "To populate our website with MHM materials and to better showcase the learning that's coming out of 14 countries in our work on gender training."
12. "To shaping the next phase of my professional life to the MHM in Ten goals, to be helpful in MHM goals in Zambia, and to support the DC coalition on MHM."
13. "Outline a storyboard for a video with a mix of data, personal stories of girls, and to explore if a film student could produce it as her class project."
14. "To investigate some of the private sector data."
15. "Create a more attractive storyline for MHM globally and use media contacts to communicate the story externally."
16. "I will continue to push Save the Children through MHM-related team to document and share what we are learning, no matter how small-scale."
17. "To seek funding for continuation of a program that we ran out of steam for which translated good policy and practice data into Spanish for 8 countries in Central America and the Caribbean."
18. "I will discuss with UNICEF to consider advocacy to the Ministry of Education to create documents for training of teachers."
19. "To start discussions with colleagues to tie our conversations together in WASH with a slightly older age group."
20. "To publish another piece on mental hygiene and human rights, and to work to include MHM in national policy processes."

21. "To publish research that we have conducted in Pakistan and to engage the government in MHM working group in Pakistan."
22. "To share information about this conference and provide support and help coordinate discussions with colleagues in offices across other sectors, to discuss what we have done and what can be done to further MHM goals."
23. "Doubling of my current goal to talk to somebody everyday about periods that I normally wouldn't talk to about periods otherwise, and that next year we will roll out our products in Latin America."
24. "To share learnings from the last two days and contacts with my clients at Kimberly Clark to end period shaming and to drive their role in MHM solutions, and to look for, and partner with different sectors in Lebanon to better understand MHM needs there, especially with the Syrian refugee crisis."
25. "To transform education."
26. "To share MHM information and to advocate with all women counselors in Bolivia."
27. "To build a module for teachers and service in the Ministry of Education."
28. "To synchronize our work today internally and externally and recruit someone from 'Let Girls Learn'."
29. "To convene a session at a national conference in Ethiopia on MHM in January with 15-16 year olds."
30. "To reach people outside the WASH sector."
31. "To continue to support others, and also to analyze national data as it arrives, to publish it, and to shine a light on progress."
32. "To finalize the first faith-based MHM toolkit for Christian and Muslim communities in Uganda."
33. "To explore opportunities for WinS4Girls Phase Two."
34. "To help support the DC Coalition, to widely share our market landscape research that will be launched in the fall."
35. "To mobilize business on MHM."
36. "To take the learnings and lessons from WinS4Girls in its 14 countries to create a two-page narrative used for country support, advocacy, funding, report results, etc."
37. "To work with Kyrgyzstan colleagues to engage Ministry of Education teachers, training officials in thematic working groups."
38. "To create a new acronym for talking about MHM."
39. "To encourage Waterlines/Practical action to publish a book on MHM."
40. "To continue to work with education and work with gender to get a solid narrative for landing MHM - for funding, advocacy, reporting growth, and learning."
41. "To promote strengthened focus on MHM in revised ITGSE and seek funds for continuation and expansion of activities."
42. "To publish and disseminate research, to apply for grant applications for primary MHM research, and the Oxford-CEBI support for MHM research and collaboration."
43. "I commit to make sure that menstruation remains and grows on Dfid's agenda."

