# Assessing Menstrual Health Interventions

Menstrual health interventions are complex and highly social by nature. There is still a long road ahead to comprehensively understand what works in menstrual health programming. This assessment framework synthesizes evidence from academic literature, NGO programming, and expert consensus on what should be prioritised in intervention design.

New evidence is constantly emerging as more attention is paid to menstrual health at the global level. What we understand to be best practice will change accordingly. This framework is a step towards bridging the gap between the current evidence base on what works in menstrual health programming and the design of menstrual health interventions by small and grassroot organisations. It is hoped that this will assist both funders and small charities in supporting equitable and effective menstrual health interventions.

Research has not yet convincingly demonstrated that an intervention must be multi-component to make meaningful progress (i.e. the relative value of a standalone education intervention compared to an education + product provision intervention, for example). At this stage, a framework can only go so far as to outline what is likely to work best under each heading (e.g. product provision, education etc) rather than hypothesize which *combination* is most impactful. However, proposed interventions will ideally demonstrate a holistic understanding of menstrual health as a complex issue and consider how the proposed intervention interacts with wider sociocultural and environmental factors.

Experts[1] continue to call for the development of global, regional, and national menstrual health indicators to help track improvements and inform what we understand a comprehensive menstrual health intervention to look like in practice. Broadly, however, there is general expert consensus informed by rigorous evidence on what components must be included in menstrual health programming to ensure effective and equitable outcomes in line with the Sustainable Development Goals (SDGs).

Beyond that, a review of the evidence base reveals lessons learned about what components have created positive change across diverse contexts - in other words what should be included in impactful menstrual health programming (recommended).

Separately, value judgements, informed by expert consensus, recognize that interventions which meet certain criteria tend to be stronger. These criteria are in line with a **rights-based approach –** one which empowers people to know and claim their rights and increases the ability and accountability of those who are responsible for respecting, protecting, and fulfilling these rights. Interventions which fulfil these

desirable criteria are more likely to enact sustainable change in addition to helping strengthen sector wide learning on what works in menstrual health programming. Interventions will ideally include these components and have relative merit compared to those that do not. These interventions should be given priority, provided they have fulfilled the essential and recommended criteria.

Assessment criteria can therefore be organised into an evidence- informed hierarchy:

1. Essential criteria: What interventions must demonstrate
2. Recommended criteria: What interventions should demonstrate

Guidance on what is desirable in proposed interventions is provided separately:

- Desired criteria: What interventions will ideally demonstrate

Funder Assessment Framework

Essential criteria

Recommended criteria

Desirable criteria

Intervention:

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| Intervention | *Menstrual Product Provision* | A1 | Women, girls, and their communities have been consulted about preference of product and strategy of distribution |
| | | A2 | Product provision meets the existing needs and wants of women and girls in the community |
| | | A3 | Demonstrates an awareness of *existing* local sources of menstrual product provision and how the proposed intervention addresses an existing lack of access. |
| | | A4 | Education and sensitisation on products is provided which supports women and girls in feeling confident in how to use the product(s) correctly and comfortably |
| | | A5 | Evidence that material environmental factors have been considered to support product uptake |
| | | A6 | Evidence that the immediate social environment (i.e. beliefs and practices upheld by communities) of women and girls has been considered to ensure safe and consistent use of new products |
| | | A7 | Demonstrates either a clear sustainability strategy for product provision or how one-off distribution of products is a part of a longer-term plan to meet young women and girls' needs. |
| | | A8 | A range of context appropriate products/materials is provided to facilitate choice between menstrual management methods. |
| | *Education* | B1 | Women, girls, and their communities have been consulted during intervention design and this information directly informs culturally and contextually appropriate education provision. |
| | | B2 | Education programmes have been designed to be age appropriate and scientifically (biologically) accurate. |
| | | B3 | Education programme provides basic information about menstruation as a biological process. |

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| | | B4 | Education programme provides detailed information about the experience of menstruation and guidance on menstrual management. |
| | | B5 | Aims to educate adolescent girls before they have started menstruating. |
| | *Stigma and Social Norms* | C1 | Women, girls, and their communities have been consulted about perceived sociocultural barriers to good menstrual health and wellbeing, and this information has informed intervention design. |
| | | C2 | Actively considers and/or addresses social norms, beliefs, stigma, and discrimination via community engagement. |

## Guidance:

### i. Menstrual Product Provision

Menstrual products are an important part of meeting the needs of menstruating people. Many small and grassroot organisations are already providing products. Outstanding questions remain about how to make these interventions sustainable and ensure uptake and impact.

To ensure that product provision is context-specific, interventions which have a product provision component must show evidence that:

**A1: Women, girls, and their communities have been consulted about preference of product and strategy of distribution.**

**A2: Products provided meet the existing needs and wants of women and girls in the community.**

It is recommended that interventions which have a product provision component also include:

**A3: Demonstrates an awareness of *existing* local sources of menstrual product provision and how the proposed intervention addresses an existing lack of access.** This point addresses the risk of projects undermining existing businesses, in particular if a grant-funded project intends to distribute products for free.

**A4: Education and sensitisation on products is provided which supports women and girls in feeling confident in how to use the product(s) correctly and comfortably [2].**

**A5: Evidence that material environmental factors have been considered to support product uptake**[3] - such as existing water and sanitation facilities, disposal mechanisms, housing structures, and environmental factors such as seasonal water availability.

**A6**: **Evidence that the immediate social environment (i.e. beliefs and practices upheld by communities) of women and girls has been considered to ensure safe and consistent use of new products as this environment exerts a strong influence on menstrual management practices**[4]**.**

**A7: Demonstrates either a clear sustainability strategy for product provision or how one-off distribution of products is a part of a longer-term plan to meet young women and girls' needs.** plans must ensure sustainable access to products that are routinely affordable and available (if disposable technologies are the focus, they must be made available every month to ensure women and girls are able to maintain any gains in access to complete provision). It is unlikely the positive impacts of menstrual supplies will be fully realized if supply is short term or intermittent. For projects using local enterprise to solve product access, plans must convincingly demonstrate how a local market for the products will be developed and sustained. Plans that focus on manufacturing a product without considering how they will generate and sustain demand are unlikely to be successful long term[2].

Priority should be given to interventions which include product provision that fulfil the above criteria and:

**A8: A range of context appropriate products/materials is provided to facilitate choice between menstrual management methods.** This recognises that individuals have unique experiences of menstruation and as a result benefit from access to different menstrual management methods. Ideally, all products should be promoted equally to ensure informed choice. [1]

### ii. Education

To ensure education on menstrual health is context-specific, interventions which have an educational component must show evidence that:

**B1: Women, girls, and their communities have been consulted during intervention design and this information directly informs culturally and contextually appropriate education provision.**

**B2: Education programmes have been designed to be age appropriate and scientifically (biologically) accurate.**

It is recommended that interventions which include an educational component show evidence of two levels[5] of menstrual education for girls:

**B3: Education programme provides basic information about menstruation as a biological process.** This information helps address fears of illness and embarrassment. This information should ideally include:

- What menstruation is
- Why menstruation happens
- When menstruation happens
- Explanation that menstruation is a healthy and natural process linked to reproduction.

**B4: Education programme provides detailed information about the experience of menstruation and guidance on menstrual management.** This information supports effective menstrual management practices, the identification of abnormalities, and equips girls to feel more informed, confident, and in control of their menstrual care and bodies. This information should ideally include:

- Advice on how to monitor cycle length and identify bodily symptoms that indicate the start of a menstrual period so that girls can be prepared for the first day of their period and have spare menstrual management materials readily available.
- Irritation, pain, and pain management during the menstrual cycle.
- Advice on absorption materials and the hygienic management of these materials
- Building awareness of what levels of pain or discomfort and abnormal bleeding do not need to be endured and building confidence to bring them up with a healthcare provider
- Empowerment of girls to report the source of pain when they are menstruating so they can be better supported by those around them.

Priority should be given to projects which fulfil the above criteria and:

**B5: Aims to educate girls in menstrual literacy before girls have their first period.** This is key to ensuring menstruation is normalized and to promote self-esteem and self-worth.

iii. Stigma and Social Norms

How menstruation is conceptualised culturally - via invisibility, myths, menstrual taboos, stigma, and negative social norms - plays an important role in the success of direct interventions. Regardless of intervention design, proposed projects must demonstrate awareness that how menstruation is conceptualised culturally, via invisibility, myths, menstrual taboos, stigma, and negative social norms, plays an important role in the success of direct interventions[2]. Evidence shows that the perceived need to conceal menstrual status to prevent embarrassment contributes to distress of women and girls when they are menstruating, the avoidance of social settings including school, and increases the need/demand for private locations for menstrual management and restricts washing, drying, and disposal choices.

Projects must demonstrate:

> **C1: Women, girls, and their communities have been consulted about perceived sociocultural barriers to good menstrual health and wellbeing, and this information has informed intervention design.**

Ideally, proposed interventions will:

> **C2: Actively consider and/or address social norms, beliefs, stigma, and discrimination via community engagement.** Projects which draw attention to and question menstrual stigma, including community-based interventions, create a more positive local environment and break down stigma.

Integration

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| Integration | *Building on successful programming to reach more women and girls* | D1 | Integration into existing school-based programming |
| | | D2 | Integration into existing WASH programming |
| | | D3 | Integration into existing Sexual and Reproductive health (SRH) programming |
| | *Integrated into wider efforts* | E1 | Demonstrates awareness of how their work contributes to the efforts of others locally, nationally, and/or internationally. |
| | *Partnerships* | F1 | Demonstrates a willingness/plan to engage other stakeholders in dialogue or partnership. |

Guidance:

Menstrual health should be a priority and seen as a health issue in its own right, but there are opportunities to scale programmes by incorporating menstrual health into larger projects and/or infrastructure.

Favourable projects which build on existing work in other areas may aim to integrate menstrual health into existing programming as these projects are valuable opportunities to reach more women and girls. These sectors include:

**D1: School-based programming**

**D2: WASH programming**

**D3: Sexual and reproductive health programming**

Particular areas of broad interest are[2] (but not limited to):

- WASH in schools
- Vocational skill development
- Sexual and reproductive health and rights
- Adolescent nutrition

- Adolescent participation

Priority should be given to proposed interventions which:

**E1: Demonstrates awareness of how their work contributes to the efforts of others locally, nationally, and/or internationally.** These projects are more likely to be more cost effective and impactful.

**F1: Demonstrates a willingness/plan to engage other stakeholders in dialogue or partnership.** Movement building is a key aspect of strong menstrual health programming.

Inclusivity

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| Inclusivity | *Leave no one behind* | G1 | Demonstrates how an understanding of the experiences of marginalized groups has informed intervention design. |
| | *Inclusion of those with disabilities* | H1 | Evidence that the needs of those with disabilities have been considered and included in intervention design. |
| | | H2 | Prioritises the needs of those with disabilities |

Priority should be given to interventions which demonstrate plans to ensure that vulnerable and marginalized populations are not left behind in planned intervention activities. Proposed interventions should:

**G1: Demonstrate how an understanding of the experiences of marginalized groups has informed the intervention**. Projects should demonstrate an in-depth understanding of their populations and the kinds of disadvantage and challenges they experience and how intervention design considers how to make sure everyone is able to benefit. These populations include (but are not limited to) young people, people living with disabilities, people living with HIV, people who do not identify with the gender they were assigned at birth, sex workers, prisoners, injecting drug users, FGM survivors, homeless people, and rural communities)[1].

Of particular priority for menstrual health programming is the disability community. Projects should demonstrate:

**H1: Evidence that the needs of those with disabilities have been considered and included in intervention design.** Inclusive projects will actively identify the requirements of people with disabilities and their carers in managing menstruation and support those with disabilities to have shame free, healthy periods.

Regardless of intervention design, ideally proposed projects will:

**H2: Prioritise the needs of those with disabilities.** Ideally, all projects will actively incorporate the needs of those with disabilities and how they can be supported to build self-efficacy.

## Impact

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| Impact | *Monitoring and Evaluation* | I1 | Clear plans to purposefully evaluate outcomes and produce evidence of impact. |
| | | I2 | Demonstrates evidence of a clear theory of change. |
| | | I3 | Demonstrates a commitment to using standardized tools. |

## Guidance:

Building an evidence base on what works in menstrual health programming is a sector wide priority moving forward. Proposed projects will ideally contribute to this base and guide impactful and targeted future programming, which is scalable, effective, and cost-effective.

A proposed intervention should:

**I1: Have clear plans to purposefully evaluate outcomes and produce evidence of impact.** This should be seen as a priority even if organisations require support to do so convincingly.

**I2: Demonstrate evidence of a clear theory of change.** Of key importance is an understanding of how the proposed intervention positively impacts the menstrual health of women and girls, as well as their broader wellbeing. A clear understanding of the interaction between the process through which change could occur and intervention context is important as it helps provide evidence on whether the proposed intervention effects could be replicated in another setting or at a larger scale.

Ideally, proposed interventions will:

**I3: Demonstrate a commitment to using standardized tools.** Using these tools means that evidence can be compared across contexts and contribute to a collective understanding of what constitutes best practice in menstrual health programming.

Girls Leadership

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| Girls Leadership | *Girls at the centre* | J1 | Demonstrates how girls' voices and experiences are at the centre of intervention development. |
| | | J2 | Demonstrates plans to engage girls and young women to lead change. |

Guidance

Projects that can demonstrate that girls' voices and experiences are at the centre of intervention development and that enable girls and young women to lead change should be prioritised. Ideally, projects will:

**J1: Demonstrate how girls' voices and experiences are at the centre of intervention development.** A lack of representation in decision-making spaces is a root cause of why the needs of women and girls remain unmet, particularly when they are menstruating. There is increasing recognition that if those that benefit from interventions are involved in their design, they are more effective.

**J2: Demonstrate plans to engage girls and young women to lead change.**

Sustainable Change

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| Sustainable Change | *Sustaining change beyond project lifespan* | K1 | Demonstrates clearly defined plans and/or mechanisms in programme design to ensure that positive change is sustained. |

## Guidance

Sustainability is a big challenge for small scale menstrual health interventions so strong plans for making sure positive change is sustained is key.

**K1: Demonstrates clearly defined plans and/or mechanisms in programme design to ensure that positive change is sustained.** Sustainability does not necessarily mean 'without any further investment', but that there should be a clearly defined plan for making sure gains are not lost as soon as a project or funding finish.

References


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