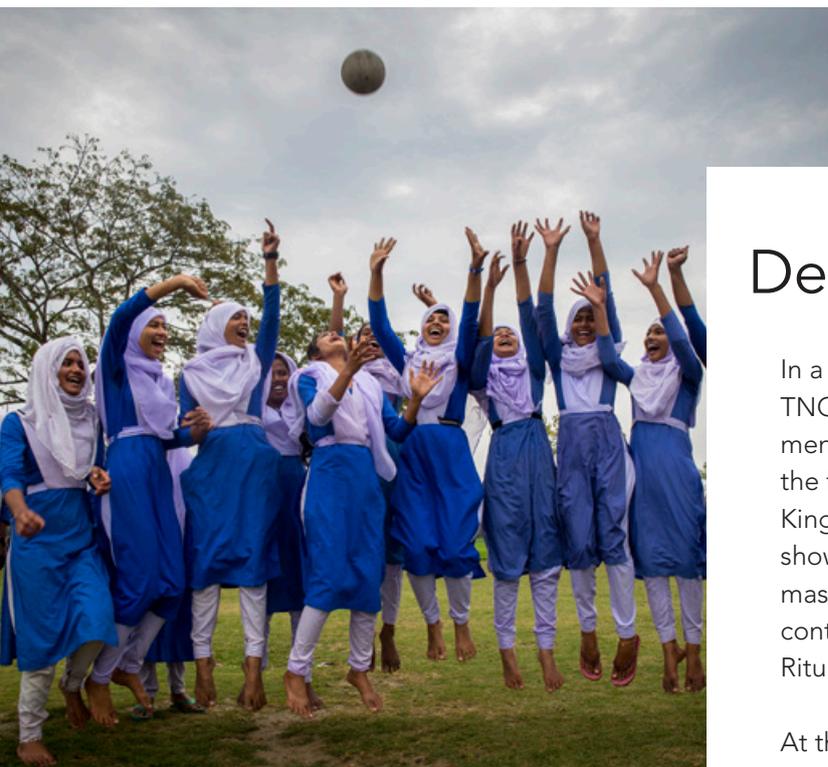


Ritu programme

Improving menstrual health
of girls in Bangladesh



ritu final report



Dear reader,

In a period of four years, Simavi, RedOrange and TNO, worked with BNPS and DORP, towards improved menstrual health of girls in Bangladesh. This report is the final delivery towards our donor, The Embassy of the Kingdom of the Netherlands in Dhaka, Bangladesh. It showcases our results: from the impressive reach of our mass media campaigns to the data from the randomized controlled trial (evaluation) that shows the impact of the Ritu programme on girls' menstrual health.

At the same time, we wanted to create a resource document for the Ritu partners and other organisations working on menstrual health in Bangladesh and beyond. This is why we go further than just showcasing our results. We provide details on our approaches and reflections on what worked and what did not work. We also present our key lessons learned. We feel that it's important to be transparent and open, so that these lessons are available for others too. We hope to inspire donors and organisations to invest in menstrual health.

This report reflects the impact Ritu has made, the changes we see every day with our own eyes. I see girls that are not ashamed because of menstruation, talking openly about menstruation, expressing their needs, playing and exercising during menstruation, going to school or work. I see fathers buying pads and mothers giving nutritious food to their daughters during menstruation. I see teachers proudly teaching about menstruation as a normal and natural function of our bodies. A dark area has been illuminated; the sun is shining – almost as if the Ritu logo has predicted it's course.

Mahbuba Kumkum
Programme Manager Ritu
Simavi Bangladesh



Kingdom of the Netherlands

Simavi
A healthy life for all.

redorange
media and communications

TNO innovation
for life


BNPS


DORP
WE WORK

RITU in short

Highlights

Improvement

As a result of the Ritu programme, girls have improved menstrual health. This means that they feel less ashamed and more confident during their menstruation and have the skills, knowledge, support and necessary products and service to perform menstrual practices.

Taboo

66% of girls did not know what menstruation was before the start of menarche.

The first

The Ritu study is the first randomized controlled trial (RCT) on menstrual health in Asia. The findings have relevance beyond the programme itself. The baseline was for example quoted by WaterAid and UNICEF in their MHM Snapshot on Bangladesh.

Timeline

November 2015 - June 2016
> Inception phase

July 2016 - July 2019
> Implementation

August 2019 - March 2020
> Extension



'Menstruation is normal & natural'

Working together

The Ritu programme is funded by the Dutch Embassy in Bangladesh.

The programme is developed and implemented by Simavi, RedOrange, TNO and BNPS and DORP.

Ritu NOUN <Bengali>

1 Season **2** Indication of menstruation **3** Girl's name
NB Ritu is also the name of a programme that aims to improve menstrual health of girls (10 - 15 years) in Bangladesh.

67%

of girls in the Ritu programme feel confident to manage their menstruation at school, compared to 43% in control communities (RCT data).





ritu contents



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Ritu partners

Simavi, August 2020

OrITU the context



Menstruation affects daily life

An estimated 1.8 billion girls (UNICEF, 2019), women, transgender men, intersex, and non-binary people of reproductive age menstruate every month. Although menstruation is a normal and natural element of the female reproductive system, it is a taboo topic that is often not talked about openly. Moreover, many women and girls, as well as other people that menstruate, lack the knowledge on how to maintain their menstrual health and hygiene. In addition to that, around 500 million women and girls lack access to gender-sensitive

facilities and the menstrual products of their choice to manage their periods (FSG, 2020). These factors directly affect girls' and women's well-being during menstruation, their participation in daily life, and possibly their physical health.

What is menstrual health?

Menstrual health and hygiene encompasses 'both menstrual hygiene management and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors

have been summarised by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal, and advocacy and policy.' (UNICEF, 2020).

A matter of human rights

Menstrual health enables women to exercise human rights on the basis of equality. It is key to the fulfilment of women's rights and at the same time connected to the rights to health, education, gender, dignity, water, and sanitation of any person who menstruates.

Sexual and reproductive health and rights

Menstruation is a foundation issue of sexual and reproductive health and rights. Women's and girls' knowledge and experience of menstruation influences their understanding and decision-making over their bodies. Menstrual health contributes to healthy pregnancies, sexual awareness, and influences sexual enjoyment. At the same time, (hormonal) contraceptive use influences menstrual cycles and using the menstrual cycle as a form of contraceptive increases the risks of STIs and HIV.



Bangladesh

Bangladesh ranks 135 out of 189 countries in the Human Development Index (129 in 2014)¹. At the same time, Bangladesh is one of the most densely populated countries in the world with a current population of 168 million people. The population is still growing steadily and is estimated to reach 220 million by 2050. Around 30% of the population live in urbanised areas such as in the capital city Dhaka, which is estimated to have more than 15 million inhabitants.

The position of women and girls in Bangladesh

According to the SDG Gender Index² Bangladesh is ranked 110 out of 129 countries. With a score of 49.2 the gender situation in Bangladesh is identified as 'very poor'. This is despite substantial investments by the Government of Bangladesh that resulted in a steep decrease of maternal mortality and fertility rates. For example, with 59% of girls getting married before the age of 18, child marriage rates remains the highest in South Asia.³ Although investments have led to greater gender parity in school enrolment, women's participation in the workforce remains limited to low-paying sectors.⁴

Menstrual health in Bangladesh

At the start of the Ritu programme, the most recent National Hygiene Survey in Bangladesh (2014)⁵ provided a good insight into drivers, barriers, and indicators of girls' menstrual health in Bangladesh.

Water, sanitation and hygiene (WASH)

- Hand washing facilities are present in 40% of the households.
- Functional, improved toilet facilities are in 80% of primary schools and 98% of secondary schools but of these, only 41% of primary and 57% of secondary school facilities were lockable. Functional but unlockable gender-separate toilets were found in 22% of schools.
- Water and soap is available within nine metres in 30% of primary school and 42% of secondary school toilets.

Information and education

- Menstrual health education at school is offered to 6% of girls, who are often left to read biological information in textbooks by themselves.
- Prior to menarche, 36% of girls and women had heard about menstruation.
- On average 40% of the girls miss three days of school during their menstrual period.

Policies

A number of government policies and plans mention menstrual health-related issues. For example, the government's Water and Sanitation Sector Development Plan (2011–25) sets out the need for gender-appropriate WASH facilities, menstrual guidance for students and teachers, and the provision for the supply and disposal of menstrual products. The government's most recent Seventh Five-Year Plan recognises the importance of inclusive and separate toilets for girls in schools with adequate facilities for sanitary pads and cleansing materials.⁶

ritu the partnership



The Ritu programme is funded by the Dutch Embassy in Dhaka, Bangladesh as part of their broader Sexual and Reproductive Health and Rights (SRHR) programme. In addition to the initial programme funding (November 2015–July 2019), the embassy funded an extension of the programme (August 2019–March 2020). The embassy has been involved in the development and implementation of the programme.

Consortium partners

The Ritu consortium consists of Simavi, RedOrange, and TNO. The Ritu programme was designed and implemented by the Ritu consortium in close collaboration with Bangladesh Nari Progati Sangha (BNPS), Development Organisation of the Rural Poor (DORP), Impact Centre Erasmus. Maastricht University and Johns Hopkins University were our partners in the Ritu study (RCT).

Simavi (consortium lead) is a Dutch NGO that

strives for a world in which all women and girls are socially and economically empowered to pursue their rights to a healthy life, free from discrimination, coercion, and violence. Simavi specifically focuses on the nexus between WASH and SRHR, and is an expert on menstrual health programming. www.simavi.nl

Main roles in the programme are coordination, local and national advocacy, establishment of the MHM Platform, menstrual health, WASH and

SRHR expertise, quality control, monitoring, evaluation and learning from direct interventions in Netrokona and national advocacy, guidance from BNPS, and DORP.

RedOrange (consortium member) are an international consultancy in communication for change. As a one-stop solution house, RedOrange design and implement social and behaviour change projects, and provide innovative marketing,



'The results from this programme can inspire programme designers and policymakers'

Mrs Mushfiqua Satiar, Senior Policy Advisor SRHR and Gender, Dutch Embassy, Dhaka
Menstruation is a topic that is considered as 'taboo' and used to not openly talked about in Bangladesh. As a result, many girls lack the necessary knowledge and information to care for themselves during menstruation. Furthermore, social and cultural norms and practices limit girls participation during menstruation. This hampers the 50% of the total population, that is the girls and women, becoming productive citizens and contribute to the development and progress of the country. Exactly this is the reason that in 2015 the Dutch Embassy in Bangladesh decided to invest in the Ritu programme. Ritu, in Bangla meaning season, used as name of a girl and also for menstruation. The programme has provided knowledge and opportunities for girls and women to access services and receive support of the society to overcome all obstacles around menstruation. We are assured that the results and learnings of the Ritu programme will inform and inspire programmes and policy makers to systematically invest in improving menstrual health in Bangladesh and we all contribute equally in the progress of our country.

media, communications, and ICT support geared towards public, private, and social sector development. www.redorange.com.com

Main roles in the programme are development and implementation of the communication strategy, which includes advocacy and awareness-raising campaigns on local and national levels.

TNO (consortium member), a Dutch research and innovation institute, 'connects people and knowledge to create innovations that boost the competitive strength of industry and the well-being of society in a sustainable way.' www.tno.nl

Main roles in the programme are the development of a biodegradable sanitary pad in collaboration with the private sector for production of the pads.

Implementing partners

BNPS is an NGO and implementing partner of Simavi. It is an activist women's organisation founded in 1986, working to establish equality for women in Bangladesh. Roles: local and national advocacy, and educational interventions in Netrokona. www.bnps.org

DORP is also an NGO and implementing partner of Simavi. It develops and promotes sustainable models of capacity strengthening to facilitate access to necessary inputs of (mainly) women and children in marginalised communities. Roles: local and national advocacy, water, sanitation, and hygiene interventions in Netrokona. www.dorpbd.org

Research partners

Impact Centre Erasmus University, dr. Kellie Liket and Jolijn van der Ploeg, partner of Simavi in the evidence-informed programme development.

Lidwien Sol, PhD candidate Maastricht University, partner of Simavi in the evaluation (randomised controlled trial) of the direct interventions in Netrokona. Role: independent lead researcher.

Dr Julie Hennegan, Johns Hopkins Bloomberg School of Public Health, who partnered with Simavi and Maastricht University and provided advice for the evaluation (randomised controlled trial), and survey measures.





RITU the programme

Theory of Change

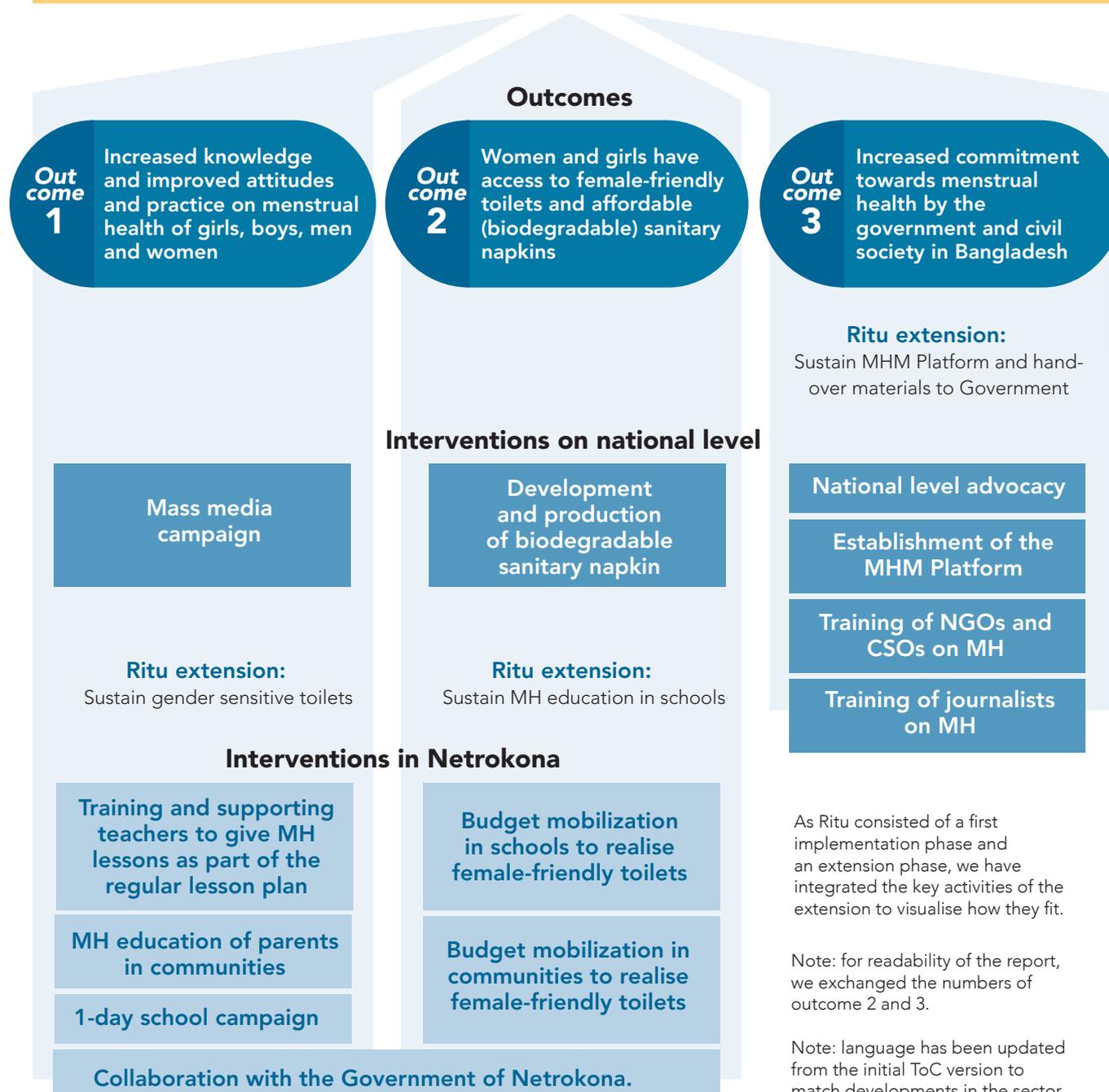
Our theory of change reflects the theoretic framework we worked with from the start of the programme.

Overall objective

Improved health and well-being,
and social and economic participation of women and girls in Bangladesh

Specific objective

Improved health and well-being of girls between 10 and 15 years in Bangladesh



More on our Theory of Change

Overall goal

Investing in menstrual health has the potential to have an impact on broader health, well-being, social, and economic participation of girls. And, in addition to girls in Netrokona, the Ritu interventions are also likely to impact other women and girls.

Specific objective

The primary target group are school-going girls from 10 to 15 years old, living in Netrokona. With an average age of menarche of 12.8 years in Bangladesh, we targeted girls just before, during, or just after they started menstruating.

Outcomes

Through the combined outcomes 1 and 2, the Ritu programme addressed the key barriers to the menstrual health of girls. These included social and cultural norms and practices, and lack of menstrual knowledge, skills, and social support, as well as limited access to female-friendly toilets and products at school and at home. With outcome 3, the programme contributed to a supportive civil society and policy environment.

National and local interventions

Interventions on local and national levels mutually informed and strengthened each other. For example, the learning from interventions in Netrokona were used to inform national level advocacy.

Netrokona

Netrokona district was selected as the location for the direct school and community interventions, as the needs of girls in terms of menstrual health education and toilets were high. Moreover, the area is relatively 'untouched' by similar interventions of other NGOs claiming an ability to make a change that would not have happened anyway.

National level advocacy

As part of the national level advocacy strategy, Simavi set up and coordinated the MHM Platform. BNPS led on the joint advocacy towards the inclusion of menstrual health in the secondary school curriculum. DORP led the joint advocacy towards increased budget for female-friendly toilets in schools. RedOrange led the advocacy towards the adoption of the information, education, and communication materials from the Directorate of Family Planning of the Ministry of Health.

Multimedia campaign

This national campaign included a TV series, TV and radio commercials, a website, a Facebook page, documentaries on best practices, newspapers articles with national celebrities, and the yearly celebration of MH Day.

Biodegradable sanitary pads

TNO, together with Rodenburg Polymers, proved that it is possible to develop a biodegradable plastic from starch that can be used in the production of sanitary pads.

Based on evidence

The Ritu programme was designed using evidence-informed programming principles with support from the Impact Centre, Erasmus University (ICE). Essential to this approach is the use of evidence to better understand how change comes about, which interventions are most likely to have the desired effect, and to use this information up front in the design of the programme.

Evidence-informed programming

During the inception phase, we consulted existing rigorous evidence on menstrual health programming in Bangladesh and on a global level. Based on this information, the most effective approaches, gaps in evidence, and opportunities for learning were identified. Combined with information from needs and contextual assessments, the final mix of interventions was further defined in a series of workshops with the partners and with the support of the Impact Centre, Erasmus University.

Key findings from the literature review

Findings from the academic literature review conducted by the Impact Centre, Erasmus indicated that evidence of the impact of menstrual health interventions on health, school attendance and performance, and gender equality is mostly anecdotal. There is some evidence that school interventions are effective ways to address menstrual health, and school-based female-friendly toilets are considered relevant for improving safe menstrual practices. Although often quoted as a reason to invest in menstrual health, evidence for the link with increased attendance of girls was rather weak. The evidence underlines the need to go beyond schools and shows that female-friendly toilets at home are a crucial factor in improving menstrual health.

Formative research in Bangladesh and Netrokona

With the academic evidence in mind, the formative research process was designed to collect context-specific information to complement the literature review. This consisted of a needs assessment led by Simavi, and three focused studies on male involvement, media use, and



'It is not always easy to let go of earlier designed activities or assumptions'

Marianne van Diggele, Senior MEL advisor, Simavi

'As evidence pointed towards the positive impact of school interventions on girls' menstrual health, this was chosen as the focus of the direct interventions in Netrokona. Moreover, we found that educational interventions were less effective when girls cannot directly practise their newly learned behaviour. We decided to sequence the Netrokona interventions, starting with the development of female-friendly toilets before trained teachers would start the menstrual health lessons. We decided to test the added value of community interventions as part of our evaluation.

The findings of the needs assessment⁷ were further used to shape specific messaging. For example, mothers were found to be the key providers of menstrual health information to girls, including the restrictions that girls need to adhere to. Mothers were therefore targeted fact-based information on menstrual health combined with skills to share this with their daughters. We

the market feasibility of biodegradable sanitary pads, led by RedOrange. Specific attention was given to gaps in the literature and key contextual factors identified that influence the effectiveness of the programme.

Some key findings:

- Watching television is a regular activity for 52% of the boys and girls. The preferred channels are all Indian due to the high entertainment factor (media study).
- According to a media study, 87% of the students do not listen to the radio and 69% of the respondents do not use computers.
- For girls, 40% indicated that they get information about menstruation from their mother; only 5% of the girls learned about menstruation from books and other media (media study).
- Price and having to visit a store seem to be the most important barriers to buying pads (market feasibility study).
- There is little awareness about bio-degradability (market feasibility study).

found that fathers play a minimal role in information sharing, but do manage the family income. We therefore decided to focus on encouraging fathers to prioritise expenditure on sanitary pads and female-friendly toilets to support their daughters in managing their menstruation.

Application of an evidence-informed programming approach was new to Simavi. Increased time investment and coordination was required from all partners. Moreover, it was not always easy to let go of earlier designed activities or assumptions based on personal observations. However, the extra investment from the start resulted in a very well thought out, thorough set of direct interventions and strong alignment with existing evidence, local needs, and priorities in Netrokona. One thing I have learned is not to try to do too many different activities, but to select a smaller number of interventions using evidence and do these really well. In this way, a programme is most likely to achieve the expected impact.'

Gathering more information

To inform the programme targets, budgeting, and interventions as well as the randomised selection of targeted schools and communities, BNPS and DORP collected attendance and performance data and information of the status of toilets from 187 schools and surrounding communities in eight upazilas (sub-districts) of Netrokona. From these schools, 160 co-education schools were selected of which 89 were randomly selected by Maastricht University for the school interventions, and from those selected 39 were picked at random to also receive community interventions. The

findings of the toilet mapping were also shared with the Health & Family Planning Offices, the Civil Surgeon, and the Deputy Director of Family Planning in the eight upazilas selected.

Findings about the toilets in schools by DORP:

- There is no water in 54% of the toilets.
- There are no baskets or bins where the girls can safely dispose of the used menstrual materials in 86% of the toilets.
- None of the toilets are clean, and the schools don't hold a stock of sanitary pads for emergency situations.



'It was very hard to walk down every single narrow lane but it helped develop a relationship with the communities'

Shahida Parvin – Monitoring and Evaluation Officer, BNPS

'It was very hard for the project staff to walk down every single narrow lane to find each of the schools and each of the families; nonetheless, it helped the project staff to develop a relationship with the people in the community. In addition, through mapping the project staff gathered knowledge on socio-economic conditions of the beneficiaries. Later on, the team used this knowledge to refine their approaches to entry into the community.'



Ensuring programme quality and keeping track of progress

Various tools were employed to test interventions, and keep track of the quality of implementation. The findings were analysed, discussed, and incorporated in the programme to ensure quality and enhance the impact of the programme. In this section we will highlight key tools and methods that were used in the programme.



Female trained teacher giving MH lessons

'Pretesting before implementing helps'

Shahida Parvin – Monitoring and Evaluation Officer, BNPS

'Before the teacher training started, we organised a pilot training for both primary and secondary school teachers. As part of the test, teachers suggested methods that would help us to motivate other teachers, for which session we would need to distribute notes with detailed information on how we should design the session plan. From the pilot training undertaken, developing a training module sitting in offices is not necessarily effective. Pretesting activities before implementation helps to understand the practical situation.'

Pretesting

Pretesting was done to ensure the developed approaches and messages were appropriate and likely to be effective. Before implementation started Simavi, BNPS, and DORP with guidance from the Impact Centre Erasmus pretested their messages and methodologies for the school and community interventions. RedOrange on its turn organised an initial screening of the TV series they developed to test the responses of young people.

Performance monitoring

The interventions in Netrokona had to be implemented according to a strict sequence and protocol to ensure that girls would receive the same interventions. To track any deviations of the protocol, Simavi and Maastricht University developed an online document that was regularly updated by DORP and BNPS. The collected information was aggregated and discussed on a quarterly basis and when needed, cases were discussed on an individual basis. For example, BNPS observed that in 15 of the 82 combined schools, boys and girls were too shy to join mixed sessions. These 15 schools then started separate classes and put the boys and girls back together after a few sessions.

Progress monitoring

To ensure that the planned interventions had the expected direct effects, a set of monitoring tools was developed by BNPS and DORP with input from Maastricht University and Simavi. The information gathered was used by Simavi, BNPS, and DORP to adapt or intensify interventions where needed. BNPS for example administered pre- and post tests at every teacher training session to measure increase in knowledge, perceptions, and skills. Furthermore, teacher self-assessments and an identification of the progress of each school were used to inform the refresher training for teachers. DORP, Simavi, and Maastricht University developed two toilet checklists in line with the Joint Monitoring Programme (JMP) framework.⁸ With the tools, DORP mapped the initial status and monitored improvement of toilets in schools and communities. Forums of student were trained to use the tools and in the extension period, the tools were handed over to the relevant government and school stakeholders. RedOrange also developed pre- and post tests to assess menstrual health-related knowledge of the journalists involved in the Journalist Fellowship Programme. Furthermore, one week after the school campaign was finalised, a post evaluation was administered in each school.

Ensuring programme fidelity and quality

Simavi's Programme Manager and Monitoring and Evaluation Officer in Dhaka worked closely with BNPS and DORP in ensuring fidelity and quality of programme interventions. During regular visits, the team monitored the quality of intervention, staff performance, and follow-up. The findings were documented and discussed with the Simavi team in the Netherlands, after which the team in Dhaka worked with BNPS and DORP to improve where needed. As the quality of interventions largely depends on staff capacity, Simavi worked with BNPS and DORP to build the capacity of staff and in some cases reorganised staff into other positions.

Monitoring of mass media platforms

The communication strategy consisted of mass media communication, among others a TV series, a Facebook page, the celebration of Menstrual Hygiene Day and the development of

information, education and communication materials. With the large numbers that were reached, these activities boosted the reach of the Ritu programme, which was recorded through a set of monitoring tools as presented below.

Online tracking of visitors

Online visitors of the various online platforms were counted using analytic tools, e.g. Google Analytics and Facebook Analytics. These methods are widely acceptable for generating visitor reports for analysis, as they provide a wide range of data. We mainly investigated the 'reach' count, which is the countable number of people who came across the communication items online. This assured us that the digital materials were presented to the audience; that the audience was also able to click, view, and engage in all the details. In the future, we would go beyond the 'reach' count and include viewer engagement data, such as comments and reactions.

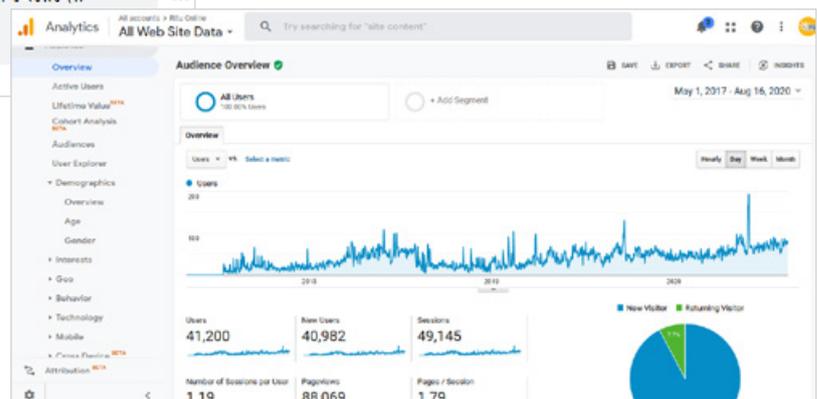
Data on reach of TV and newspapers

RedOrange collected statistical data from television channels that were used for broadcasting and newspapers in which articles and advertisements were published, to count the total reach of these publications.

Online monitoring tools

RedOrange built a customised, digital tool to monitor and evaluate the school campaign that was organised to kick off the implementation in schools in Netrokona. Part of the tool were feedback forms that were filled in by students and teachers as part of the post-evaluation of the school campaign. The pre- and post tests taken by journalists were also included in the digital tool. With the tool the evaluation and test results could be analysed. The findings are used in this report.

Screenshots from social media pages and analytics.



Evaluation methods

To evaluate the contribution towards the set outcomes and specific objective, a number of qualitative and quantitative methods were used.

Harvesting of advocacy outcomes

In addition to regular monitoring of activities, and documenting meetings through minutes and pictures, Simavi initiated the outcome harvesting method. This captured both expected and unexpected outcomes of the advocacy work done by the MHM Platform and the Ritu partners. Through this we were able to capture progress towards the set outcomes, understand the programme's contribution to change versus external factors, and improve future activities, plans, and programming.

Qualitative evaluation tools

Where needed, Simavi, BNPS, and DORP developed and implemented other tools to be able to properly capture our contribution to outcomes that could not be captured by the RCT or other quantitative monitoring tools. This includes a set of 39 focus group discussions that DORP organised throughout the programme to monitor progress and maintenance of the female-friendly toilets. In October 2018, 32 focus group discussions with boys and girls were organised to capture progress against the programme outcomes and inform the final programme interventions. The information captured is used throughout the report to illustrate quantitative outcomes.

STATISTICAL SIGNIFICANCE

RCT data is different from other data due to the rigorous nature of the data collection process. The large datasets (more than 4,000 girls interviewed), the strict randomisation and the use of a control group all ensure that other variations which could explain differences in indicator values are minimised. Also at the data analysis stage, strict protocols are followed (see Ritu study protocol⁹) and multiple tests are done to assess the significance of the outcome. Therefore a small but statistically significant change measured in an RCT is already a major result that can support the evidence base not only for this programme, but on MH interventions in general.

Programme evaluation

An evaluation was administered at the end of the programme to understand the added value of the entire Ritu programme towards the set outcomes, and to evaluate the added value of the different components. Moreover, the evaluation looked at the (potential) sustainability of the Ritu interventions. With that, it provided useful input for the extension period of the programme. The evaluation team consisted of Mr Khokon Mitra (lead evaluator), Prof. Dr Nelofar Parvin (associate evaluator), Ms Sadia Nasrin (associate evaluator) and Ms Afia Jahan Shusmita (assistant evaluator). The team applied several methods for the evaluation; these include evaluation of secondary literature and primary data sets that were generated by the Ritu partners, focus group discussions with girls, in-depth interviews with teachers, and key informant interviews with a number of stakeholders. The team also analysed relevant policies, materials that were developed by the partners, as well as the statistics from online platforms. The evaluation team visited nine schools in Netrokona and interviewed 303 girls.

Impact research (RCT)

As part of the evidence-informed programming process, we found that there is limited evidence available from quantitative studies on the impact and effectiveness of menstrual health interventions. With the Ritu randomised controlled trial (RCT)¹⁰ that evaluates the interventions in Netrokona, Simavi and Maastricht University aim to contribute to the current evidence base of menstrual health programming.

Research design

With the research, we planned to do the following: **1)** compare the impact on girls' well-being during menstruation across our intervention and control groups, **2)** explore how the additional community interventions have an increased impact on girls' well-being during menstruation, **3)** provide insights into the best way of measuring the effect of complex menstrual health interventions, and **4)** provide evidence on the cost-effectiveness of the Ritu programme interventions in Netrokona.

On **1)** we measured the effects of the programme on girls' well-being during menstruation – the overall goal of the programme. Specifically, the evaluation tested the impact of the programme on psychosocial well-being, physical health during menstruation, empowerment, sexual and reproductive health, and a set of subdomains such as happiness,

empowerment, and expectations surrounding marriage. On outcome level, we measured the effects of the programme on support for restrictive norms, support at school, increase in knowledge, and menstrual practices.

Sample

All co-education schools in the district were eligible for the programme and from those, 41 schools were randomly selected to receive only school interventions and 37 schools received both school and community interventions. A total of 70 schools were selected for the control group. The data for the baseline survey and the programme endline survey was collected from 4,075 subjects for the baseline and of those, 3,551 girls were involved in the endline survey conducted by the independent survey firm Capacity Building Service

Group (CBSG), based in Bangladesh. The whole team from CBSG was blinded to the treatment conditions. Note that the total reach of the Ritu programme goes beyond these numbers.

Collection of school data

In addition to the survey, anonymous school attendance data was collected on a rolling basis by BNPS. Data collected from administrative school records was triangulated with on-the-spot check data and self-reported attendance data from the surveys. With the data from on-the-spot checks and self-reported attendance we were able to validate the data from school and government administrative records.

Implicit attitudes tests

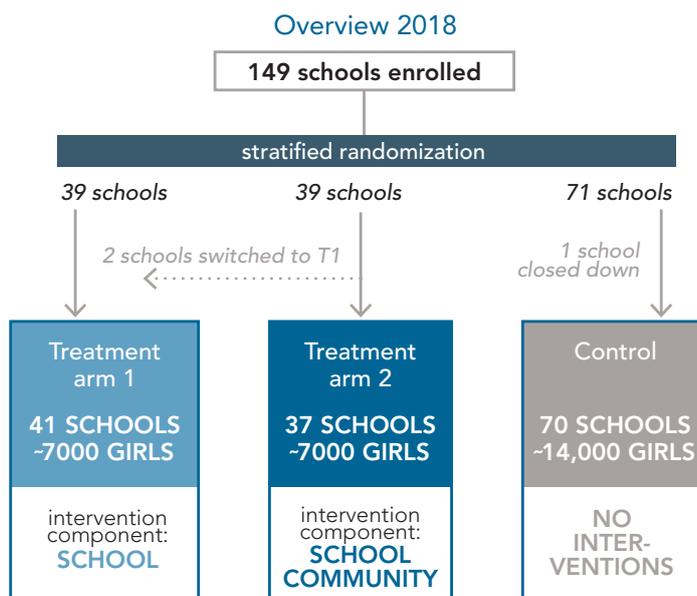
To test if attitudes of parents changed as a result of the community interventions, Lidwien Sol developed a computer-based test. By responding to a mix of instructions and pictures, she was able to test for changes in parents' implicit and explicit attitudes.



'I'm deeply impressed by the flexibility to adhere to the strict research protocols.'

Mrs Lidwien Sol, PhD Maastricht University, lead researcher Ritu

'Running an RCT and a complex menstrual health intervention at the same time is very challenging. Luckily, the communication with Simavi was great and BNPS and DORP assisted us during numerous site visits. I'm deeply impressed by the flexibility of the local partners, how they changed their traditional implementation strategies to adhere to the strict research protocols. All the hard work paid off; we found rigorous evidence that the Ritu programme positively impacted the lives of adolescent girls in Bangladesh.'



MISSING GIRLS

When tracing the girls for the endline survey, the CBSG registered reasons for their drop-out. From the 524 girls that CBSG could not find, 45% had moved to another district to work in a garment factory, 14% were married, 13% migrated with their families and 9% had moved to another school. At the time of the survey, the girls were 13 on average in survey dataset.

ETHICAL CONSIDERATIONS

Control groups are an essential part of randomised controlled trials. Schools and girls in the control groups did not receive any interventions, but we did collect data from them. Simavi has discussed this internally and also had regular discussions with DORP and BNPS. Although we made a conscious decision to contribute to the evidence gap on the effectiveness of menstrual health programmes, the concern that the control schools did not receive interventions was brought up regularly throughout the programme. The discussion became even more complicated when other organisations planned interventions in the control schools and communities. After discussions with these organisations, they chose another intervention area. This was of course a difficult decision as we were basically withholding interventions from these particular schools and girls.

Note: We did obtain ethical approval from local authorities (Ministry of Education), headmasters, and the Internal Review Boards of Erasmus University and Maastricht University for the RCT.



‘Because we had piles of data, we used to call Ritu the ‘research programme’

Mr Quazi Robiul Alam, Ritu Programme Coordinator at BNPS

‘The randomised controlled trial did provide us with some challenges. For it to be successful, we had to follow strict protocols where normally we have a lot more freedom to decide how and where we work. Collecting data from control schools was also a challenge, as they did not directly benefit from the programme. Because we had piles of data in our offices, we used to call Ritu the ‘research programme’. We have learned a lot from this programme though and the evaluation shows that it made a positive impact on girls’ menstrual health. That is most important.’



Part of the by BNPS collected school attendance data

SUSTAINABILITY STUDY

Simavi received a small grant from Share-Net International to perform a small study on the sustainability of the school-based interventions and to explore the programmatic and contextual factors that contributed to the sustainability of such interventions.

ritu the results



Outcome 1

Increased knowledge and improved attitudes and practice on menstrual health of girls, boys, men and women

Outcome 2

Women and girls have access to female-friendly toilets and affordable (biodegradable) sanitary napkins

Outcome 3

Increased commitment towards menstrual health by the government and civil society in Bangladesh

In this section we present what we achieved with the Ritu programme. Throughout the programme we implemented a variety of activities following very different approaches, and at the same time monitored and measured using a variety of tools. Per outcome, we present highlights in terms of reach and activities, and achievements towards the outcomes and impact. The data presented comes from a range of progress and performance-based monitoring tools.

A overview of the Ritu indicator targets and results can be found in the annexes.

Outcome
1

Increased knowledge and improved attitudes and practice on menstrual health of girls, boys, men and women

Outcome 1: knowledge, attitudes, and practices

This outcome is defined as increased knowledge and improved attitudes and practices regarding the menstrual health of girls, boys, men, and women. Girls were the main target group of the programme and their parents, boys, and teachers were targeted to ensure a supportive environment for girls' menstrual health.

School interventions in Netrokona

The school interventions targeted 89 randomly selected mixed gender junior secondary schools in years 6 to 8, and in year 5 for an additional 79 primary schools. Of the sequenced school interventions, the school campaign and the training and support of teachers to give menstrual health lessons contributed to outcome 1.

> School campaign

Who

RedOrange

What we did

The school interventions started with a school campaign that was designed to 'break the ice' among students and teachers to discuss a sensitive topic like menstrual health. A group of young people visited all schools where they announced the Ritu programme and shared messages through banners, festoons, flyers, stickers, presentations, and videos.

Our input in numbers:

- A total of 89 schools were visited for the school campaign.
- The campaign reached 11,461 girls and 7,211 boys from years 6–8.

Output in numbers:

- In the post test, 91% of students and 96% of teachers confirmed that menstruation is a normal and natural thing.
- In post tests, 88% of the teachers confirmed that they should teach about menstruation in school.

> Training teachers to give menstrual health lessons

Who

BNPS and Simavi

What we did

To ensure an appropriate menstrual health environment in schools, an average of ten teachers and the headmaster were trained per secondary school. In primary schools, one teacher was trained. Teachers received a five-day training course based on the menstrual health manual. As part of the training, teachers were supported to integrate the different sections of the manual into the existing lesson plans, corresponding with the national curriculum. A two-day refresher course was designed, based on the progress of teachers and the overall school environment, that was carefully mapped. Teachers received tailored and ongoing support from staff during monthly visits, on-demand support, and quarterly meetings with teachers from other schools. As part of the extension period, BNPS conducted follow-up meetings with all schools and school management committees to motivate them to continue the menstrual health lessons.

Our input in numbers:

- The school interventions targeted 89 randomly selected mixed gender junior secondary school in years 6 to 8, and in year 5 of an additional 79 primary schools.
- A total of 1,000 teachers, 755 male and 245 female, were trained on menstrual health
- Only 22 teachers of the initial 1,000 teachers missed the refresher training as they were not working in the targeted schools any more.

Output in numbers:

- Trained teachers taught 4,021 menstrual health lessons, at least twice a month in years 5 to 10,

'Nothing to feel shy about'

Arpita Sarkar, year 8 student at
Shaldigha G.G. High School

'We have learned many things from this campaign. It has given us inspiration to discuss MH with others. Now we know there is nothing to feel shy about regarding menstruation. We also know that menstruation is normal and natural.'



School campaign and teacher training

to both girls and boys (age 11–17).

- A total of 25,844 girls and 23,212 boys participated in menstrual health lessons given by trained teachers (unique individuals).
- Before the first training 12% of the teachers could explain what menstruation is; after the refresher training this rose to 96%.
- From a self-evaluation form, we found that open discussion (47%) and question and answering (28%) were the most popular methods.

Sustainability

The sustainability of the menstrual health interventions in schools largely depends on the commitment of teachers and headmasters to continue the lessons as part of their lesson plans. In addition to the earlier provided training and support, BNPS therefore organised another fifteen meetings with school management committees (SMCs) during the extension period. One of the positive outcomes was that at least 27 of the schools developed action plans to continue the menstrual health lessons. Schools were also given a chart with tips and tricks to maintain a menstrual health-friendly environment in school. In the meetings the teachers showed their commitment to using their knowledge and skill to continue MH sessions in schools and will work to sustain an MH-friendly environment.

EFFECTIVE SCHOOL DAYS

A regular school year in Bangladesh consists of 222 school days, divided over 37 weeks of 6 school days. To compare, in the Netherlands this is 190 days. However, during the implementation of the Ritu programme, we found that due to administrative reasons such as the yearly exam period from October to December and the admission period in January, students missed about 45 school days a year. It also took time to get the right information on timing and duration holidays or exams. This affected the total number of days that teachers could effectively implement the menstrual health lessons in their classrooms.

MENSTRUAL HEALTH MANUAL

Simavi developed a comprehensive menstrual health manual, based on available literature (WASH, SRHR, and menstrual health), and manuals and materials developed by Simavi and other organisations. Topics include human rights, the menstrual cycle, gender, puberty, the role of men, the influence of contraceptive use on menstruation, negotiation skills, good menstrual practices, guidelines for gender-friendly toilets, and nutrition. In addition to factual information, the manual outlines interactive exercises. The English language manual was translated to Bengali by Simavi's Ritu team in Dhaka, DORP, and BNPS, with input from two SRHR experts (Dr Saima Khan, Officer-in-charge, UNAIDS Bangladesh, and Dr Kallol Chowdhury, Master Trainer, UBR-2 project). In the Ritu programme, the translated manual was used for the training of teachers and parents. All teachers received a copy of the manual with additional material to use in their lessons.

Md. Shamsul Islam, Head Teacher, Lakshmipur Adarsha High School

'We made a plan for the year 2020 to conduct the menstrual health sessions regularly in our school for all of the students.'

Contribution towards Outcome 1

The RCT shows that the school interventions in Netrokona had a significant positive effect on the menstrual health knowledge of girls. Where girls in the control group answered 6.4 out of 9 questions correctly, girls in the school interventions scored a 6.9 and girls in the school plus community interventions scored 7.0. Focus group discussions and the programme evaluation supported these findings.

Girl in focus group discussion:

'A girl can't be a mother without menstruation. It's the sign of the ability to become a mother.'

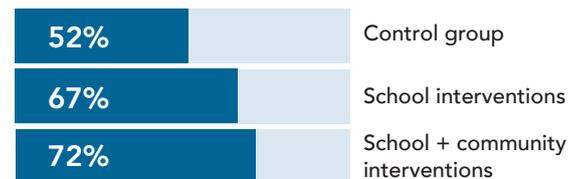


100% of girls, 90% of boys, 90% of women and 88% of men involved in the programme can mention at least 3 correct facts about menstruation

FDGs and pre- and post-test

When looking at attitudes we see that the Ritu programme had a significant positive effect on girls' confidence to talk about menstruation. Of the control group, 52% reported that they felt comfortable talking about menstruation, against 67% of girls who received the school interventions and 72% of girls who received the school plus community intervention. We also see a positive effect on girls' confidence in discussing menstruation with their parents, friends, and teachers. We especially see an impressive increase in girls discussing menstrual health with teachers, from 6% of girls in the control group, to 39% of girls who received the school interventions and 39% of girls who received the school plus community intervention.

Percentage of girls confident to talk about menstruation:



Contribution towards Outcome 1

Menstrual practices of girls

The Ritu programme had a significant positive impact on girls' menstrual practices (RCT data). We see an increase in the times that girls change their material per day. Girls in the control group report changing an average 2.7 times, where girls who received the school interventions change their materials 3.1 times and girls in the school plus community interventions an average of 3.0 times.

We see that girls still predominantly use cloth when at school or at home. Although sanitary pads were not promoted or distributed, we do see a significant increase in the use of sanitary pads at home and at school as a result of the Ritu interventions. Compared to 25% of girls in the control group, 35% of girls who received the school interventions and 34% of girls in the school plus community interventions use sanitary pads at home. At school, we see an even bigger increase with 25% for the control group, 54% for the school interventions and 53% for the school plus community interventions.

When using cloth, it is important to wash and dry it properly. We find that the Ritu programme significantly increased washing and drying practices. However, we did find that the users are more likely to wear damp material. We assume that with increased knowledge on menstrual practices, girls are more likely to report using not fully dry material. It could also be due to the fact that girls wash their material more often, which leaves less time to dry.

Boy in focus group discussion

'When I told my grandmother that there are no restrictions regarding menstruation, she said, "Do you know more than me? We are doing these all our life and we are still healthy."'

Knowledge and attitudes of boys

Although teasing was mentioned as a negative experience by girls in FGDs, girls do not report teasing in the RCT survey. The programme made a significant positive impact on boys' understanding of menstrual health. An impressive 100% of girls who received the school interventions compared to 97% in the school plus community interventions report they feel that boys in school understand what menstrual health is. In the control schools this is only 47%.

Findings from focus group discussions support that knowledge of boys that were part of our interventions in Netrokona improved, though girls are better able to provide accurate information and are less hesitant or shy to talk about the topic than boys. Nevertheless, 90% of the boys provided correct answers to at least 3 out of 5 statements related to menstrual health. Boys did also stress as much as girls that menstruation is 'normal and natural'. Girls also mentioned in all of the FGDs that since they attended the lessons, boys do not laugh at them or tease them about menstruation.



Girl in focus group discussion

'After this project, now even my brother buys pads for me.'

Netrokona community interventions

The community programme explicitly targeted parents and guardians of 5,000 girls of 37 randomly selected schools. Of the sequenced school interventions, the menstrual health sessions and the take-home module contributed to outcome 1.

> Menstrual health sessions for parents in Netrokona

Who

BNPS and Simavi

What we did

To ensure a supportive environment at home, fathers, mothers, and other guardians received two 2.5 hour sessions following the menstrual health manual that was used in schools. This part of the programme explicitly targeted parents



Community parents group meeting under Shimul kandi high school at Purbodhala upazila. 26 December 2018

'These books will help us continue the good practice'

Mr Rozel Mian

'I have received four books (take-home modules) and I have read all these books. I found a lot of valuable information in there. I think, once the Ritu programme will stop, the information in these books will help us continue the good practices to support our daughters during menstruation.'

and guardians of 5,000 girls of 37 randomly selected schools. The sessions aimed to increase parents' knowledge of menstrual health, as well as to promote adaptation of girl-friendly norms surrounding menstruation. In these sessions, fathers and mothers were each involved in separate sessions, to ensure that they would feel more comfortable speaking about menstruation with each other.

Our input in numbers:

- A total of 9,230 parents and guardians (unique individuals) attended menstrual health sessions in communities.
- Of the trained parents, 1,415 also attended the sessions that BNPS organised during the extension period as they were part of school management committees.

Output in numbers:

- After the training, 4% of the mothers believed menstrual blood was impure against 96% before the training.
- After the training 93% of the fathers believed that it was okay to talk about menstruation in public against 11% before the training.

> Take-home modules for parents

Who

RedOrange

What

The parent sessions were supported with take-home modules developed by RedOrange – a reduced, predominantly visual version of this menstrual module. It has been developed taking into consideration that many parents are illiterate. The module included instructions for menstrual practices of girls as well as suggestions for parents to support their girls' menstrual health. The specific content of the module was informed by feedback that was obtained from girls, their siblings, parents, and senior family members. The modules were brought home by girls whose parents were involved in the sessions.

Our input in numbers:

- Take home modules were distributed to parents of 5,149 girls.

‘Now I can realise the dilemma that women must face’

Mr Ajmol Hossain

‘In my family it was against the family tradition to share women’s issues openly, even to me. I have attended three sessions under the Ritu project, even though I felt completely uncomfortable attending these sessions. But, now I can realise the dilemma that women must face during their menstruation. Now I am taking care of my daughter and her mother also. I like to share my knowledge with my neighbours whenever I get the chance.’

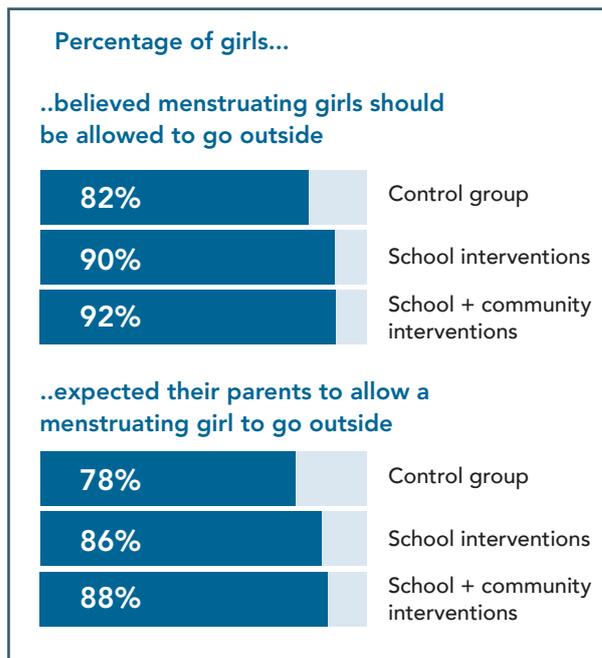
REFLECTIONS ON PARENT SESSIONS

The community sessions were directly targeted at the parents or guardians of girls that received the school interventions. The programme evaluation points out that in Bangladesh, family decisions are often made by an elderly family member, such as grandparents, an uncle, or an aunt. As a result, mothers and fathers might not have the final decision-making power in terms of menstrual health. This is a point that should be taken into account when featuring programmes that focus on increasing an enabling environment for girls at home. The evaluation team concluded that it was a unique experience of the evaluation team to talk with the fathers very frankly about menstruation and menstrual health-related issues. The evaluation team found all the trained parents are well aware about menstrual health issues and they understand the importance of it.



Contribution towards Outcome 1

As part of the RCT, changes in attitudes and practices of parents were evaluated through the implicit attitudes test. Overall change in knowledge among parents was not evaluated in the RCT. The pre- and post-test data collected by BNPS and DORP do show large improvements in the knowledge of parents and teachers directly after the training (see output section), but this is a short-term change.



Contribution towards Outcome 1

'My views have changed after attending the Ritu sessions'

Mrs Putul Akter

'Avoid eating egg, meat, fish, milk during menstruation was an ancient tradition in my family for a long time. My mother has been following this tradition and she compelled me to follow the tradition. I also transferred the same knowledge and attitude to my daughter, even not to let her attend school during menstruation. But, my views has been changed after attending the Ritu sessions organised by BNPS. Now I try to persuade my daughter to eat nutritious food, encourage her to be attentive in school, to participate in the sports, because I want my daughter to be a great person in the future.'

Attitudes of parents

The first analysis of the implicit attitude tests taken by the survey firm as part of the RCT endline, shows promising changes in explicit attitudes of targeted parents compared to those in the control group. For example, parents would now allow their girls to eat white foods, go to school, and play with other children. Only taboos related to religious practices did not show any significant changes.

Practices of parents

In terms of practices, the RCT shows that girls expect their parents' attitudes to be more restrictive than their own attitudes. For example, 90% of girls that received the school interventions and 92% in the school plus community interventions believed a girl should be allowed to go outside when menstruating versus 82% in the control group. For this same activity, respectively 86% and 88% of girls expected their parents to allow a menstruating girl to go outside versus 78% in the control group. We also see an increase in the likelihood of getting permission to go to the toilet in school and in support in the provision of sanitary pads from parents and teachers.

REFLECTION ON PARENTS' ATTITUDES

In the programme evaluation, it is stated that considering the programme addressed deep-rooted norms and practices, two 2.5 hour sessions seems insufficient to change parents' attitudes. At the same time, the evaluators are impressed with the effect that the sessions had. 'It was a unique experience for the evaluation team to talk very frankly with the fathers about menstruation. We found that all the trained parents are aware about menstrual health and that they understand the importance of it. During one of the focused group discussions, parents expressed that having proper information about menstruation helped both them and their daughter to tackle the menstruating days with confidence as the issue is no more a "secret" in their families.'

Interventions on national level

> National mass media campaign

Who

RedOrange

What we did

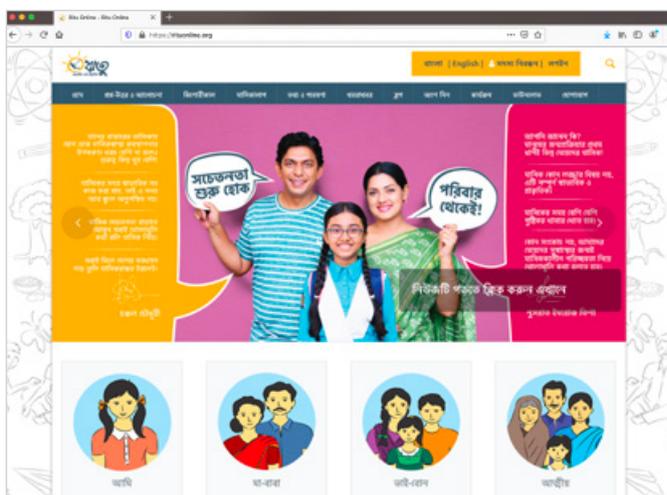
In order to influence the national dialogue on menstruation, and to put it on the social, political, and media agenda, a holistic communication strategy was designed. The mass media campaign involved a range of different media including television, newspapers, and social media widely used in Bangladesh. The communication defined specific messages and media per target group. As part of the communication strategy, RedOrange developed the Ritu logo and the slogan: 'menstruation is normal and natural.' The campaign significantly overachieved the set targets with especially the Ritu YouTube channel and the TV series reaching a large number of unique visitors and viewers:

Our input in numbers:

- Three MH Day celebrations were organised during the Ritu programme.
- Ritu TV commercials were aired for a total of 1,240 minutes on popular TV channels.
- Ritu radio commercials were aired for a total of 1,122 minutes on popular radio stations.



Clip from an animation: girl is crying as her grandmother tells her what she is not allowed to do during menstruation.



Output in numbers:

- Videos on Ritu's YouTube channel were viewed 4,950,013 times (August 2020).
- The Ritu Facebook page received 23,318 likes and the posts were viewed a total of 267,766 times. (August 2020).
- Best School for Girls episodes on RTV were watched by 3,055,559 people.
- Out of the registered members of Ritu online, 40.75% of were young people (18–34).
- The newspapers in which the advertisements were published reached a total of 441,498 people.

Information, education and communication materials

In addition to the take-home module, a series of infographics and animated videos, posters, stickers, and flyers were developed to support the campaign. The materials were targeted at girls as well as the people around them, including specific messages on the ways in which family and friends can support girls during their menstruation.

TV series, and TV and radio commercials

RedOrange developed and aired the TV series called Best School for Girls as well as a range of TV commercials. The commercials were broadcasted on Bangladesh Television (93% geographical area coverage), RTV (with a reach of over 3 million), Sangsad Television, and ATN News. Radio stations included City FM, Spice FM, Radio Dhoni, and Radio Dhol.

Best practises videos and docu-movie

Nine videos were produced to show-case best practises of the Ritu programme. Moreover, RedOrange shot a docu-movie about the Ritu programme. The docu-movie was aired on a number of popular television stations including RTV, ATN Bangla, Channel 24 and Anondo TV..

Ritu online

The official Ritu website (<http://rituonline.org>) hosted all the information and materials that were developed under the Ritu programme. When registering on the website, this information could be accessed and downloaded. A range of different stakeholders, including NGOs and teachers registered on the website. The website also features the Best School for Girls series. The website is now linked to the Share-Net Bangladesh website to ensure the website will continue to be an easy to access hub for all organisations and stakeholders who want to support girls' menstrual health.



Facebook

As Facebook is very popular in Bangladesh, two Facebook pages were launched with the names *Ritu Kothon* and *Meyeder Shera School* (Best School for Girls). These were used to disseminate resources developed under the Ritu programme, such as videos, news articles, and TV reports from trained journalists. The pages targeted girls, their parents, teachers, and other members of society.

YouTube

The *Ritu YouTube channel* was the most popular social medium. All the videos, TV commercials, and documentaries were posted on this channel.

Newspaper articles and advertisements

A range of advertisements were published in prominent national newspapers. The advertisements also promoted the TV commercials to boost their popularity. With messages like “it is possible to maintain regular work during menstruation” and “it is essential to add more MHM information in the textbooks” the newspaper advertisements supported the advocacy messages of the programme.

Celebrity endorsement

RedOrange recruited four prominent celebrities from Bangladesh as menstrual health ambassadors. They were selected based on their image and influence to support the reach of the campaign. All celebrities shared messages as part of the Ritu social media campaign to encourage people to talk about menstruation without feeling ashamed. The female celebrities openly talked about their experiences with menstruation. The celebrities also acted in the Ritu TV commercials.



Nakib Rajib Ahmed, Head of Programmes at RedOrange signing contracts with Mrs. Nusrat Imrose Tisa, Mrs. Dilara Hanif Purnima, and Mr. Sajal Noor.



Celebrities Mrs. Nusrat Imrose Tisa and Mr. Chanchal Chowdhury during the shooting of a TV commercial.

The host of the show Sadia Akhter Aurna is talking to the girl students from one of the visited schools (cameraman: Nengminza Bapon).



RITU BEST SCHOOL FOR GIRLS SERIES

Inspired by a popular concept of a school contest on Dutch television, RedOrange developed a TV series called the *Best School for Girls*. The TV reality show had 13 episodes that each showed a different school throughout the country. While travelling through the country the presenter called Ritu (real name Sadia Akhter Aurna) searched for the 'best school for girls' in an entertaining way. In each episode, the presenter interviewed girls, boys, teachers, and experts on menstruation. Through a combination of fun and fact-based information the show openly talked about menstruation on national television. With that, the series targeted at girls as well as their families. The show was broadcast on NTV and was later posted on the Ritu website, Facebook page, and YouTube channel. This was also illustrated by the findings from a pretest where boys and girls watched the first show: among the viewers 62% defined the programme as interesting where 35% found it entertaining; 3% were neutral. None of the viewers found it boring.



MH DAY CELEBRATIONS AND LAUNCH

Menstrual Hygiene Day, or MH Day is an internationally celebrated day and it is the perfect day to raise awareness on menstrual health. RedOrange organised the MH Day celebrations together with the other Ritu partners and the MHM Platform members: one round-table meeting, one festive gathering, and one consultative meeting. The MH Day celebrations gave a platform to engage and influence government officials. In 2017, Ritu was launched together with Access to Information (a public information programme of the government) from the Prime Minister's Office, covered by five newspapers and two national television channels. Guests of the celebration included Mr Nurul Islam Nahid, the Minister of Education, Mrs Leoni Margaretha Cuelenaere, (at that time) ambassador of the Embassy of the Kingdom of the Netherlands and Mrs Mushfiqqa Zaman Satiar, Sr. Advisor, SRHR, Embassy of the Kingdom of the Netherlands.



In the above image, there are: Nurul Islam Nahid, the former Education Minister Leoni Margaretha Cuelenaere, the ambassador of the Embassy of the Kingdom of the Netherlands, Mashfiqqa Zaman Satiar, Sr. Advisor, SRHR, Embassy of the Kingdom of the Netherlands, Mahbuba Haque Kumkum, Program Manager, Simavi

Contribution towards Outcome 1

Mass media is a strategy that is often applied in development programmes as a way to reach large audiences. In the evidence review performed by Impact Centre Erasmus, a study was quoted that identified mass media exposure as a predictor of sexual and reproductive health knowledge of girls in Bangladesh.¹¹



‘Even though it is a sensitive topic, we experienced very few negative responses’

Nakib Rajib Ahmed, Head of Programmes at RedOrange

I am happy to have been part of the development of the Behavioural Change Communication materials for the Ritu campaign. It is great to see that we have reached such a high number of people with our messages. And, even though it is a sensitive topic, we experienced very few negative responses. We showed that it is possible to openly talk about menstruation in Bangladesh!

The impact of mass media on girls in Netrokona was not considered in the impact research as we could not control for the output not reaching the control groups. Moreover, the programme evaluation team stated that the targets in terms of reach were overachieved, but they could not draw conclusions on the contribution to the programme outcomes. We do know from responses left on Facebook and YouTube that the different media outings caused some debate. For example, the programme evaluation found a comment below the TV commercial titled ‘Ashun Amra Shobar Pashe Thaki’ [‘Come, stand with all’]. A female follower named Ta Manna commented that the celebrities acting in that particular commercial ‘are doing evil work and they should be punished immediately.’ In response to that, ten followers defended the campaign and shared positive messages around menstruation.



Good to know

A compilation of the *Best school for girl* TV series was selected for screening during the Women Deliver Conference in Vancouver in 2019.



Outcome 2

Women and girls have access to female-friendly toilets and affordable (biodegradable) sanitary napkins

Outcome 2: increased access to female-friendly toilets and menstrual products

This outcome is defined as: 'women and girls have access to better menstrual health facilities at schools and affordable (biodegradable) sanitary pads.' Access to female-friendly toilets and access to a range of menstrual products are key contributors to menstrual health.

School interventions in Netrokona

> Budget mobilisation in schools

Who

DORP and Simavi

How

To improve or construct female-friendly toilets in schools, a budget mobilisation approach was used. DORP worked with school management committees (SMCs), headmasters, and teachers. They engaged a student forum to mobilise funds from existing school budgets, to raise funds from parents and community stakeholders, and claim assistance from the school water and sanitation budget from local governments. SMCs and

students organised in forums were empowered to use social accountability methods to voice their demands to union or district level government. At the same time, DORP raised awareness of local government representatives on the importance of female-friendly toilets and supported them in the budget allocation process.

Our input in numbers:

- The female-friendliness of toilets of 176 schools was assessed.
- In Netrokona, 89 schools were engaged in budget mobilisation processes to produce female-friendly toilets.
- Wall paintings with information on the importance of female-friendly toilets were created in 89 schools.
- There were 178 refresher training sessions and follow-up meetings with school management committees, 16 follow-up meetings with local government stakeholders, and 2 follow-up meetings with district education officers.

Output in numbers:

- The student forums that were trained to monitor the status of the toilets completed a total of 320 checklists.
- All of the 89 targeted schools produced female-friendly toilets.
- A total of 10.29 million BDT was raised for female-friendly toilets in schools: 4.34 million BDT came from the local Education Engineering Department, 2.8 million BDT from union and upazila parishads, 1.9 million BDT from those schools' management fund and the rest was contributed by the Ritu programme (5%).

BUDGET MOBILIZATION PROCESS IN RITU

Community & School Engagement

Process to establish female-friendly WASH facilities in schools and communities with support of DORP.

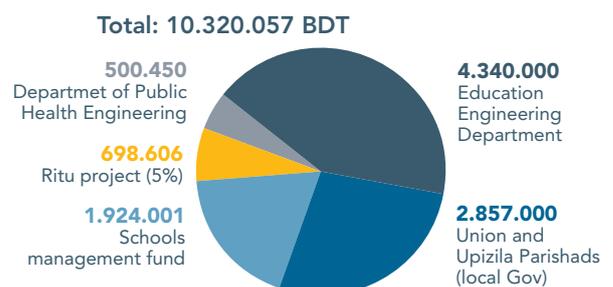
1: School Management Committees and Parents Committees

- Receive MH training + do assessment of WASH facilities
- Discuss findings + design action plans and budgets
- Identify key public and private stakeholders
- Raise awareness at schools and communities
- Prepare petition + submit to government stakeholders

2: Government stakeholders

- Receive training on MH + their role in budget allocation
- Receive petitions with action plans and budget
- Approve proposed action plans and allocated budget
- Lead on the design of the female-friendly toilets
- Develops work plan and calls for tender

Construction of female-friendly toilets in schools and communities



Wall painting that explains the importance of menstrual health for girls.



Head teacher, M. A. Hamid Junior High School
'After seeing the wall-painting on menstruation on the wall near to the school toilets, a parent came to me. He wanted to know the reason why I allowed to have information about such a private topic written on walls. I invited him to my office and we talked about menstruation and the Ritu project. The man calmed down. After this meeting, I arranged several meetings with parents with the help of the trained teachers to inform them about menstruation. Now the parents of our students are very positive.'

'We had parent meetings with the help of the trained teachers to inform them about menstruation'



FEMALE-FRIENDLY TOILETS

Following the JMP¹² standards, a female-friendly toilet should be an 'improved' toilet, this is a facility that hygienically separates human excreta from human contact. Furthermore, the toilets should be accessible for girls only, provide privacy, have a decent lock, and a light. For menstrual practices, the toilet should have soap and water inside and enough space to wash the body or cloth. It should also have a good waste management option. In the Ritu programme we chose to have covered bins inside the toilets.

Netrokona community interventions

> Budget mobilisation in communities in Netrokona

Who

Simavi and DORP

How

Similar to the process in schools, parents of 5,000 girls from 37 randomly selected schools were engaged in a budget mobilisation process. DORP



‘There is a shift in mindset but to really make it work it requires more time and engagement’

Mr Ahmed Hossein, Programme Manager Ritu, DORP

‘The budget mobilisation in communities was the last activity in the sequence of Netrokona-level interventions. The regular process had to be adjusted because of the RCT (evaluation) to avoid overspill in other communities. This both limited the available time and complicated the process to access government funds. Moreover, we found that toilets were in very bad state and at the same time people lack the resources to invest in toilets. The sessions did motivate parents and a number of households were able to invest money from their savings. Others took out micro-credit loans or sold assets such as cows. Some households found a middle way by investing in soap, a bin, and toilet cleaning materials to upgrade their slab toilets. However, a significant number of households were not able to finance an improved toilet. We were able to influence a shift in mindset and develop a good number of toilets, but to really make the process work it requires more time and the full engagement of communities and government.’

worked with groups of parents to allocate household budgets and claim budget funding from local governments through social accountability methods to voice their demands to union or district level government representatives. At the same time, local government representatives were informed about the importance of MHM-friendly toilets and were supported in the budget allocation process from their side.

Our input in numbers:

- The female-friendliness of toilets in 4,488 households
- Female-friendly household toilets were installed in 37 communities which had developed action plans.
- A total of 677 households received a 10% contribution from the Ritu programme.

Output in numbers:

- Some 855 households developed female-friendly toilets.

PRODUCTS – (NOT) A PRIORITY

Menstrual products are an important component of menstrual practices and are often a key element or the focus of menstrual health interventions. The Ritu needs assessment¹³ found that sanitary pads were often considered the ‘better’ option, but that for some respondents, the cost of sanitary pads was a barrier. It also concluded that there was a high availability of sanitary pads in the targeted areas. However, stigma, knowledge, and skills to properly use menstrual products were identified as a greater barrier towards menstrual health. This, combined with criteria such as likelihood of creating the desired impact, cost-effectiveness and potential for scale-up made us decide not to invest in access to sanitary pads as part of the Netrokona interventions. We did include messaging towards girls using the products of their choice, either a well-washed, dried cloth or (re-usable) sanitary pads, or other products. We learned from a previous menstrual health programme in India that spending money on sanitary pads is also a matter of making it a priority. Fathers were therefore motivated to support access to the product of their daughters’ choice. As part of the programme results, schools ensured availability of (emergency) menstrual products at school.

Contribution towards Outcome 2

Access to toilets in schools

When looking at student-toilet ratio, e.g. the number of students per toilet, the Ritu programme had a positive effect. The RCT showed a ratio of 38 girls per toilet in control communities, compared to 30 girls per toilet in the school intervention and 31 girls per toilet in the school plus community intervention. The data also pointed towards available toilets being more suitable to perform menstrual practices with

a significant increase in the likelihood of having soap and a bin in the toilet. This is supported by DORP's observations that school toilets are cleaner, soap, water, and bins are available, and sanitary pads are properly disposed of. DORP reports that 81 of the 89 schools have allocated between 3,600 and 12,000 BDT for the cleaning and maintenance of the toilets. The commitment of schools to maintain the toilets was expressed in the final meetings that DORP held during the extension period.

'We have created a wave of change in our school, we can not stop.'

Md. Monjurul Haque, Head Teacher, Shimulati High School

'We are changed now. We have created a wave of changing in our school. So, it is not possible for us to go back or to stop. Already I have discussed with the SMC and am taking all the necessary steps to maintain the female-friendly toilets for the girl students in my school.'

Picture of new toilet construction for the girls only at Nandipur Sonar Bangla High School (Code-B-6) Netrokona Sadar, dated 24.10.2018



Access to toilets at home

As part of the school plus community interventions, DORP engaged parents of girls in a budget mobilisation process to upgrade or build a female-friendly toilet at their homes. A total of 855 households installed female-friendly toilets. As a result, the RCT shows a significant increase in the likelihood that girls who received the additional community interventions have access to soap (25%), light (11%), and a clean toilet (21%). It is likely that this had a positive effect on girls' menstrual practices and confidence to manage their menstruation at home.

Effect on menstrual practices

As reported under outcome 1, we see an improvement in menstrual practices among girls. Findings from focus group discussions support the assumption that access to female-friendly toilets contributes to that. Girls mention that before the Ritu programme, they did not change their menstrual products when in school as there was no good place to do so. Girls report washing their cloth in school toilets, but did not share what they did with the washed cloth. A majority of the girls said they use the cloth when going to school and then replace it for sanitary pads that they get at school.

SCHOOL RECONSTRUCTIONS

Unfortunately, in June 2020 we found that 25 of the 89 schools that Ritu worked in were undergoing reconstruction as part of government plans. In some of the schools (at least eight) this will also affect the newly built or improved toilets. Where possible, DORP has followed up with the schools to ensure the new toilets would again have all the necessary facilities to provide for girls' menstrual practices.

Development of biodegradable pads

> *Biodegradable sanitary pads*

Who

TNO

What we did

An often observed effect of menstrual health programmes is an increased uptake of disposable sanitary pads. On the one hand, we believe women should be able to access the product of their choice. On the other hand, with millions of women in the reproductive age, this is a huge environmental burden for a country like Bangladesh. To prevent an environmental burden TNO developed a fully biodegradable plastic back layer. To achieve this, TNO and Rodenburg Polymers developed a granulate based on potato starch that meet the specifications. We

successfully managed to blow biodegradable foils out of this granulate. With that, TNO proved that the production of biodegradable foils for sanitary pads is technically feasible.

When the first sample was finalised, the main producers of plastic and sanitary pads were visited by TNO to discuss a potential collaboration. With Square Toiletries, TNO signed terms of reference (ToR) for further collaboration. Square's brand Senora is leading the sanitary pad category in Bangladesh having 65% market share and being the leader, they have a core responsibility towards society and the environment. The goal of their collaboration is to have the company integrate the plastic in the production process of their sanitary pads. TNO shipped initial samples of plastic to Bangladesh for Square to test the feasibility. To date, Square has successfully assembled the plastic in a prototype of their biodegradable sanitary pads.

Currently the bioplastic foils are supplied by the Netherlands directly, but businesswise this is not attractive. The ambition of TNO is that the plastic will be fully sourced and produced from raw materials from Bangladesh, in Bangladesh. The incentive is to keep the price as low as possible in order to make these sanitary pads affordable for the most marginalised groups. TNO found two potential Bangladesh plastic manufacturing companies that could produce the foils locally. Square teamed up with them to arrange that these companies would purchase the bioplastic granules from Rodenburg and produce the bioplastic foils locally for Square to incorporate into their sanitary pads.

Our activities in numbers:

- TNO developed the first biodegradable plastic from starch that is suitable for the production of sanitary pads.
- A ToR has been signed with Square Toiletries.



- Rolls of biodegradable foil for production of sanitary pads and its packaging
- The machine that blows the biodegradable plastic
- Packaging and sanitary pad made with biodegradable plastic by Square



'The combination of social and technical innovation is key'

Mrs Mathilde Miedema, Programme Manager Innovation for Development, TNO

'The combination of social and technical innovation was key in this project. Simavi and local partners reduced the traditional taboo on menstrual hygiene. Availability of good and affordable sanitary pads supports this transition. We made good progress in parts of Bangladesh, it will take more years to further implement this system innovation nationwide.'



'The potential of biodegradable pads is huge'

Dr Aike Wypkema, Researcher/Project Manager, TNO

'The potential of biodegradable sanitary pads is huge in Bangladesh and Asia. It was great to transfer technical know-how in this project and to develop new products with the private sector. Products that are environmentally friendly and affordable for women with lowest incomes.'

Contribution towards outcome 2

There are many steps to be taken before the biodegradable sanitary pads will be available in Bangladesh. TNO and Square are committed to continuing their collaboration beyond the Ritu programme. Square is interested in implementing the biodegradable plastic foil in their products and is continuing the process of checking compatibility and feasibility. It could even be used for packaging. Square wants to be a pioneer in terms of innovation and plans to integrate the biodegradable plastic in their total product range. The company agreed to bear the total investment expense for commercialising the biodegradable product.

Yearly, Square would require more than 200 MT of biodegradable polymer beads for the local production of biodegradable pads in Bangladesh. Annually, around 200 million biodegradable pads can be produced from these polymer beads. This would serve around 2–4 million women per year. There is significant room for further expansion given the fact that there are around 40–50 million potential users of the pads in Bangladesh.

BAN ON PLASTIC

Bangladesh was the first country in the world to ban plastic bags. The ban was installed in Dhaka in 2002, to prevent these bags from clogging drains and waterways. When these fill with rainwater, they become micro breeding grounds for mosquitoes. Sanitary pads also contain plastic – a polyethylene back sheet as anti-leakage layer. Moreover, following traditional norms used pads are not thrown in a garbage dump, but buried in the ground. As plastic does not compose, it will remain in the ground for thousands of years.

Outcome
3

Increased commitment towards menstrual health by the government and civil society in Bangladesh

Outcome 3: commitment of government and civil society

This outcome is defined as the increased commitment towards menstrual health by the government and civil society in Bangladesh. As the Ritu programme is a temporary programme and the direct interventions were targeted at only one district in Netrokona, the commitment of government and civil society is key for improved menstrual health of all girls and women in Bangladesh.

National level advocacy

To ensure a supportive policy environment for menstrual health of girls, national advocacy was an important element of the Ritu programme.

> MHM Platform

Who

Simavi, BNPS, and DORP

What we did

The MHM Platform was set up during the first phase of the Ritu programme, bringing together organisations from different sectors, e.g. NGOs, existing alliances working on WASH and SRHR, UN agencies, research institutes, and the private sector. The platform was chaired by Ms Rokeya Kabir, Executive Director of BNPS. The aim of the platform was to both learn and share, as well as to have a stronger voice through joint advocacy. The platform consisted of a core group that met more regularly, and a broader range of members that supported bigger events. To ensure commitment and sustainability, a number of training sessions were organised in addition to the joint advocacy.

Our input in numbers

- A total of 40 NGOs and CSOs were trained on menstrual health.
- Outcome harvesting workshops were attended by 26 representatives from NGOs and CSOs.



Round table meeting with national stakeholders at Dhaka, dated 02 March 2019.

Contribution to outcome 3

The programme evaluation states that the MHM Platform is found to be well-coordinated and has a very strong core committee that supervises the advocacy movements. Investments in ownership of the platform members resulted in an increase in attendance rates of 29% during the extension period. The platform members expressed their commitment to sustain the MHM Platform and Simavi is dedicated to continuing to support the platform by allocating time from other programmes.

> National advocacy with the MHM Platform

Who

BNPs and Simavi

What we did

The main advocacy objective was the inclusion of menstrual health in the secondary school curriculum. This curriculum is updated through a regular multi-year cycle where the teacher training curriculum is updated according to the changes in the school curriculum. BNPS and Simavi worked closely with the MHM Platform members in the engagements with the National Curriculum and Textbook Board that is responsible for the curriculum. Engagements means that several meetings were organised with key stakeholders that were supported by the publication of position papers and round-table meetings. Furthermore, DORP advocated with other platform members towards the implementation of the 2015 circular of the Ministry of Education, which prescribed that all schools should have female-friendly toilets. Evidence gathered from the interventions in Netrokona was used to inform advocacy messages towards the government.

Our input in numbers:

- Six round-table discussions were organised with the MHM Platform.
- Six position papers were published in 20 print and online media, Independent BD, Parliament News BD, and Bangla News 24.

Contribution to outcome 3

In early 2020, BNPS was invited for a meeting with the National Curriculum and Textbook Board (NCTB) where they had the chance to propose content for the curriculum based on the Ritu menstrual health manual. At the end of the Ritu extension, menstrual health was included in the content mapping and gap analysis report of the NCTB. NCTB confirmed to BNPS that the must-know information was accepted and will be included in the school books gradually. Moreover, Simavi received confirmation from NCTB that one of the sessions from the Ritu menstrual health module is included in the GEMS curriculum. This co-curriculum will be introduced not only in schools, but also in the

REFLECTION ON INCLUSION OF MENSTRUAL HEALTH IN THE SECONDARY SCHOOL CURRICULUM

To put this into perspective, the programme evaluation report states that 'bringing about changes to the secondary school curriculum is challenging and requires the engagement of many sectoral specialists and departmental experts to finalise the changes. Moreover, the incorporation of a sensitive topic like menstruation makes it even more challenging. Considering all these points, the evaluation team would like to consider the progress made by Ritu regarding this output as very positive and progressive.' At the same time, the evaluators mention that groups of stakeholders have protested against the inclusion of these topics. From an earlier collaboration between Simavi and BNPS, we already learned that progress can be undone in the next review cycle. This underlines the importance of the continuation of advocacy by the MHM Platform and other stakeholders.

'We are very proud that the Ministry complimented us on the materials we developed'

Nakib Rajib Ahmed, Head of Programmes at RedOrange

'We are very proud that the Ministry complimented us on the quality of the materials we developed. It is exciting that the Ministry will adopt the materials; this is the first time that IEC materials of a programme like Ritu are being taken on by the government of Bangladesh.'

different clubs run by the Ministry of Women and Children's Affairs and the Ministry of Youth.

National MHM Strategy

A concrete outcome of the joint advocacy under the Ritu programme that wasn't defined at the start of the programme is the development of a National MHM Strategy. The need for such a strategy was first raised by the MHM Platform during the 2018 celebration of MH Day. A year later, the Secretary of Local Government Division (LGD) committed to initiating the strategy development process. The Policy Support Branch (PSB) of the government is currently (2019–2020) formulating the National MHM Strategy. DORP represents the MHM Platform in the working committee that consists of sectoral specialists that acts as a critical reviewer of this process.

Increased budget for female-friendly toilets in schools

Advocacy towards increased budget allocation for female-friendly toilets in schools is a long-term process, as many different ministries are involved. Despite that, the work of DORP and the (individual members of the) MHM Platform did result in some specific achievements. The MHM Strategy will include necessary provision for female-friendly toilets in budgets of relevant ministries. Furthermore, advocacy was targeted towards implementation of the 2015 circular on female-friendly toilets in schools. This contributed to a new circular being issued in 2019 by the Ministry of Education that promotes female-friendly toilets in schools. With that, the Government of Bangladesh confirmed their commitment to build female-friendly toilets in all schools.

> *Handing over information, education, and communication materials*

Who

RedOrange

What we did

As part of the extension period, RedOrange recommended to the Ministry of Health and Family Welfare (MoHFW) that they adopt the information, education, and communication (IEC) materials developed under Ritu. A workshop was organised with the Directorate General of Family Planning (DGFP) of the Ministry to review the materials and discuss a dissemination plan. Following a number of meetings with the Ministry, RedOrange developed a detailed plan and communication strategy to support the integration of the materials in the activities of the Ministry.

Contribution towards outcome 3

The MoHFW showed interest in adopting the Ritu materials and commented on the good quality. As confirmed by the Line Director of the Information, Education, and Motivation Unit of DGFP, the Ritu materials will be utilised in future awareness activities and will be made available on their official website and Facebook page for the general public. Although, due to COVID-19 lockdowns, the official handing over ceremony was postponed until further notice, the Ministry showed a clear commitment. RedOrange will organise this meeting on its own account when the situation allows.



‘We showed that it is possible and I think this initiative should be scaled up’

Mr Mohammed Zobair Hasan, Director Research, Planning, and Monitoring, DORP

‘Setting mutual accountability mechanisms within existing institutional systems is very important to achieve any sectoral improvements (including WASH) on the ground. Within that, budgeting is a vehicle to track progress. In Bangladesh, we have good policies, strategies, plans, as well as circulars, but when there is no need-based budget these are not implemented. With the Ritu programme we motivated local government and school management to follow up on the 2015 circular that promotes female-friendly toilets in schools. We showed that it is possible and I think this initiative should be scaled up in other districts of the country by government and development partners.’

> Local-level advocacy in Netrokona

Who

BNPS and DORP

What we did

On a local level, BNPS and DORP were able to obtain the commitment of government stakeholders. BNPS worked with the district education officer (DEO) and other education officers (EOs) to develop a system to monitor menstrual health lessons in schools. In a final meeting, the EOs committed to using the monitoring checklists and will submit these to the DEO. The DEO will keep the completed checklists.

Contribution towards outcome 3

DORP received a commitment from the local government stakeholders to allocate funds and provide the necessary assistance to schools to ensure further construction and maintenance of female-friendly toilets. It was decided that schools will be visited at least twice a year by EOs to monitor the status of the facilities. For that purpose, DORP handed over the JMP-inspired monitoring tools. Moreover, union parishad representatives expressed their intention to continue to give information to school authorities about the available budget for female-friendly toilets. The programme evaluation found that stakeholders had stronger relationships with the schools due to DORP’s facilitation. We assume that this, in combination with the additional training provided to schools and government stakeholders during the extension period, has enabled and motivated schools and government to continue the budget mobilisation process.

UNEXPECTED COMMITMENT

During the final meetings with government stakeholders in Netrokona, DORP received an important commitment: the upazila vice chairmen and union parishad chairmen promised to allocate budget to make sanitary pads available for schoolgirls in the next fiscal year, 2020–2021.



Follow-Up Meeting with local government stakeholders at Atpara upazila Parishad Hall room, 30 December 2019.

> Building capacity of NGOs and CSOs

Training on menstrual health and advocacy for menstrual health was organised for 40 NGOs (10 more than targeted) with a total of 53 participants. The Ritu menstrual health manual that formed the basis of the training was used by one of the trained NGOs in their menstrual health programme. During the extension Simavi, with the support of BNPS and DORP, provided training on outcome harvesting, advocacy, and strategy development for the MHM Platform members.

Contribution towards outcome 3

The initial menstrual health training provided by Simavi was mentioned by the programme evaluators as an important contribution to the shared understanding of menstrual health among the platform members. Parts of the menstrual health manual were used by platform members such as WaterAid Bangladesh and Plan Bangladesh in their programmes.

'I've learned that menstruation is not a disease. It's normal and natural.

Atik Hasan, correspondent at www.breakingnews.com.bd

I always believed that menstruation is a 'girls' thing' and boys had nothing to contribute. But through the fellowship I have learned that I was wrong. A boy should help a girl during her menstruation. I have also learned that menstruation is not a disease. It's normal and natural.

MEENA MEDIA AWARD

Mr A.S.M. Atiqur Rahman, Senior Correspondent of NTV, received the Meena Media Award for broadcasting a report on menstrual health. Reflection on added value of journalist training to national advocacy. One of the assumptions of the Ritu Theory of Change was that the mass media campaign, including the journalist training, would contribute to reaching advocacy targets. The interview of one of the journalists by the chairperson of NCTB supports this assumption. In the interview, the chairperson was open to suggestions from civil society for the inclusion of menstrual health in the secondary school curriculum. However, the programme evaluation pointed out that there could have been more alignment between national and local-level advocacy, and the media campaign and journalist training.

> Journalist Fellowship Programme

Who

RedOrange

What we did

A group of 90 journalists were selected to be part of the Ritu Journalist Fellowship Programme. As part of the programme, the journalists were trained on menstrual health. Following the training, journalists were encouraged to publish articles on menstrual health in their respective newspapers, on television channels, and in other media. With the Ritu Journalist Fellowship Award at the end of the programme, which was presented by the Minister of Information to recognise the journalists for their efforts.

Our input in numbers

- A total of 90 journalists were trained

Output in numbers

- After the training, 25% of the journalists believed that menstrual blood was impure, against 43% before the training
- After the training 95% of the journalists disagreed with the statement that girls are ready for marriage at the age of menarche, against 82% before the training
- Trained journalists wrote 87 articles which were published in local and national media

Contribution towards outcome 3

With their published work, journalists showed their interest in menstrual health. That coverage of menstrual health in national media can be powerful is illustrated by Mr Bahauddin Imran, one of the journalists from the Bangla Tribune. Following the training, he published an article on the absence of female-friendly toilets in the National Supreme Court. The article resulted in immediate action by the Chief Justice to provide female-friendly toilets in the Supreme Court.



RITU the impact



The specific goal of the Ritu programme was the improved health and well-being of girls in Bangladesh. With the randomised controlled trial, Simavi, BNPS, and DORP worked with Maastricht University to measure the effects of the direct interventions in schools and communities in Netrokona on general health and well-being, and more specifically well-being during menstruation of girls in Netrokona.

Overall health and well-being

The Ritu programme, as well as the interventions in Netrokona, specifically focused on health and well-being during menstruation. In our ToC development, we assumed that this would have an effect on overall health and well-being. We measured overall health and well-being through a mental health index and a subjective well-being

index. The RCT did not show any significant treatment effect on these indexes of either interventions package. It worth mentioning that a topic such as general well-being might be difficult to self-report on by young girls. At the same time, baseline levels of self-reported well-being were already high in the control group.

Note: In this report we only publish a selection

of the findings of the Ritu RCT and provide limited details on the analysis of the findings. An academic impact paper, written by Lidwien Sol, Eleonora Nillesen, and Paul Smeets will be published with the complete analysis of the Ritu RCT. These are the preliminary findings and might slightly change as a result of further analysis.

Improved physical health during menstruation

Not having the right knowledge and skills, or access to products and gender-sensitive toilets, and restrictions stemming from menstrual stigma, influence girls' ability to perform menstrual practices and maintain the necessary hygiene standards. This is likely to have an effect on their physical health. However, there is not yet conclusive evidence to support this.

From the RCT data, we did not find any reduction in the physical health of girls. We asked girls about the incidence of skin rashes or irritations and found no difference between girls that received the Ritu school or school plus community intervention compared to the control group. It is worth mentioning that physical health can be complicated to measure, so taking this in consideration the findings are not surprising.

Improved well-being during menstruation

In addition to health, the Ritu programme aimed to improve girls' well-being during menstruation. To measure well-being, we used indicators of psychosocial well-being and girls' confidence to perform menstrual practices (among others).

We find strong evidence that the interventions successfully increased psychosocial outcomes as well as confidence during the menstrual period. To measure this, we asked girls how often they feel embarrassed or insecure during their menstruation.

Feeling embarrassed

With a score of 3.3, girls in the control group already scored high on the scale of 1 (always) to 4 (never). The Ritu programme still had a positive effect on levels of embarrassment. Both the girls that received the school interventions and the girls that received school plus community interventions report significant lower levels of embarrassment during their menstruation (3.4 and 3.5 respectively). In terms of insecurity, at 3.37 the control group again scored high.

Feeling insecure

The school interventions did not impact levels of



insecurity. However, with a score of 3.6 girls that received the school plus community interventions showed significantly less insecurity. We can conclude from this that the additional community interventions created a more supportive environment in which girls felt less insecure during their menstruation.



'I used to feel too embarrassed to talk about menstruation with others'

Sadiya Afrin Jeli (15-year-old girl)

"Before the Ritu programme I knew very little about menstruation. I used to worry a lot, but felt embarrassed to talk about it. My mother was the only one with whom I talked about it, but very little. There was so much I didn't know! I also used to miss school during menstruation because I felt uncomfortable using the toilets. Things changed when the Ritu programme came to our school. Teachers started talking to us about menstruation. I joined the student forum where I received more information about menstrual health. This increased my knowledge about menstruation and made me much more confident to talk about it. Now I openly discuss menstrual issues with my parents, brothers, and sisters as well as my teachers. The toilets at my school are now cleaned regularly and there is running water, soap, and a bin. In general, I worry a lot less during my periods. All this also helps me to focus on my studies. I haven't been absent from school because of my menstruation lately.'

Confidence

Feeling confident is an important aspect of well-being. In the Ritu programme we measured girls' confidence in managing their menstruation when at home and when at school, as recent evidence¹⁴ suggests that being confident to manage menstruation in one environment (eg. at home) does not naturally translate to feeling confident in a different setting (e.g. at school or at work). At the baseline level, girls generally expressed more confidence managing their menstruation at home than at school. Both treatments increased confidence levels in the school environment, but only the school and community component increased the confidence levels in the home environment. The results suggest that Ritu had a significant and positive impact on the subjective well-being of girls during their menstruation.

As a result of the school intervention, girls' confidence in managing their menstruation at school increased by 12%. There was no significant effect on confidence at home (which was already very high). The school and community intervention increased confidence at school by 15% and confidence at home by 4% compared to control communities.

Increased school attendance

Missing school days and/or school drop-out is often brought up as an argument to invest in menstrual health. At the same time, reduced school absence and drop-out are often quoted as outcomes of menstrual health programmes. This is relevant, as girls' education is associated with long-term benefits such as increased health, delayed marriage, and greater well-being for the household.¹⁵ Although menstruation is not the only and, according to our baseline, not the main reason for girls to miss school days, it is one of the reasons for school absence. This means that menstrual health interventions could positively contribute to school attendance and possibly drop-out. Moreover, the overall goal of Ritu was to improve the social and economic participation of girls in Bangladesh. For girls in the age range 10–15, attending school is a prime indicator of social participation.

The Ritu programme needs assessment identified the lack of appropriate WASH facilities and the acceptance based on norms restricting girls' movement during menstruation as reasons for girls' absenteeism. Through initial mapping exercises in communities, Simavi also found that parents had understood from awareness-raising sessions outside the Ritu programme that it was better to keep girls at home during menstruation.



‘Because of the researchers our work has reached a higher quality level.’

Hilda Alberda, Programme Manager Ritu, Simavi Headquarters

With the RCT, we did not only contribute to the evidence base on menstrual health programming. We also learned a lot from our collaboration with the researchers connected to the programme. Based on their advice, we decided to limit the variety of interventions and use evidence to select those that were most likely to achieve the expected impact. This enabled us to really invest in and monitor the quality of each intervention. Moreover, the results can now more easily be linked to specific interventions and we have a simple model that can be scaled-up in different contexts.

An academic paper will be published on the RCT by L. Sol et al. that will contain a more extensive overview and analysis of the measures.

It was therefore decided to include positive messaging towards girls’ school attendance in awareness-raising activities by BNPS, DORP, and RedOrange.

Based on the findings of the three different methods to collect school data (the endline survey, on-the-spot checks and administrative school records) we find strong evidence that the Ritu programme resulted in increased school attendance among girls in intervention schools. The RCT data shows that absence of girls who received the Ritu school intervention reduced by 20.9% compared to the control group. We see a reduction of 13.5% in absence rates of girls who received both the school and the community interventions. The difference between the two interventions is not statistically significant.

SRHR related impact

As part of the RCT, we asked girls about a number of sexual and reproductive health (SRHR) topics. We did this following the assumption that menstrual health is a foundation issue of SRHR. Despite the relatively short intervention period and relatively young age of girls (13 on average at endline), we see a consistent positive effect of the programme (not tested for significance). One of the questions we asked girls was if they had been pregnant. Of the girls that received the school intervention or the school plus community intervention, 0,2% (4 girls) responded positive to this question. In the control group, this was 0,6% (6 girls). When asked about marriage, 1,7% of girls in the intervention areas confirmed to be married compared to 3,3% in the control group.

‘I now realise why girls should attend school regularly.’

Mr Ajharul Islam, Head Teacher, Hazi Foize Uddin High School

‘Before the Ritu project, whenever a girl came to me with a leave application, I used to sigh because I understood the reason. However, I never realised the importance of regular attendance, and never tried to take any initiative to support my students. The Ritu programme has opened my eyes. I realise why girls should attend school regularly. In my school, now there are separate toilets for girl students. There is a small grocery shop near my school where I have instructed them to keep sanitary pads that girls can buy throughout the year.’



OrITU finance and cost-effectiveness



In this section we give an insight into the costs of the programme as well as the cost-effectiveness as this is relevant for a potential scale-up or replication of the programme.

Costs per outcome

In terms of expenditure per outcome, we are able to provide a high-level insight. It is good to note that the budget in terms of human resources and overhead costs was not designed or monitored on the outcome level. However, we were able to allocate these costs through percentages based on the relative time investment on each of the outcomes. Combined with the achievements reported above, the information gives an insight into the cost-effectiveness of the programme.



'Cost-effectiveness analysis is important for optimal use of assets and funds'

Mrs Sultana Islam, Finance and Admin Officer Ritu, Simavi

Doing a cost cost-effectiveness analysis is something I learned as part of my work on the Ritu programme. Cost-effectiveness analyses are an important part of financial management, as it contributes to optimal utilisation of assets and funds of any organisation or program.

Cost-effectiveness analysis

Cost-effectiveness of the Netrokona interventions

As part of the Ritu RCT, an in-depth exercise was undertaken by Simavi's monitoring and finance staff to identify specific expenditure for each treatment arm. Through this, we have a good idea what the costs are to improve menstrual health and other indicators, to the extent shown by the RCT.

What does it cost to achieve those outcomes?

- The costs to reach 6,981 girls with school interventions only were €371,630. This equals €53 per girl.
- The costs to reach 7,643 girls with school and community interventions were €632,356. This comes down to €83 per girl.¹⁶

	Simavi, BNPS and DORP	RedOrange	TNO
Inception phase			
Human Resources	55.201	57.000	-
Office set-up	23.392	44.510	-
Needs assesment/ studies/ mapping	29.013	55.740	-
Baseline (RCT)	49.063	0	-
Evidence informed programming	33.880	0	-
Launch and orientation	2.075	7.125	-
Total	192.625	164.375	-
Implementation			
RCT and programme evaluation	56.255	4.500	-
Outcome 1 - knowledge interventions			
Human resource and travel costs	382.115	383.276	-
Office rent, supplies and utilities	44.512	5.060	-
School campaign Netrokona	0	221.465	-
MH education in schools, Netrokona	218.727	0	-
MH sessions in communities, Netrokona	22.310	0	-
Mass media campaign	0	743.475	-
Celebration MH Day	1.093	71.650	-
Total	668.756	1.424.927	0
Outcome 2 - advocacy/ mass media			
Human resources	141.081	6.281	-
Office rent, supplies and utilities	13.772	341	-
National advocacy + set up MHM Platform	51.198	0	-
Journalist fellowship	0	83.266	-
Training of NGOs and CSOs	5.954	0	-
Hand-over of BCC materials to GoB	0	6.000	-
Total	212.005	95.888	0
Outcome 3 - access to toilets			
Technical support Simavi HQ + Dhaka	309.714	0	-
Office rent, supplies and utilities	28.641	0	-
Budget mobilization in schools	48.170	0	-
Budget mobilization in communities	34.921	0	-
Development of biodegradable sanitary pad	0	0	273.642
Total	421.447	0	273.642
Total programme	1.551.087	1.689.689	273.642
Total budget			3.514.418

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16. The number of girls included in this calculation are only the girls that were in grade 6-8 at the start of the programme, in the 78 schools included in the RCT. For these girls we can say with certainty they received a full intervention package delivered at high quality as this was monitored closely. The overall reach of the Ritu programme in Netrokona is greater, since girls who entered grade 6 in year 2 and 3 of the programme also benefited from MH school interventions. In addition, the programme covered 89 schools of which only 78 were included in the RCT study.

PROGRAMME INDICATOR FRAMEWORK

Improved health and well-being and, social and economic participation of girls in Bangladesh.

Indicators	Level of	Targets	Source of information	End of programme value
				Final report
Specific objective: Improved health and well-being of girls between 10 and 15 years in Bangladesh				
Average school absence ratio girls	Impact		Spot check data - girl students	46,5% (treatment) 52,5% (control) ¹
% of girls dropped out of school	Impact		RCT survey - girl students	8,5% treatment 13% control
% of girls experiencing positive wellbeing	Impact		RCT survey - girl students	19,1% (treatment) 14,3% (control)
% of girls who feel confident to manage MP at school	Impact		RCT survey - girl students	66,6% (treatment) 43,3% (control)
% of girls that married	Impact		RCT survey - girl students	1,7% (treatment) 3,3% (control)
% of girls that have been pregnant	Impact		RCT survey - girl students	0,2% (treatment) 0,4% (control)
OUTCOME 1: Increased knowledge and improved attitudes and practice on menstrual hygiene among girls, boys, men and women.				
% of girls, boys, men and women that can mention three menstrual hygiene related facts	Outcome	-	FGDs school students	Girls: 100% Boys: 90%
	Outcome	-	Pre-post test parents	Women: 90% Men: 88%
% of girls, boys, men and women who know at least three measures to improve menstrual health	Outcome		Pre-post test parents	Women: 92% Men: 91% demonstrate positive KAP related to MHM
# of girls that perceive improved attitudes towards menstrual health of boys, men (fathers and teachers) and women (mothers and teachers) ²	Outcome	-	RCT Attitudes test parents	Positive attitude of 7.7 on a scale of 10 (treatment) Positive attitude of 5.6 on a scale of 10 (control)

1. These figures are based on-the-spot check data, school attendance and survey data show different percentages, but the same significant difference between treatment and control.

2. Measured explicit and implicit attitudes directly with parents instead.

Indicators	Level of	Targets	Source of information	End of programme value
				Final report
At least 1,000,000 visits to Ritu online and Ritu Facebook page recorded	Output	1,000,000 visits	Facebook and RITU online	64,049
At least 1,000 NGO-professionals, but also other stakeholders (school representatives, teachers, etc.) are registered members of the online Ritu website platform	Output	1000 registered members	RITU online platform records	1021 members
50,000 school girls and boys, and 250 teachers participated in interactive menstrual health sessions	Output	-	Session monitoring data	49,056 (25,844 girls; 23,212 boys)
1,000 teachers trained on menstrual health and facilitation skills	Output	1000	Training attendance list	1000
12,000 people reached via community menstrual health awareness raising	Output	12,000	Session reports	9230
At least 1,000,000 people reached with messages on menstrual health through different mass-media	Output	1,000,000	Records views	2,200,000 views
1 docu-movie addressing the menstrual health issue developed and viewed by at least 100,000 people	Output	100,000 views	Records views	No data
90 articles published in local and national media	Output	90 articles	Publication records	87
Menstrual health model developed	Output	Yes/done	Document review	Yes/Done
# of meetings on sustained MH lessons/information provision	Output	32	Meeting reports	32 (15 school, 15 communities, 1 DoE, 1 NCtB)
OUTCOME 2: Girls have access to better menstrual health services				
Better school sanitation facilities for girls	Outcome	-	School female-friendly toilet checklist	100% female-friendly (treatment), 1% female-friendly (control)
Better household sanitation facilities for girls	Outcome	50	RCT Survey - girl students	84 out of 1836 (treatment) (4,5%), 50 out of 1714 (control) (2,9%) ³

3. The RCT survey is based on a sample of the girls and households that were reached through the programme. Therefore this figure cannot be directly compared to the output of 855 female-friendly facilities realised.

Indicators	Level of	Targets	Source of information	End of programme value
				Final report
Production of biodegradable sanitary napkins	Outcome	Production of biodegradable napkin	TNO	New biodegradable plastic developed from starch suitable for the production of sanitary pads. ToR signed with a production company for the production of biodegradable sanitary pads
176 schools assessed on female-friendly WASH facilities	Output	150	School toilet mapping	176
89 schools where an action plan was developed based on the assessment	Output	89	Document review	89
# of female-friendly school WASH facilities realized	Output	89	Toilet monitoring checklist	89
Findings of mapping have been disseminated to MoH / MoE	Output	7	Dissemination reports	8
Households assessed on female-friendly WASH facilities	Output	7000	Community visit reports	4488
39 parents groups that developed an action plan based on the household female-friendly WASH facility assessment	Output	39	Action plans of Ritu forums	37
# of female-friendly household WASH facilities realized	Output	5107	Household monitoring checklists	855 realized MHM facilities
# of refresher meetings/trainings on female- friendly toilets with schools	Output	178	Training reports	178
OUTCOME 3: Increased commitment towards menstrual health by the government and civil society.				
Menstrual health is included in the secondary school curriculum	Outcome	-	Curriculum	Yes (review ongoing)
# of NGOs and CSOs that participated in training that have increased knowledge on MHM	Outcome	-	Training reports	40
# of NGOs, CSOs and other stakeholders that indicate that they have benefited from joining the Ritu network	Outcome	-	Evaluation survey	40

Indicators	Level of	Targets	Source of information	End of programme value
				Final report
Endorsement of menstrual health model by MHM platform members	Outcome	Yes and/or # of platform members	Signatures MHM platform	Not completed due to COVID-19
MHM platform members advocated on their own initiative for menstrual health to <# and list of> relevant representatives of government	Outcome	# and list	Outcome harvesting MHM platform	6
# of parties who signed renewed commitment (as specified in ToR) to MHM platform	Outcome	7	Signatures MHM platform	Not completed due to COVID-19
% increase of MHM platform members actively engaging in platform meetings (Janine will follow up with BNPS to ensure they gather attendance records)	Outcome	100%	Attendance records MHM platform	29% increase
A programme advocacy strategy is developed based on the context analysis	Output	-	Advocacy strategy document	Yes
6 position papers developed on Menstrual Health, signed by NGOs, CSOs and other relevant actors and offered to relevant (government) stakeholders	Output	-	Position papers	6
At least 30 CSOs and NGOs trained on advocacy regarding menstrual health	Output	-	Training attendance list	40
3 round table discussions organized with at least 10 different Government, private sector and NGO stakeholders	Output	-	Meeting reports	6
MHM programme toolkit for NGOs developed	Output	1	Toolkit	1
At least 30 CSOs and NGOs trained on advocacy regarding menstrual health	Output	-	Training attendance list	40
Communication strategy developed	Output	Done	Communication strategy document	Yes/Done

Indicators	Level of	Targets	Source of information	End of programme value
				Final report
Final Ritu materials developed	Output	Yes/Done	Final Ritu materials documentation	Yes/Done
Signed agreement on rotating leadership	Output	Yes/signed	Signed agreement MHM platform	Not completed due to COVID-19
# of MHM platform members are able to formulate evidence through outcome harvesting that can be used to carry forward advocacy related to menstrual health	Output	15 members	Workshop report	15 members



Kingdom of the Netherlands

