

### Introduction

Women have specific sanitation needs due to: a greater vulnerability to Gender Based Violence (GBV), menstruation, pregnancy and many other socio-cultural biases and misunderstandings. WASH programming needs to adequately provide for women’s dignity and safety.

This guide aims to introduce the challenges which women face in meeting their specific water and sanitation needs. It will focus on the areas of dignity; security; and menstrual hygiene management (MHM). It will introduce the successful outcomes, practical actions to take, and will suggest indicators to measure how successful such actions have been.

This guide is intended as an introduction to these issues and as a landing page for further resources. This guide should be used alongside the similar guide on ‘Women in WASH decision making roles’ which highlights the importance of women’s participation in decision making and key roles.

### Dignity

Women have specific water and sanitation needs and as such face specific challenges to meeting those needs. WASH programmes should be offering dignity to all who use them.



### Challenges:

The table below shows the range of challenges that women face that cause a lack of dignity

<b>Cultural limitations</b>	<i>Shame and stigma</i>	In many cultures, the toilet is a place of embarrassment or shame. Even to be seen entering the toilets can be embarrassing as it is associated with a perception of uncleanliness <sup>1</sup> . Therefore, women may put off relieving themselves until nightfall
	<i>Shame and stigma</i>	In particular, open defecation is seen as particularly shameful for women. Women may face harassment for open defecation <sup>2 3</sup> .

<sup>1</sup> Tearfund n.d. Gender and Sanitation: breaking taboos, improving lives. Tearfund

<sup>2</sup> House, S. Ferron, S. Sommer, M. Cavill, S. 2014. Violence, Gender and WASH: A practitioner’s toolkit. London: WaterAid/SHARE

<sup>3</sup> Jewitt, S. and Ryley, H. 2015. Gendered priorities for ‘improved’ sanitation: insights from Kisumu Kenya. In: 38th WEDC International Conference, 27-31 July 2015, Loughborough University, UK

<b>Social limitations</b>	<i>Inequalities in family</i>	The social inequalities that women face in their everyday lives increase the impact of the shame of going to the toilet. In some cultures and families, it is shameful for a young woman to use the same toilet as her father-in-law. Social seclusion may also prevent women from having access to public and communal facilities <sup>4</sup> .
<b>Negative impacts</b>	<i>Restrictions</i>	The lack of freedom for some women to respond to their needs and decide the routine of their own lives detrimentally impacts on their well-being <sup>5</sup> .
	<i>Security and health challenges</i>	Due to cultural perceptions on shame and risks to their dignity, many women wait until nightfall to go to relieve themselves in private. Particularly in IDP or refugee camps, there is a lack of privacy so women again prefer to relieve themselves at night. This has significant problems for their security and health. Women attempting to 'hold out' are more vulnerable to urinary tract infections (UTI) and other problems. They may also change their eating and drinking habits which can have serious long-term health implications <sup>6,7</sup> .
<b>Gender differences</b>	<i>Different perceptions</i>	Findings show that men and women have different perceptions on improved WASH facilities. Women and girls appear to place a higher importance on the cleanliness of toilets. Style and location of toilets have important influence on how comfortable women feel using the toilet, due to their privacy, dignity and security <sup>6</sup> .
	<i>Roles</i>	Traditional norms and stereotypes might deem it shameful, demeaning or 'unmanly' for men to collect water <sup>7</sup> . This reinforces the women's role as primary water collectors and prevents behaviour change.

<sup>4</sup> Coates, S. 1999. A Gender and Development Approach to Water, Sanitation and Hygiene Programmes. WaterAid: Briefing paper

<sup>5</sup> SHARE/WSSCC. 2014. Social and Psychological Impact of Limited Access to Sanitation. SHARE/WSSCC Briefing

note <sup>6</sup> House et al. 2014 <sup>7</sup>

Tearfund n.d.

<sup>6</sup> Jewitt et al. 2015

<sup>7</sup> House et al 2014

Other groups have specific needs which exacerbate these challenges that most women face.

Group	Specific Challenge	Action
Pregnant women <sup>8</sup>	Having to struggle with heavy loads of water several times a day is dangerous for the health of mother and baby	Close access to safe water
	Need to relieve themselves more often than normal. This is a particular challenge where women are expected to wait until the end of the day	Close access to a latrine that is private
	Mother and baby are vulnerable to illnesses at childbirth due to unsafe water	Provision of good quality water
	There are often unhygienic practices and poor infection control in labour and delivery which can lead to infection and even death	Promotion of handwashing and hygienic practices
Women and girls with a disability	Physical disabilities can make access to latrine blocks or water pumps difficult	Construct latrine blocks that are accessible to people with a disability
	Challenges surrounding MHM are particularly exacerbated. Women and girls with a disability may find it harder to understand what is happening to their bodies and how to manage their menstrual hygiene appropriately	Include women and girls with disabilities in MHM awareness and promotion activities

While most sanitation challenges are universal for women, their relative severity and frequency differ across urban, rural, and tribal areas and among young women, married women and older women<sup>9</sup>. Therefore, all groups should be consulted and considered in decision-making.

Cultural norms surrounding sanitation and hygiene also vary between places. WASH programming should always consider local norms and values and should design context appropriate interventions. The table below shows the socio-cultural factors that reinforce open defecation practices across four countries in West Africa<sup>10</sup>.

<sup>8</sup> SHARE/WSSCC 2014

<sup>9</sup> SHARE/WSSCC 2014

<sup>10</sup> Dittmer, A., 2009. Towards Total Sanitation: Socio-cultural barriers and triggers to total sanitation in West Africa. *WaterAid report*

Socio-cultural factors that reinforce open defecation practices	Burkina Faso	Ghana	Mali	Nigeria
Shame or embarrassment of being seen approaching a toilet	✓		✓	
Excreta must be removed from the house due to bad smell	✓	✓	✓	✓
Latrines are meant for wealthy people and you should not try to imitate them by building one	✓			
If someone feeds you, you should defecate in their field	✓			
You may be possessed by demons if you use a latrine		✓		
Use of latrines leads to the loss of magical powers		✓		
Defecating in latrines shortens life span	✓			
Continuation of ancestor's way of life				✓
Comfortable with the practice of open defecation	✓			



Eleanor Bentall/Tearfund



Layton Thompson/Tearfund

Photo: Pregnant women and small babies are vulnerable to illnesses without access to safe water

## Case Study

### Ethiopia

In Ethiopia, Tearfund's partner has been running participatory hygiene and sanitation training. It enables participants to explore the importance of having a latrine and how to build one.

"Before we constructed a latrine, if we had to go, we had to find an open field and during the dark we were exposed to danger, especially women. In our culture a woman's dignity means that if she needs to defecate she has to go early in the morning before 6 o'clock, when people wake from their beds. If you miss that time in the morning then you suffer all day. Three years ago we built a latrine which has had huge benefits for us, in terms of cleanliness and privacy. Before we would use stones rather than paper. Because the latrine is in my own compound I can use water to clean myself. These problems have been solved because of the pit latrine [and hygiene education]."<sup>11</sup>

### South Africa

In South Africa, the Aqua Privy requires water to be poured into the toilet bowl after use. In addition, the sludge needs to be emptied periodically. The consequences of this are that it requires water to be fetched – an obvious and humiliating sign that women want to use the toilet. The toilets face the street, causing embarrassment and harassment. Sanitary pads cannot be flushed into the bowl leading to further embarrassment and the toilets are too small for pregnant women and women with children to use comfortably. When a toilet is full, it is a woman's task to empty it; and women who perform this task can be seen to be unmarriageable<sup>12</sup>

Challenges

Actions and Outcomes

Indicators

## Actions and Outcomes

With the appropriate toilet facilities, women can go at any time in private: without fear, embarrassment or shame. Toilet facilities need to be designed to consider women's physical and psychological needs.

## Outcome: Traditional gender values and inequalities are challenged

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<sup>11</sup> Tearfund, n.d

<sup>12</sup> Fisher J., 2006. For her it's the big issue: putting women at the centre of water supply, sanitation and hygiene. Water, Sanitation and Hygiene: Evidence Report.

## Action: Facilitate discussions on gender, WASH and dignity

Women should be represented in the planning, design, implementation and M&E of a project and should play a significant role on WUGs and in community mobilisation in order to raise the voice and opinions of women.

- In training and WASH promotion, gender inequalities should be recognised and the impact that they have on women and the community.
- Look out for opportunities to challenge the norm and redress the gender power imbalance.

## Case Study

### India

In India, Utthan is implementing WASH services through capacity building and community mobilisation with a gender sensitive approach. Women are advocating for the sanitation systems that women themselves identify- namely those that are private and safe. Loan schemes have been set up to enable households to buy these systems. Women were included in the planning and design which led to the stand posts being sited where women preferred them to be- where they were convenient and safe<sup>13</sup>.

## Outcome: Helping women feel dignified and safe in using the toilet

### Action: Construct private latrines

For women to feel dignified when using the toilet, they should be designed and built to provide privacy. Latrines in households are the most beneficial for women. Where these are not possible, communal latrine blocks should meet the needs of women (meeting the relevant [SPHERE standard](#)).

Practical measures include:

- Latrine blocks should be sex segregated
- Doors should face away from the street so that women do not face harassment when going to the toilet.
- There should be access to water points close by for handwashing and for good MHM.
- The door should have a proper lock and there should be good lighting for security reasons.



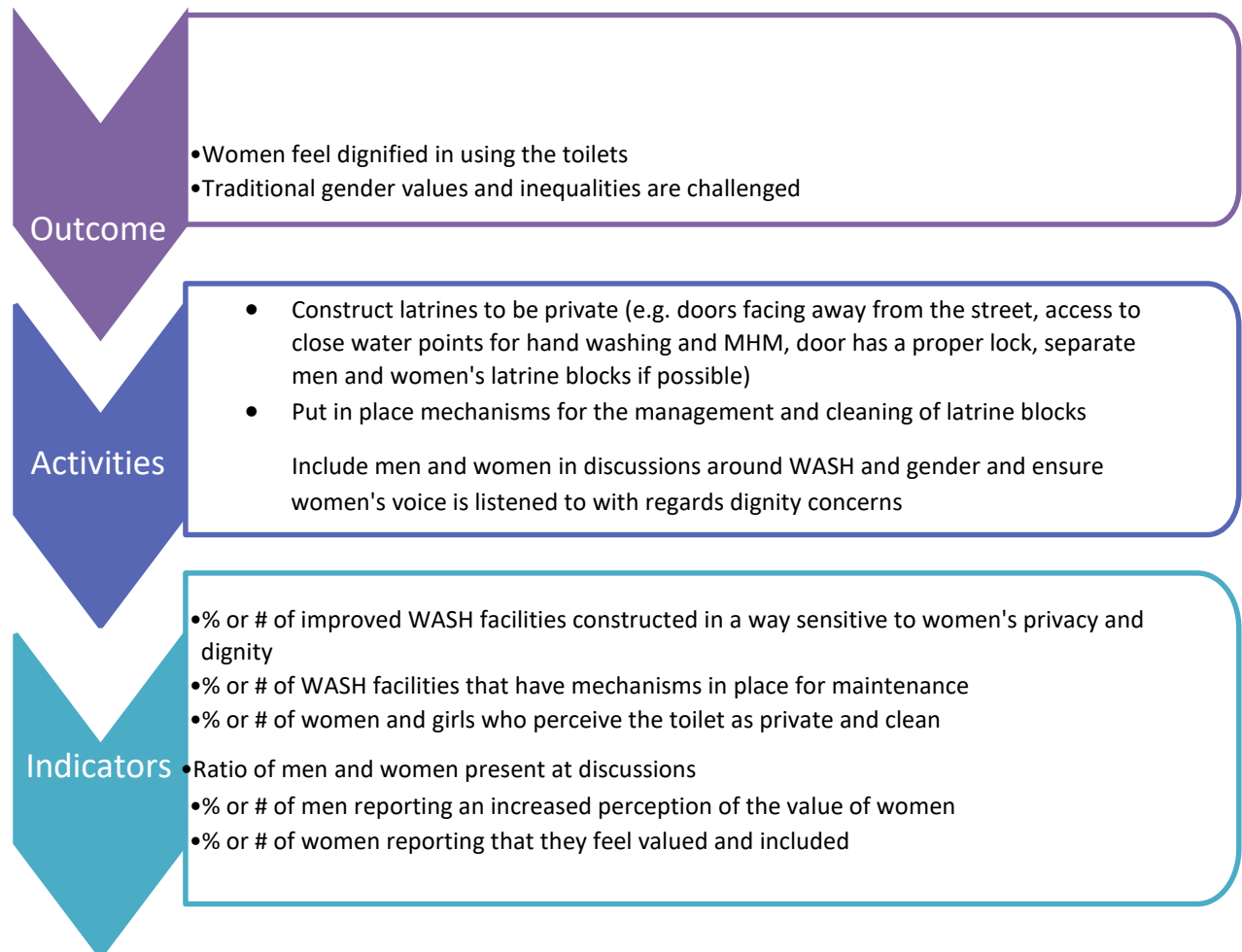
Photo: Segregated latrine block in Peru with water source

<sup>13</sup> Fisher 2006

## Action: Management of latrines

Since having a clean place to go to the toilet is considered important to women, there should be mechanisms put in place for the ongoing management and cleaning of latrine blocks. Where they exist, Water User Groups or an equivalent should have responsibility for the maintenance of latrine blocks.

The following diagram summarises the outcomes, activities and indicators for incorporating dignity into a WASH programme.



## Indicators

Indicators measure the impact of a project and provide evidence that it is meeting its objectives. The table below gives examples of indicators for a WASH project offering dignity to female users.

<b>Gender sensitisation</b>	Awareness	Ratio of men and women present at discussions on gender WASH and dignity
	Men's perception	% or # of men reporting an increased perception of the value of women
	Women's perception	% or # of women reporting that they feel valued and included
<b>Clean and safe latrines</b>	Construction	% or # of improved WASH facilities constructed in a way sensitive to women's privacy and dignity
	Maintenance	% or # of WASH facilities that have mechanisms in place for maintenance
	Perception	% or # of women and girls who perceive the toilet as private and clean

## Summary

This section has looked at the challenges facing women using WASH services and the impact this has on dignity. It has also looked at actions to help offer dignity to women and indicators to measure to success of these actions.

The next section will consider the difficulties of security predominantly for women in WASH service delivery.



Women and girls are particularly vulnerable to gender based violence due to social inequalities and power hierarchies. Men and boys can also be vulnerable to abuse, particularly in conflict contexts. WASH programming and WASH facilities face challenges due to gender based violence but can also create opportunities to address this issue. It can either reduce vulnerabilities to violence or exacerbate risks depending on how WASH programmes are carried out.

**Gender Based Violence (GBV)** is any kind of harmful act against someone’s will that is based on gender differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, or coercion. These acts can occur in public or in private, such as in the home<sup>16</sup>.



### Challenges:

The table below shows some of the various factors that provide insecurity for WASH service users.

<b>Cultural limitations</b>	<i>Taboo subject</i>	Men and women have different perceptions on water collection, even where there are serious dangers to women, men may not even be aware. These issues may not be talked about because of social shame <sup>17</sup> . Taboo subjects and shame also prevent women telling anyone if a violent incident did occur so there is likely to be underreporting of GBV, reinforcing insecurity around WASH services <sup>1819</sup>
	<i>Shame of open defecation</i>	Due to the shame around open defecation women face harassment and are forced to wait for nightfall. However, the darkness causes more security issues. There are the practical or logistical problems as well as a greater risk of sexual assault <sup>20</sup>
<p><b>Interviews with female beneficiaries of a Tearfund project in Pakistan revealed that women had been harassed when going to the toilet in the open air before latrines were built nearer their houses<sup>21</sup></b></p>		

<sup>16</sup> Adapted from: Inter-Agency Standing Committee (IASC) 2015. Guidelines for Integrating GBV Interventions in Humanitarian Action- Water Sanitation and Hygiene. [Accessed: 17/03/2016] Available at: <https://interagencystandingcommittee.org/gender-and-humanitarian-action/documentspublic/guidelines-integrating-gender-based-violence>

<sup>17</sup> Burt, M. and Keiru, B.J., 2011. Strengthening post-conflict peacebuilding through community waterresource management: case studies from Democratic Republic of Congo, Afghanistan and Liberia. *Water International*, 36(2), pp.232-241. <sup>18</sup> House et al 2014 <sup>19</sup> Jewitt et al 2015 <sup>20</sup> Jewitt et al 2015 <sup>21</sup> Tearfund 2015. Inspiring Change. *Tearfund* ONLINE [Accessed: 17/03/2016] Available at: [http://tilz.tearfund.org/en/resources/impact\\_and\\_evaluation/](http://tilz.tearfund.org/en/resources/impact_and_evaluation/)

<b>Infrastructural limitations</b>	<i>Unsafe WASH facilities</i>	Girls, and in some cases boys, are vulnerable to physical or sexual attack when using school toilets and other public toilets. Without good lighting, locks and sex segregated facilities, people can hide in the toilets and prey on the young person using them <sup>14</sup> .
	<i>Remote location for WASH facilities</i>	Women, girls and boys may have to walk long distances to collect water for drinking, cooking or laundry. Getting to remote locations increases the risk of violence <sup>15</sup>
	<i>Remote location for WASH facilities</i>	In conflict situations women, girls and boys may be vulnerable to abduction or death when accessing water points outside the boundaries of the camp. Boys may be vulnerable to rape <sup>16</sup>
<b>Structural limitations</b>	<i>Domestic violence</i>	Women are the primary water collectors and if there is insufficient water (e.g. due to drought), the women may be punished and abused by their husbands <sup>17</sup> . This is partly due to a low value placed on women and their perceived inferiority.
	<i>Conflict between IDP and host communities</i>	There may be fights while queuing at water points, particularly between host and displaced communities <sup>18</sup>
	<i>Gender roles</i>	In WASH programmes, women may take on traditional male roles (being on the WUC or being a pump mechanic) which goes against cultural norms. They may face emotional abuse such as exclusion, bullying or victimisation, becoming a subject of scorn. Some women may even face physical violence <sup>19</sup>
<b>Organisational risk</b>	<i>Risk of exploitation</i>	Women and girls can be exploited by WASH staff in return for using the WASH facilities <sup>20</sup>

<sup>14</sup> House et al 2014

<sup>15</sup> House et al. 2014

<sup>16</sup> House et al. 2014

<sup>17</sup> House et al. 2014

<sup>18</sup> House et al. 2014

<sup>19</sup> House et al. 2014

<sup>20</sup> House et al. 2014

**Actions and Outcomes:** The actions listed below are practical activities which could be incorporated into WASH programmes to ensure security for WASH service users

## Outcome: Reduce the risk of harassment or GBV

### Action: Construct safe WASH facilities

WASH facilities should be constructed so that they reduce the risk of GBV (and should meet the relevant [SPHERE standard](#)). Women and girls should be included in the planning and design of toilets and be given a chance to raise security concerns. Similarly, ongoing M&E should occur that takes into account any security issues with the WASH facilities and actions should be taken to reduce the risk.

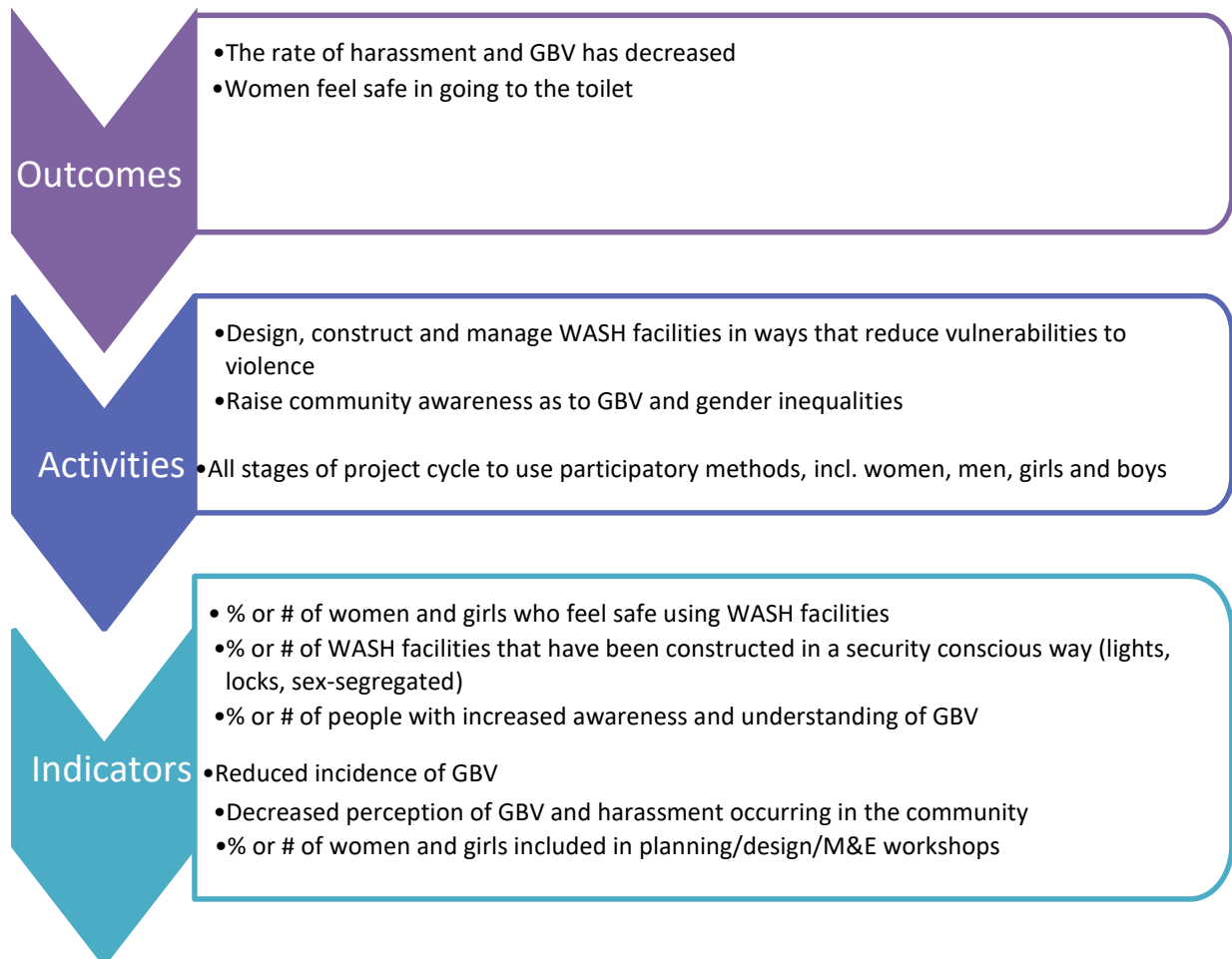
Practical measures include:

- Having solid doors and putting locks on doors
- Having lighting in the toilets and around the toilets.
- Toilets should also be sex segregated so that women can go to the toilet in private.

### Action: Raise community awareness on the impacts of GBV and gender inequality

GBV affects the whole community. The organisation should facilitate discussions or training on gender and security issues- including both men and women. However, this should be balanced with an understanding of the local context. WASH practitioners should be aware of the local beliefs, customs and use of language that may come into conflict with gender equality. Sensitive issues should still be addressed in ways that are culturally acceptable to the local context.

The following diagram summarises the outcomes and activities, and provides indicators of a GBV sensitive approach to WASH programming which can be used and adapted for a logframe.



## Outcome: Clear recognition and prioritisation of GBV in WASH programming

The organisation should recognise the importance of addressing GBV in WASH programming. Programmes should be aware of the risks of exacerbating violence or conflict through its activities.

## Action: Institutionalise GBV in WASH programming

The WASH implementing agency should clarify and emphasise its consideration of GBV issues in WASH programming.

Recognising GBV in the project cycle:

- Use gender and conflict analysis to identify risks.
- Project activities and outputs should contribute to minimising risks of conflict and violence.
- Ongoing M&E should ensure that any issues occurring are dealt with in a timely manner to improve the effectiveness of the project.
- Budgets should be allocated considering the risks of insecurity.

## Action: Make links to gender and protection specialists

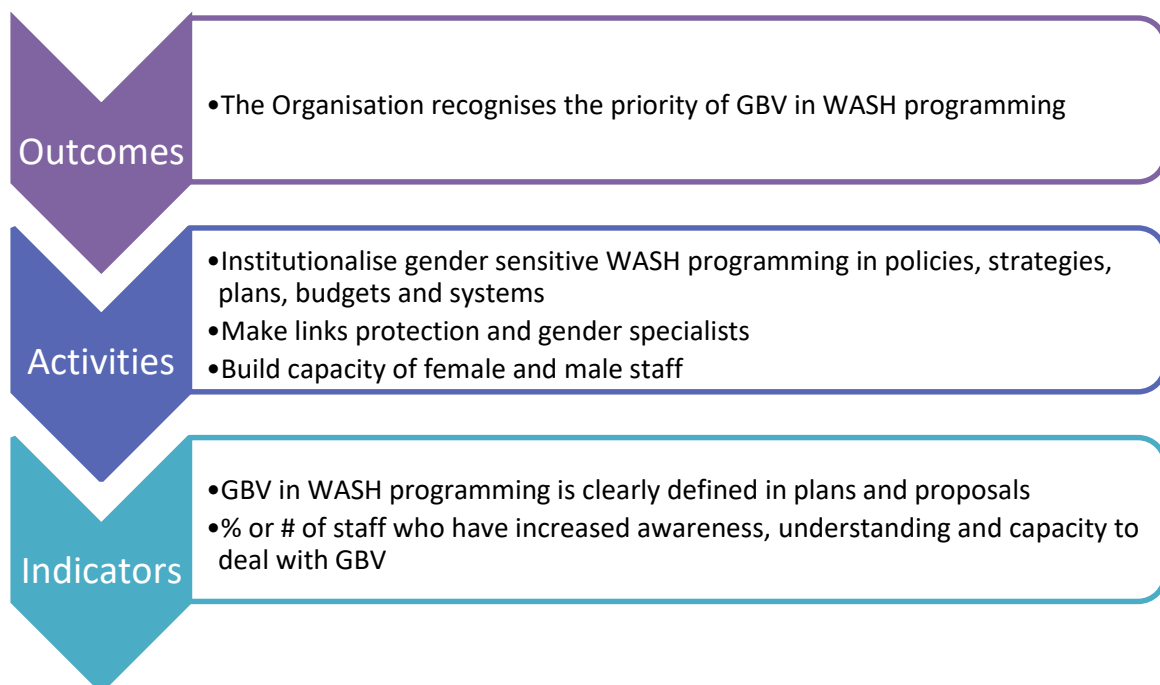
- Implementing agencies should obtain technical and specialised advice from people within the organisation and external experts.
- Trauma healing for victims of GBV should also be incorporated where GBV has occurred.

## Action: Build staff capacity

Male and female staff should be aware of GBV and particularly with reference to WASH services. This is important so they can reduce the risks to the community members, know what to do after a report of GBV, and help prevent GBV occurring within the organisation.

- Have regular staff training on GBV
- Make sure all staff know what to do after an incidence of GBV

The following diagrams summarises the outcomes and activities, and provides indicators of a GBV sensitive approach to the organisation itself which can be used and adapted for a logframe.



## Indicators

Indicators measure the impact of a project and provide evidence that it is meeting its objectives. The table below gives examples of indicators for a WASH project aiming to increase security for its WASH service users.

<b>Reduced risk</b>	Construction	% or number of WASH facilities that have been constructed in a security conscious way (lights, locks, sex segregated)
	Perception	% or number of women and girls who feel safe using WASH facilities
		Decreased perception of GBV and harassment occurring in the community
Incidence	Reduced incidence of GBV	
<b>Understanding</b>	Awareness	% or number of people with increased awareness and understanding of GBV
<b>Participation</b>	Project design	% or number of women and girls included in planning/design/M&E workshops
<b>Organisation</b>	Documentation	GBV in WASH programming is clearly defined in plans and proposals
	Staff capacity	% or number of staff who have increased awareness, understanding and capacity to deal with GBV

### Case study, Henry Town, Liberia

Women traditionally collect water from a small stream where they are vulnerable to GBV:

*"This is a mining town where men come and go. The forest surrounding the creek is a dangerous place for women and girls, and some have been raped when collecting water. It is especially dangerous after dark."* (Tie Kawoh, aged 59 from Henry Town)

Due to social stigma and shame, women remain silent about the risks of water collection, so the men are not aware of the problem. Inspired and mobilised by four women in the community, the other women in Henry Town advocated for Tearfund to help build hand pumps at safe locations. As well as building capacity for hand pump construction, Tearfund also initiated discussions on gender inequality and GBV. These discussions helped the men realise the extent and negative impact that GBV was having on families in the community, and the wider goals of peacebuilding and economic growth.

The community is now committed to taking action to stop GBV. They also restructured their community Development Council to ensure a 50-50 representation of men and women on the council. (Adapted from: Burt and Keiru, 2011)

## Important links:

[Violence, Gender and WASH](#) (House et al. 2014) - this toolkit is a brilliant resource for practitioners and includes training materials for staff and for working with communities.

[Guidelines for Integrating Gender-Based Violence in Humanitarian Action](#) (IASC, 2015)- this website includes links to integrating GBV interventions into WASH programming and helpfully provides advice as support throughout the project cycle

[Making Sanitation and Hygiene Safer- Reducing vulnerabilities to violence](#) (House et al, 2015)- this short resource focuses on Community Led Total Sanitation and how to integrate reducing vulnerabilities to violence

## Summary

This section has considered the challenges of security that face women; actions to help protect women and challenge traditional values; and indicators to measure the success of these actions.

The next section will look at MHM and will again consider the challenges, actions and indicators.

## MHM

Menstrual Hygiene Management (MHM) is often a hidden and neglected issue of gender in WASH. Due to the cultural taboo and gender hierarchies, MHM adversely affects women and girls' well-being as well as many other development indicators such as education, health and livelihoods.

**Menstruation:** is a biological process in women and girls and is the discharge of blood and tissue from the inner lining of the uterus through the vagina. It generally starts between the ages of 10 and 19 and continuing at regular cycles (on average 28 days) until menopause, usually between age 45 and 55. This monthly bleeding is often accompanied by abdominal cramps, headaches, mood changes and general lethargy<sup>29</sup>.

**Menstrual Hygiene Management:** is the way in which women and adolescent girls deal with their menstruation. Good MHM requires a minimum level of knowledge and understanding of the menstrual cycle (prior to a girl's first period) and how to deal with menstruation hygienically and safely. It requires having a clean material to soak up blood, having good personal care during their period, and having somewhere to wash or safely dispose of used sanitary products or materials. It also involves addressing the societal beliefs and taboos surrounding the issue of menstruation<sup>30</sup>

## Challenges:

The table below shows some of the various factors that limit good MHM

<b>Cultural limitations</b>	<i>Taboo subject</i>	Menstruation is a taboo subject in many cultures and is surrounded by stigma, shame and silence. Women are unable to talk about MHM in public circles and so there is a low awareness of the issue among communities, practitioners and policy makers <sup>31</sup>
	<i>Exclusion</i>	Women in many cultures and religions are excluded from 'normal' activities (such as eating together, doing household chores, washing, or attending religious meetings) and some women are segregated from society. This perpetuates the cycle of gender inequality <sup>32,33</sup>
<p><b>"A woman is ritually impure during menstruation and anyone or anything she touches becomes impure as well. It is usually the mothers who enforce these restrictions."</b><sup>34</sup></p>		

<sup>29</sup> Roose, S., Rankin, T. and Cavill, S. (2015) 'Breaking the Next Taboo: Menstrual Hygiene within CLTS', *Frontiers of CLTS: Innovations and Insights Issue 6*, Brighton: IDS <sup>30</sup> Roose et al. 2015

<sup>31</sup> Mahon, T and Fernandes, M. 2010. Menstrual Hygiene in South Asia: a neglected issue for WASH programmes. *Gender and Development* (18)1 p.99-113 <sup>32</sup> Tearfund n.d.

<sup>33</sup> House, S. Mahon, T. Cavill (2012) Menstrual Hygiene Matters. WaterAid <sup>34</sup> Mahon and Fernandes 2010.

<b>Social limitations</b>	<i>Lack of knowledge</i>	Because menstruation is often a taboo subject there is very limited education on good MHM. Girls are sometimes unaware of the menstrual cycle and have limited knowledge of how to deal with it. <sup>21</sup>
	<i>Poor health</i>	Poor MHM can lead to urinary or reproductive tract infections or other illness and have a long-term impact on health. Due to the shame associated with menstruation, women wash and dry their rags (used to soak up the bleeding) hidden in often dark and damp conditions. This means the rags can become covered in insects and full of microbes which can result in infections and soreness. <sup>22</sup>

<sup>21</sup> Mahon and Fernandes 2010

<sup>22</sup> House et al. 2012



<b>Infrastructural limitations</b>	<i>Inadequate WASH facilities</i>	Even where there is access to WASH facilities, women may choose not to use them if they are not private or are unclean. WASH facilities need to have access to clean water, a place to wash and dry menstrual cloths, or somewhere private to change pads and dispose of them hygienically. <sup>23 24</sup>
	<i>Lack of facilities in school</i>	Schools often have inadequate provision of latrines or private spaces for changing pads, meaning that girls are unable to manage their menstruation safely, hygienically and with dignity. As a result, girls are often absent from school whilst on their period or even permanently drop out of school <sup>25</sup> . Even if girls do stay in school, they may not participate fully in lessons out of fear that they may stain their skirts <sup>26</sup>

## Case Study

Tanzania

Having water near women's homes, in one village in Tanzania, has improved menstrual hygiene and made women more comfortable in front of others

Previously, women who were perceived to have problems maintaining cleanliness suffered intense humiliation by being brought before the elders for advice. During one WASH intervention, women were given facilities to be able to bathe regularly during menstruation. They reported improved personal hygiene and an increased self-confidence<sup>27</sup>

<sup>23</sup> Jewitt et al. 2015

<sup>24</sup> Mahon and Fernandes 2010

<sup>25</sup> Alexander, K.T., Oduor, C., Nyothach, E., Laserson, K.F., Amek, N., Eleveld, A., Mason, L., Rheingans, R., Beynon, C., Mohammed, A. and Ombok, M., 2014. Water, sanitation and hygiene conditions in Kenyan rural schools: are schools meeting the needs of menstruating girls? *Water*, 6(5), pp.1453-1466. <sup>40</sup> House et al. 2012

<sup>26</sup> Jewitt et al. 2015

<sup>27</sup> Fisher, 2006

## Actions and Outcomes

The actions listed below are practical activities to incorporate into a WASH programme to promote good MHM.

### Outcome: Women should feel comfortable and dignified on their period

#### Action: Construct WASH facilities that are sensitive to MHM

Facilities should be designed and constructed in ways that enable good MHM, and limit embarrassment (meeting the relevant [SPHERE standard](#)). Ideally, latrines should be built within the household, but where this is not possible public latrine blocks can be built. Women and girls should be involved in the planning and design process to ensure the facilities adequately meet their needs.

Particularly think about WASH facilities in schools and building latrine blocks that allow girls to continue their education.

Latrine blocks should:

- Be sex segregated
- Have locks and adequate lighting
- Have water sources within the toilet block or at least close by for women to clean themselves
- Depending on the local context and local preferences, there should be safe disposal facilities for sanitary pads, or a private space for washing reusable cloths and body washing.

### Outcome: There is greater understanding on menstrual health and cultural taboos around menstruation are challenged

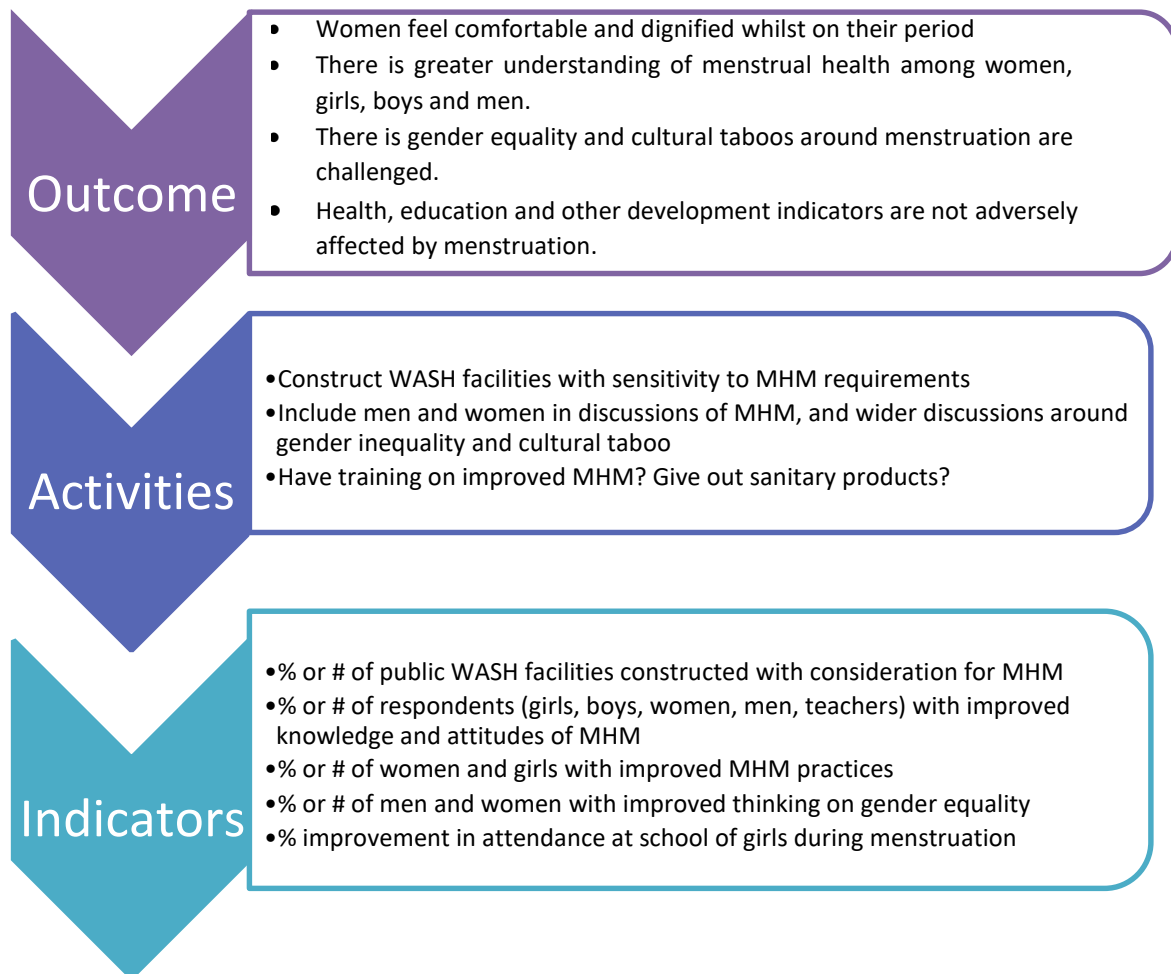
#### Action: Include men and women in discussions of MHM

Cultural taboos should be challenged through awareness of MHM. Discussions in the community should highlight the often-dangerous consequences of poor MHM and the cultural norms that exacerbate these:

- Due to the prevalence of myths and misunderstanding around MHM, factual information should be disseminated, and discussion facilitated.
- Men and women should be included in promoting and raising awareness of good MHM.

# tearfund

The following diagram show the outcomes, activities and indicators for including an MHM approach in WASH programming and within the organisation itself, which can be used in a logframe.



**Outcome:** The organisation recognises the priority of MHM in WASH programmes

## Action: Integrate MHM into organisation's documents

It is important that the organisation itself is sensitive to the issue of menstrual hygiene:

- MHM should be clear and consistent in the organisation's policies and strategies.
- Budgets should be allocated to encourage and promote good MHM

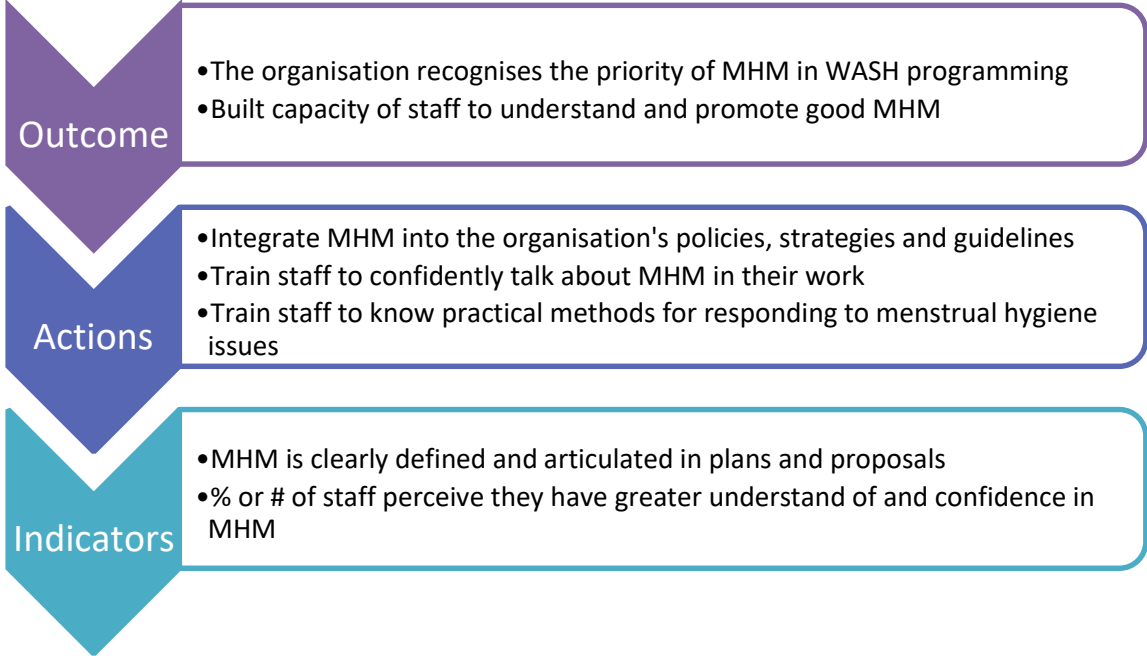
### Action: Train staff in understanding MHM

Staff should be able to confidently talk about MHM in their work. Women can be good role models in positions such as programme managers, implementers and advocates, as they provide examples of gender equity and women’s value and abilities. Similarly, male staff can help challenge cultural barriers and taboos. Male facilitators can engage government staff (who are predominantly male), to consider MHM as well as community and faith leaders.

### Action: Train staff in practical methods for dealing with MHM

Staff should be further able to demonstrate and promote practical methods for dealing with menstrual hygiene issues. Staff should not be ignorant of the practical realities of menstrual hygiene.

The diagram below shows the outcomes, actions and indicators for integrating MHM into the organisation’s priorities



## Indicators:

Indicators measure the impact of a project and provide evidence that it is meeting its objectives. The table below gives examples of indicators for a WASH project that aims to promote good MHM

<b>Dignity</b>	Construction	% or # of public WASH facilities constructed with consideration for MHM
<b>Understanding</b>	Community discussions	% or # of men and women with improved thinking on gender equality
	Awareness	% or # of respondents (girls, boys, women, men, teachers) with improved knowledge and attitudes of MHM
	Good practice	% or # of women and girls with improved MHM practices
<b>Impacts</b>	School attendance	% improvement in attendance at school of girls during menstruation
<b>Organisation</b>	Documentation	MHM is clearly defined and articulated in plans and proposals
	Staff Capacity	% or # of staff perceive they have greater understanding of and confidence in promoting good MHM

## Important links

[Menstrual hygiene matters](#) (House et al. 2012) is a great toolkit for understanding the full issue of MHM, providing resources for working with communities, schools, in emergencies, and in workplaces  
[Breaking the Next Taboo: Menstrual Hygiene Within CLTS](#) (Roose et al. 2015) is a short resource focusing on Community Led Total Sanitation on how it can integrate good MHM

## Summary:

This section has looked at the challenge of MHM for women and girls. It has considered actions to improve MHM and challenge the cultural taboo around menstruation. It has included indicators that measure the success of these actions.

This short guideline has considered the specific needs that women face: dignity, security and MHM.