

# Evidence Informed Programming & RCT on Menstrual Health (MH)

## Background



The Ritu (season, menstruation in Bangla) programme works towards improved **Menstrual Health (MH)** among school-going girls (11 – 13y) in Bangladesh. The programme combines **WASH** and **SRHR** interventions in schools and communities in Netrakona, Bangladesh. Time line: 2016 – 2019.

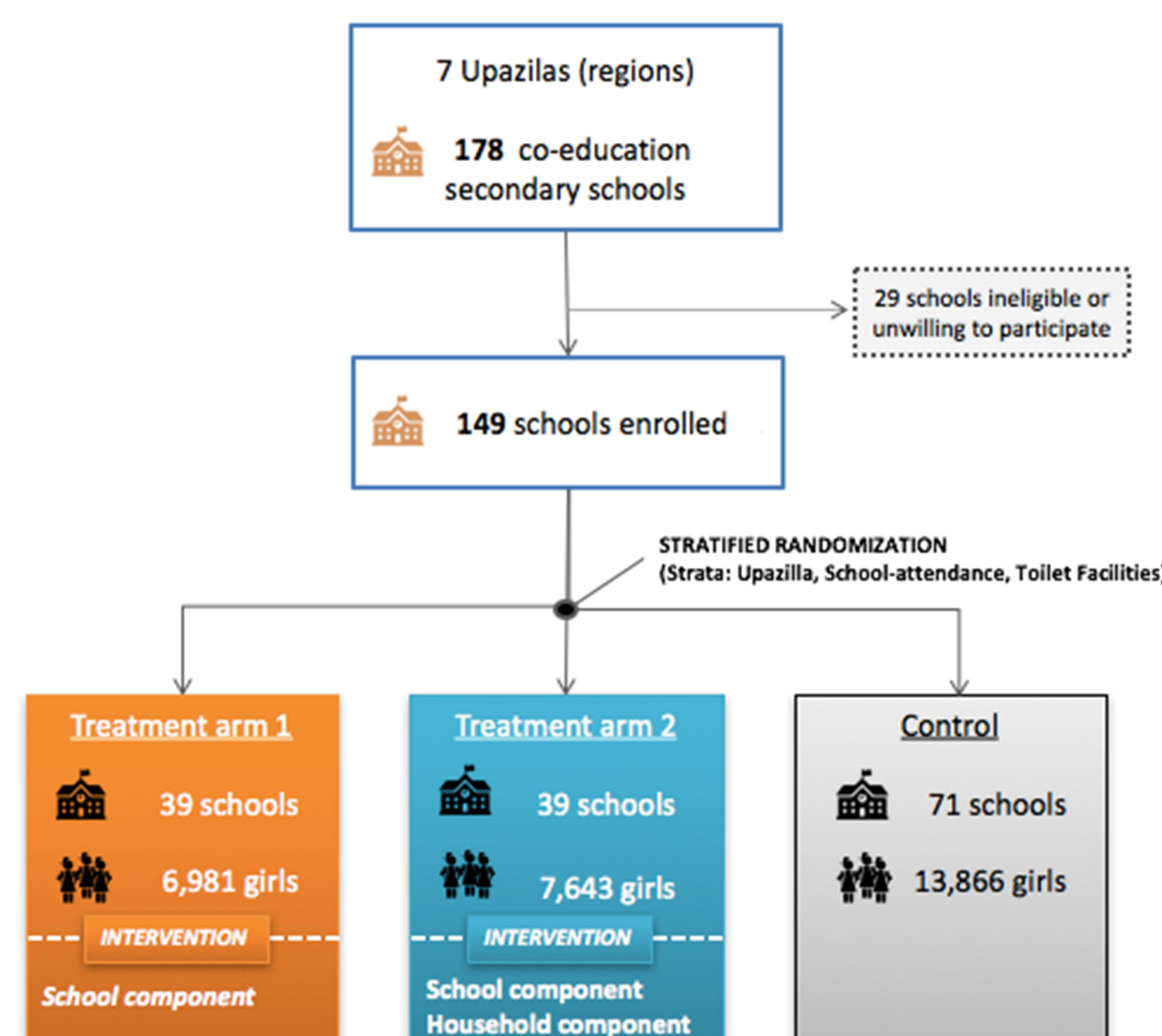
## Evidence Review

Interventions are based on a desk review of the following **available rigorous evidence (from global research and research from Bangladesh)** by the Erasmus University, Rotterdam:

- **Insufficient data** available on the impact of MH on girls' overall well-being, health and empowerment;
- Available evidence on the impact on health, school attendance and performance, and gender equality is mostly **anecdotal**;
- Most MH interventions are WASH programmes that **focus on hardware**;
- **School interventions** have been proven effective in evaluations of similar programmes;
- **WASH facilities need to be in place** for girls to practice their new behaviour.

## Evaluation design

A **Randomized Controlled Trial** that evaluates the impact of the interventions on **girls well-being during their menstruation, empowerment, self-esteem/ agency**, etc. In addition, we monitor school attendance and performance. Treatment A (school interventions), Treatment B (A + community interventions), Treatment C (no intervention). **Total # of schools = 149, total # of girls (11 – 13y) in the programme = 10,490, sample (girls, 11 – 13y), n = 4046.**



## Needs assessment findings

A needs-assessment was conducted among 101 girls and 64 boys, parents and teachers, through a combination of 22 FDG's, 165 surveys and other tools such as river of life and resource mapping. Major findings were:



59% of girls said there was no soap in the toilets



26% of girls said there was no water inside the toilets



16% of girls said the toilets were not single sex



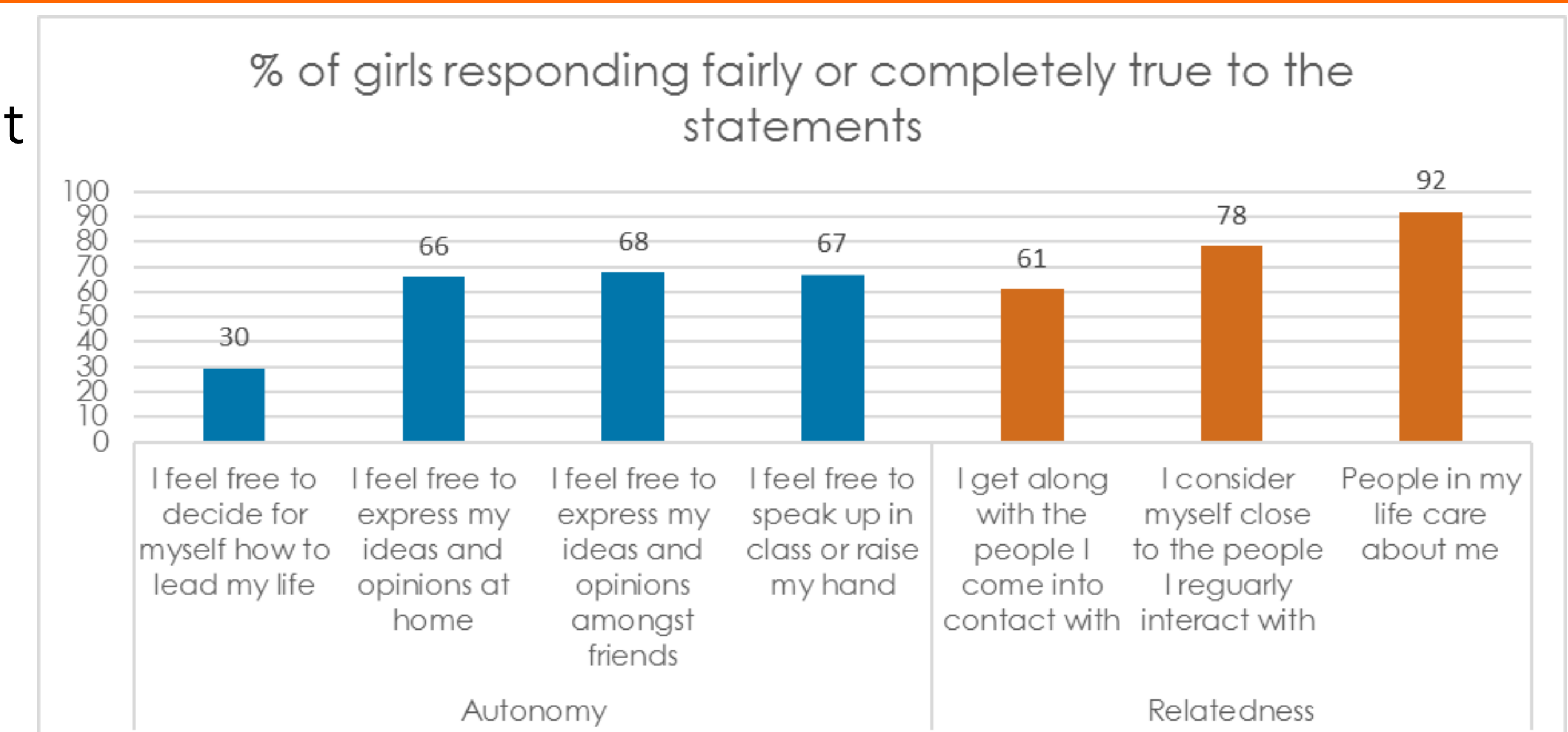
56% of girls said there was no bin in the toilets

- **Lack of knowledge** is a major obstacle to menstrual health: teachers feel embarrassed to talk about menstruation in the classroom;
- The toilet – **student ratio at schools was 1:200**, in general toilets are not MHM-friendly;
- **Mothers are the main providers of information** on menstrual health, but also the source of myths and restrictions, **Fathers have little knowledge** and do not talk about menstrual health with their daughters.

## Baseline findings

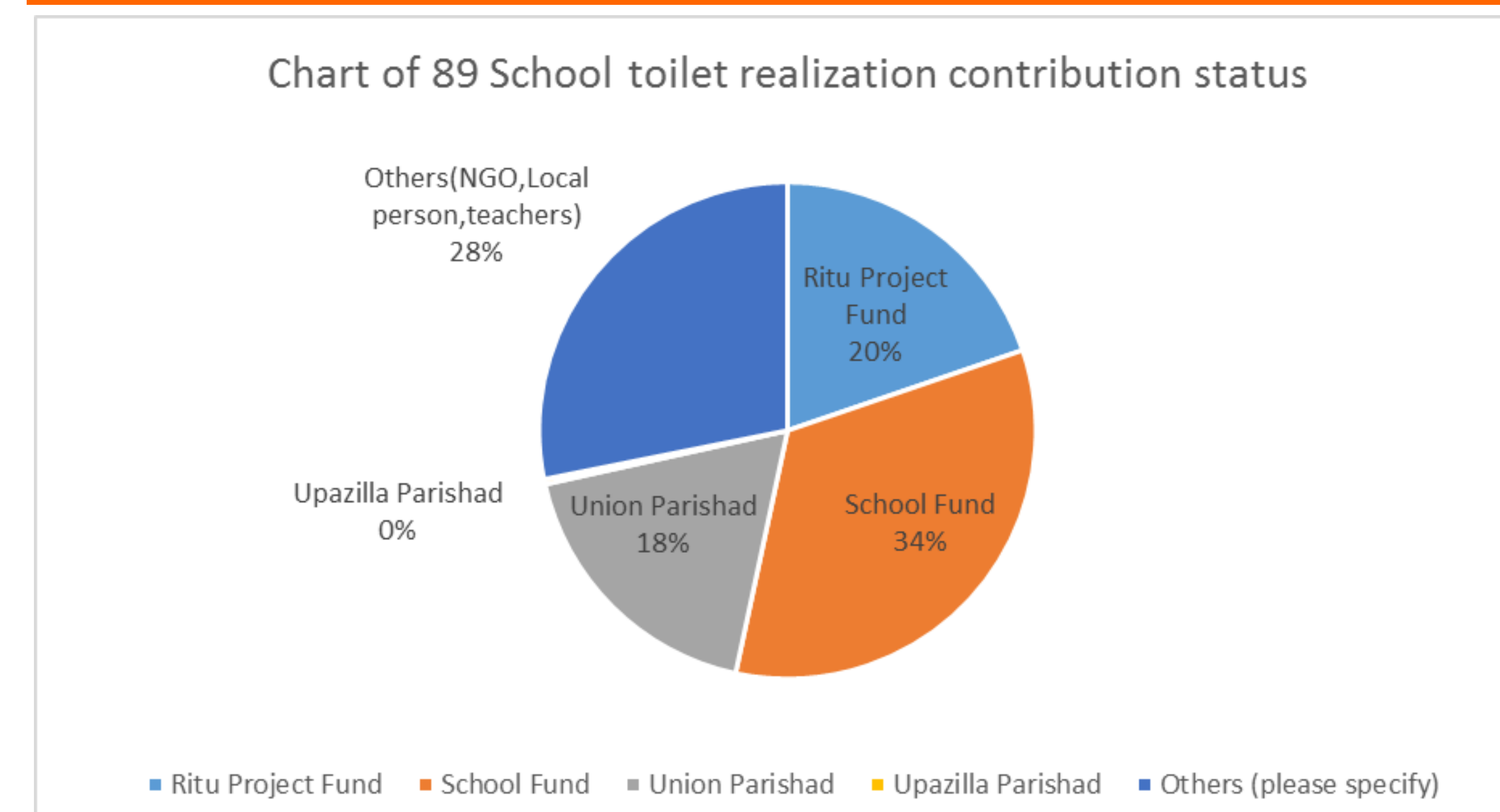
- **66% of girls, who have already started their MP (menstruation)** (n=1359), did not know what MP was when it began.
- Of the 2687 girls who had **not yet started their MP 57%** said they did not know what MP was.
- **36%** (489 girls) **missed school** last time they menstruated. Of those that missed school due to menstruation, **53% missed 2 to 3 days** of school.

Total sample, girls 11 -13y, n = 4046 (Treatment A, B and C).



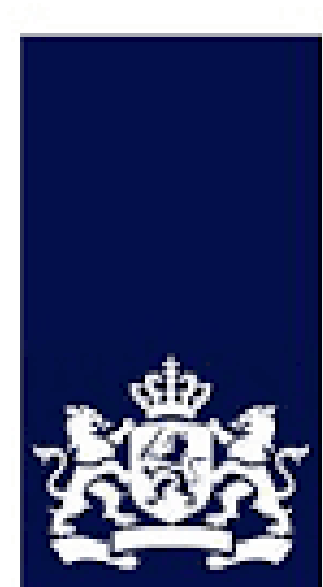
Baseline Jan/Feb 2017, mid-term evaluation planned May 2019.

## Budget tapping for WASH in schools



- **DORP** works with schools and communities to allocate money for MHM friendly toilets from school and household budgets and to access available government budget through **social accountability methods**.
- At the same time, DORP raises awareness of local government representatives on the importance of MHM friendly toilets.
- Within the first year, DORP realized toilets in 89 schools through this process.

## Partnership



Kingdom of the Netherlands

Ritu a partnership between Simavi, RedOrange, TNO, DORP and BNPS and the Erasmus University, Maastricht University and Johns Hopkins University. It is funded by the Royal Dutch Embassy in Bangladesh.

## Conclusions and next steps

**Conclusions:** monitoring of school attendance will be done through 2 methods (collecting data from schools and government and through mock-sessions in schools. Additional questions on SRHR will be included in endline.

**Next steps:** Continuous monitoring of quality of implementation, FGDs with girls, boys and parents, mid-term (post programme) planned for May 2019 and endline 2 years after implementation ended.

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