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 – 33y) 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 FGD’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.

Programme design
The mix of interventions used in the Ritu programme is based on the learnings and evidence gathered from the evidence review and needs assessment and was defined in a joint exercise of Simavi and the Erasmus University. The main interventions are:

Treatment A
1. A school-campaign to kick-start the programme;
2. Engaging schools in a budget-tracking process to build and improve toilets in schools and communities;
3. Training and supporting teachers to implement a comprehensive MH curriculum in the classroom at co-ed schools;

Treatment B
1. Information sessions with parents of targeted girls about MH and WASH budget tracking.
2. Engaging schools and communities in a budget-tracking process to build and improve toilets in schools and communities;

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).


Budget tapping for WASH in schools

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.

Contact information: Hilda Alberda, Director PMEL, Simavi – hilda.alberda@simavi.nl