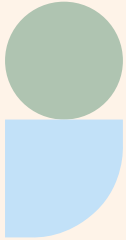




UNITED NATIONS
UNIVERSITY

UNU-IIGH
International Institute
for Global Health



WHAT WORKS

IN GENDER AND HEALTH IN THE UNITED NATIONS

CASE STUDY 1:

Empowering girls and women to challenge harmful gender norms to improve menstrual health and hygiene, implemented as part of a WASH programme (UNICEF)

**Gender &
Health Hub**

Knowledge. Policy. Action.



Project summary

The United Nations University International Institute for Global Health (UNU-IIGH) co-produced a practice-based study with five UN agencies working in global health (UNAIDS, UNDP, UNFPA, UNICEF and WHO). The project focused on analysing and understanding what worked, where, for whom, why and how, institutionally and programmatically, to successfully mainstream gender ([click here for the consolidated project report](#)).

The research involved in-depth analyses of 14 case studies that were considered examples of successful gender mainstreaming identified by respective UN agencies. Interview and published material relevant to each case study were analysed to ascertain the factors contributing to successful gender mainstreaming within the UN system. Key findings of the project included:

- Leaders can catalyse, accelerate and sustain success, by investing in gender architecture across the organisation with dedicated core funds.
- Organisational strategies that include gender equality with measurable outcome and output indicators, links between gender teams and budget planning teams, and strong performance and financial accountability mechanisms were gamechangers.
- Feminist civil society expertise and pressure can ensure alignment with local priorities, grounding in ethical frameworks, external accountability and sustainability.
- Joint interagency collaboration can have real impacts on the ground when comparative advantages of the agencies involved are leveraged.
- Evidence, data and programmatic learning that shows what works (and what the problem is) can drive action and change.

Overview of Case Study Series

This Case Study Series consists of briefs for each of the 14 successful cases of programmatic and institutional gender mainstreaming analysed as part of the 'What Works' project. Each brief presents further details about the particular case study, including the outcomes achieved, the pre-existing contextual factors that enabled the change, the factors that triggered change, and the mechanisms that sustained the change over time. Broadly, the case studies are categorised into three groups based on the types of successful outcomes achieved namely those that:

1. empowered women and girls to resist harmful gender norms and practices and advocate for their own health needs;
2. put gender and health issues on the global agenda; or
3. embedded gender equality issues in institutional processes and structures that supported gender equality in health programming.

These three types of outcomes reflect the different levels that UN agencies work on and illustrate the capabilities and strengths of the UN system.

Case study 1: Background

This case study, which relates to the first outcome group, focuses on contributions made by UNICEF through its water, sanitation and hygiene (WASH) programme to empower girls and women to challenge harmful gender norms to improve menstrual health and hygiene.

UNICEF has successfully leveraged its WASH in-school programme to integrate menstrual health and hygiene (MHH). WASH in School for Girls (WinS4Girls) commenced with a pilot programme in 14 lower-middle-income countries in 2014. Based on the pilot study, country programmes were developed in partnership with national and/or local governments and other partners to cater to local needs. As of 2019, there were MHH activities in 72 countries for in-school and out-of-school adolescents¹. In some countries, through working with municipal governments to engage children and their influencers, the programme helped change social norms around menstruation using innovative communication materials^{2,3,4}.

As part of the WinS4Girls, in a number of countries, UNICEF has used the principle of human-centred design

in cooperation with adolescent girls. In some of these cases, mobile apps were produced allowing girls to track their periods and receive information on menstruation through comic strips, stories, and booklets tailored to their local context and concerns (e.g. *Oky* in Indonesia, the *Change Every Girl Needs* in Pakistan). A series of guidance tools were also produced to enable gender-responsive programming, which, among other things, outlined concrete “gender-transformative” actions, such as including women in WASH committees.

Reports from country offices indicated that the programme improved adolescent girls’ access to menstrual hygiene products and facilities in many settings and encouraged them to challenge gender norms stigmatising menstruation and participate actively in programme implementation, locally^{2,3,4}.

Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that led to the programme’s success in challenging gender norms around menstruation in various country settings.

What were the triggers that catalysed the creation of WinS4Girls as part of the WASH programme?

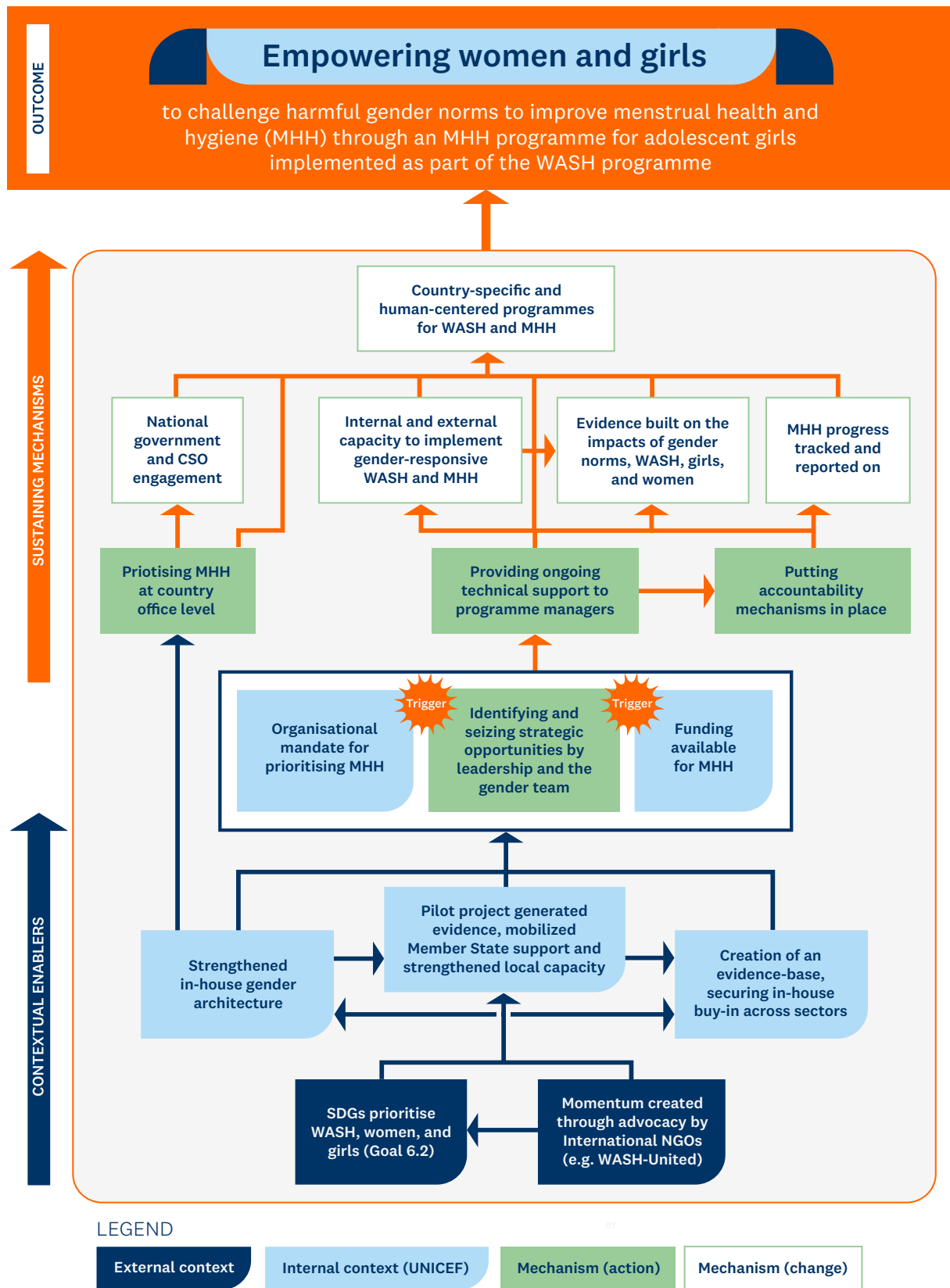
By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

An organisational mandate for prioritising MHH. MHH was highlighted as an organisational priority through inclusion in the WASH Strategic Plan

for 2016-2030 and as one of five priorities having transformational potential for adolescent girls’ wellbeing and empowerment detailed in the Gender Action Plan 2018-2021 (GAP-2)^{5,6}.

Funding available for MHH. Initial funding was available to UNICEF from Global Affairs Canada (CA\$7.5 million) for work on MHH⁷. The funding allowed for the scale-up of the work following the successful pilot.

FIGURE 1. Empowering women and girls



Identifying and seizing strategic opportunities by leadership and the gender team.

The technical lead for WASH and the in-house gender team were committed to advancing gender equality and were

strategic in finding opportunities for mobilising support. In combination with the gender team, this leadership played a significant role in steering the MHH programme towards addressing harmful social norms and attitudes⁸.

What enabling contextual factors facilitated change?

The triggers listed above occurred in broader enabling contexts which included favourable global, UNICEF-specific, and programme-specific environments.

Globally, some of the enabling contextual factors included:

- WASH as part of the Sustainable Development Goals (SDG 6.2) with a particular focus on women and girls: “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations”⁹.
- International civil society organisations (CSOs) working with adolescents advocated for a focus on MHH. For example, based in Berlin, WASH-United commenced working on WASH plus MHH in 2009, and in 2013 the CSO initiated May 28 as *Menstrual Hygiene Day*¹⁰.

Within UNICEF, some enabling contextual factors were:

- The creation of an evidence-base on how MHH programmes met several of UNICEF’s priorities besides hygiene and sanitation, such as gender and education (e.g. keeping girls in school, child protection, and preventing exposure to the risk of gender-based violence when toileting in open spaces). This evidence base, in turn, strengthened buy-in for the programme across UNICEF⁸.

- Strengthened gender architecture within UNICEF, which meant that gender expertise was available to launch the programme⁸.

At the WASH Programme level, the enabling contextual factors included:

- Building on initiatives taken by country offices. For example, in 2014, many country offices implemented WASH programmes in schools and provided menstrual hygiene dignity kits for girls and women in humanitarian situations. Piloting the WinS4Girls was a logical expansion from these early initiatives⁸.
- The pilot project, implemented in 14 low and middle-income countries during 2014-2017, which enabled upscaling through:
 - The undertaking of formative research across all 14 countries, which provided evidence-based programming, and pooled together the experiences with WinS4Girls through the *Annual Virtual Conferences on Menstrual Hygiene Management*;
 - Initiatives aimed at building capacity of national research partners through an e-learning course on formative research; and
 - Mobilisation of the leadership of Ministries of Education to foster ownership of WinS4Girls^{8,11,12}.

What actions sustained changes to result in WinS4Girls empowering girls and women?

Country-specific and human-centred programming.

Based on the formative research in pilot countries, country programmes were developed in partnership with national and or local governments and other partners to cater to local needs. In well-resourced countries that had prioritised MHH (for example, India), UNICEF provided technical support to accelerate the momentum of country-initiated programmes. In less-resourced settings, for example, Bolivia, opportunities were found to work with municipal governments to engage children and their influencers in changing social norms around menstruation using innovative communication materials⁸.

UNICEF used the principle of a human-centred design to design the programme with and for adolescent girls in several countries. The adolescent girls produced mobile apps to track their periods and received information on menstruation (for example, *Oky* in Indonesia and *The Change Every Girl Needs* in Pakistan), including comic strips, stories and information booklets tailored to the local context and concerns^{13,14}.

Providing ongoing technical support to programme managers.

A series of guidance

tools were produced that enabled gender-responsive programming. The tools outlined concrete gender-transformative actions, such as including women in the WASH committees, and included a list of indicators which helped to measure whether the gender-transformative objectives were met¹⁵. Also, a series of training webinars were conducted on the guidance package for UNICEF staff worldwide. Around 160 UNICEF staff and partners participated¹¹.

Putting in place accountability mechanisms.

Indicators of progress on the GAP-2 included MHH indicators, and therefore there was regular reporting on progress to the Executive Board and in the annual report on GAP⁶. Also, MHH was a part of the WASH strategic plan, which provided the opportunity for reporting annually on progress^{5,8}.

Prioritising MHH at the country office level.

Substantial progress was made in implementing a gender-responsive MHH programme at country level when there was buy-in for MHH from the WASH lead and leads in Communication for Development, and or where MHH was a national priority⁸.

Conclusion

This case study showcases that agencies can have a direct impact on empowering women, girls and other marginalised groups to resist oppressive gender norms affecting their health when gender mainstreaming is successfully integrated into operational functions. This brief, alongside analyses of the other case studies within the What Works in Gender and Health Case Study

Series, fills a major gap at a critical juncture in time by providing an evidence-base of what has worked, where, for whom, why and how, to promote gender equality in health in a multilateral system. For further details of consolidated findings across all 14 case studies and overall recommendations [please click here for the full project report.](#)

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