

Summary Report

Global MHM and HP Workshop

Beirut, Lebanon / 22nd – 24th October 2018



Supported by:



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1. Background

Although there is growing attention to the menstrual hygiene needs of women and girls, it is an area that continues to be overlooked or poorly addressed, often in a 'piecemeal' and uncoordinated way in both humanitarian and development programmes.

Menstrual hygiene is currently not included as a standard component of emergency WASH or health programming within the Red Cross Red Crescent (RCRC). Although a number of National Societies (NSs) already have experience and are including MHM in community, school and/or emergency programming, the demand for guidance and support on MHM is growing. Many NSs are voicing interest in knowing or doing more and acknowledge a lack of awareness and capacity of staff and volunteers as key barriers.

The IFRC have recently developed a number of new resources and tools which are being rolled out globally – including the IFRC Hygiene promotion (HP) in emergency operations guidelines and a guide and practical tools on Menstrual Hygiene Management (MHM). The objective of both guidelines is to support NS to improve the quality and effectiveness of HP and MHM activities in operations and programming. In 2018 IFRC also initiated a global MHM Community of Practice, and have developed a case study and two animated videos to scale up advocacy on MHM.

Therefore, it was an opportune time to disseminate the best practices and lessons learnt from National Society and IFRC experiences in MHM and hygiene promotion to date. The 2018 global workshop 'Sharing and learning from Red Cross Red Crescent experiences in Menstrual Hygiene Management and hygiene promotion (HP)' was held in Beirut from 22nd – 24th October 2018.

2. Objectives

The specific objectives of the workshop were to:

- Provide **a platform for sharing experiences** from MHM and HP actions in emergencies and development programming.
- **Exchange lessons learned and best practices** between National Societies, IFRC and external practitioners.
- To **equip participants with resources and practical tools** that are available to be adapted and used for MHM and HP programming.
- **Contribute to global learning** on innovative technologies for MHM, and evolving approaches and best practices for WASH software and sustainability.
- **Strengthen cross-sectoral working** for comprehensive MHM actions within the IFRC context, including 'who' does 'what' and how we can work better together.
- **Strengthen the global network** of MHM and hygiene promotion practitioners.

3. Participants

A participant list including contact details can be found in **Appendix 2**. The workshop brought together WASH, Health and Protection, Gender and Inclusion (PGI) practitioners from National Societies, as well as representatives from external agencies, academia and other stakeholders. Participants included:

- 35 participants from 22 National Societies and IFRC, with every regional represented (Asia Pacific, Americas, Europe, Africa and MENA)
- 8 external participants from the Colombia University, WASH United, The Case For Her, AfriPads, Oxfam, PSI, CBM and UNHCR.



4. Agenda

The workshop agenda can be found in **Appendix 1**. Day 1 of the workshop focussed on hearing experiences and learning from a broad range of external agencies and stakeholders. Day 2 and day 3 were focussed on the Red Cross Red Crescent context within MHM and hygiene promotion, and provide an opportunity for National Societies to share their experiences as well as next steps and actions to continue and improve momentum for MHM and HP.

5. Expectations

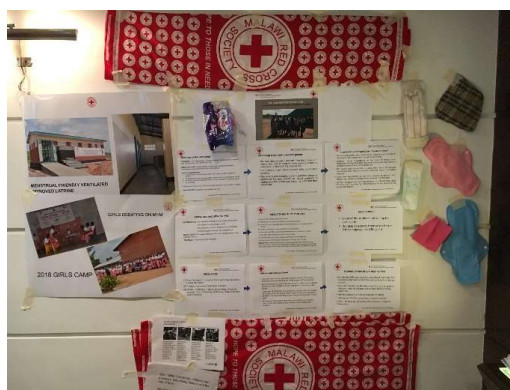
Expectations were collected from participants through an online pre-workshop survey. There were a broad range of expectations ranging from very specific to very general, including:

- To exchange experiences and learn from other NSs around MHM and HP: What works, best practices, challenges in implementing MHM in emergencies & developmental contexts, how to integrate WASH and PGI better and improve existing programming.
- Learning that will support PSS and PGI mainstreaming in relation to MHM.
- Get a deeper knowledge on MHM/HP.
- To learn how to incorporate MHM into existing programmes.
- To be able to discuss with WASH colleagues and coordinate/integrate better on MHM.
- Increase knowledge and skills on MHM programming in emergencies and how to ensure a multi sectoral approach.
- Advocacy for MHM programming.
- Inspirational, good learning opportunity and networking. Practical skills and useful tips.
- How to handle efficiently the SGBV aspects linking with MHM.
- Learn approaches to sustainable hygiene promotion to lead towards behavioural changes.

6. Workshop website and links to resources

Website / Page	What you can find there	Link
Workshop website	<ul style="list-style-type: none"> - All presentations and resources from workshop (including photos) - Link to join community of practice 	https://claxhammer.wixsite.com/mhmhp

<p>IFRC MHM Tools</p>	<ul style="list-style-type: none"> - 13 practical tools (in word format) to use and adapt for MHM: <ul style="list-style-type: none"> o focus group guides, o post-distribution monitoring survey, o checklists for female-friendly WASH facilities, o cash and MHM info and tool, o example outputs & indicators for EPoA, o example feedback log – and more! 	<p>www.dropbox.com/sh/y4a078qba9bgxps/AAACftCgyCdNTIX9XcwxiSMPa?dl=0</p>
<p>Watsan Mission Assistant</p>	<ul style="list-style-type: none"> - A large number of WASH related resources, materials and information – including for emergency and developmental WASH, public health WASH, cross-cutting issues etc. - IFRCs recently published case study on results from operational research in MHM in emergencies in East Africa 	<p>http://www.watsanmissionassistant.org/</p> <p>https://ifrcwatsanmissionassistant.files.wordpress.com/2018/11/mhm-case-study-v5b-digital.pdf</p>
<p>CBHFA website</p>	<ul style="list-style-type: none"> - Information about CBHFA, and modules and training guides for volunteers and facilitators, including: - Behaviour and social change volunteer manual and facilitator guide 	<p>http://ifrc-ecbhfa.org/</p>
<p>PGI minimum standards</p>	<ul style="list-style-type: none"> - Practical guidance on how to mainstream dignity, access, participation and safety in all sectors, based on a consideration of gender, age, disability and other diversity factors. 	<p>https://media.ifrc.org/ifrc/document/minimum-standards-protection-gender-inclusion-emergencies/</p>
<p>MHM Community of Practice (CoP)</p>	<ul style="list-style-type: none"> - A platform for learning and sharing good practices on MHM in emergencies and long-term programming – including asking questions from others who are MHM r and implementers - A library/repository for MHM training-related materials, guidelines, tools and many other resources 	<p>https://ifrc.csod.com/phnx/driver.aspx?routename=Social/Communities/LearningCommunityWithFeed&Root=25</p> <p>***log in required***</p>



7. Summary of workshop proceedings

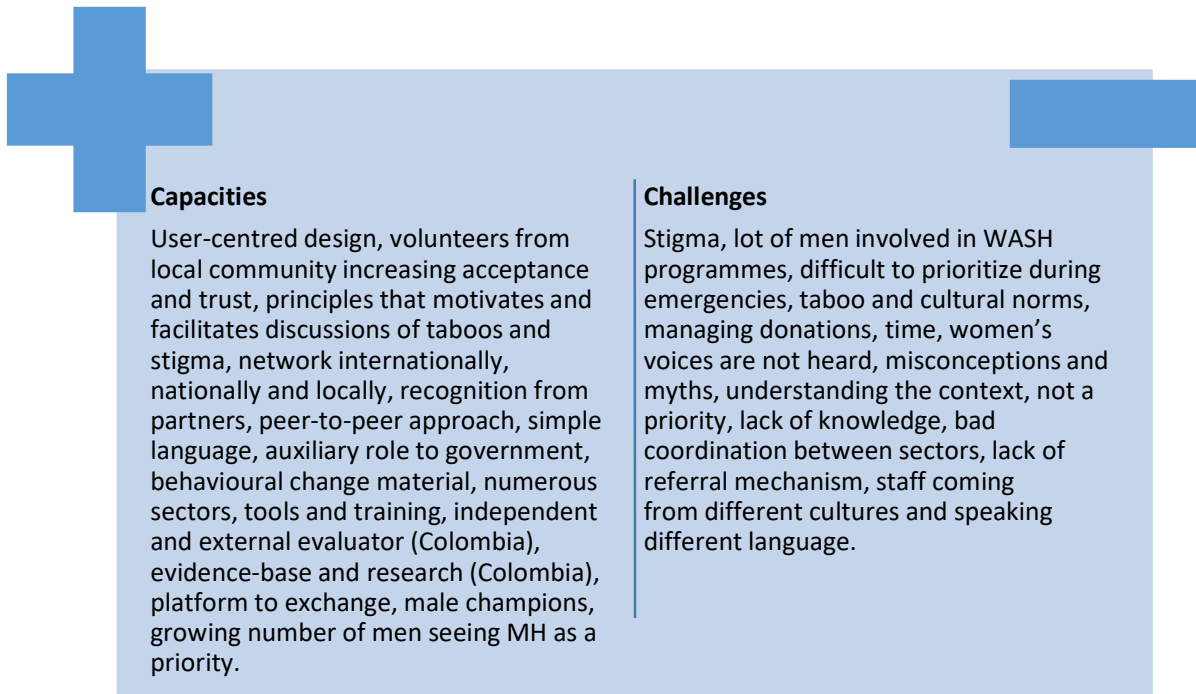
a. Day 1 – Hearing from external experts in MHM

<i>External speaker</i>	<i>Key points</i>
<p><i>Maggie Schmitt, Columbia University</i></p> <p>MHM in Emergencies: A review of global evidence and future priorities</p>	<ul style="list-style-type: none"> • Since 2015 Colombia University and IRC have developed a global toolkit on integrating MHM in humanitarian operations. Process included research, toolkit development, expert review, and piloting. • Key learning from piloting include: failure to address all components impairs success, need for a holistic approach, women and girls needs and preferences not taken into considering in the design, disconnect what women and girls are saying and in practice, poor coverage of MHM consultation, girls and women with disabilities often overlooked. • Current research focussing on disposing and laundering menstrual materials which is a gap area. No evidence of what works, and lack of documented experiences. • Another gap in evidence includes massive shift from in-kind donations to cash-based interventions. • Lack of accompanying NFIs and items such as buckets, soap for laundering. Sometime they are used for other purposes/sharing within the family. • Strategies for involving boys and men: South Sudan experience of low participation of men; came up with the idea of having male sessions to discuss SGBV & alcoholism.
<p><i>Gerda Larsson, The Case For Her</i></p> <p>Do periods matter for the SDGs?</p>	<ul style="list-style-type: none"> • The Case For Her is a for-profit social enterprise, investing in menstruating, female sexual pleasure and menopause. • Body literacy is key and more than menstrual hygiene. • Menstruation across the life-span, different ages and life situations. Menstruation is a common experience shared by women but the same time a most unique experience. • How MHM aligns with the SDGs: embedded in WASH facilities, education, gender equality – cross-cuts many SDGs. • UN Human Rights Council mentioned menstruation first time in 21 September 2018 in A/HRC/39/L11. • D&AD New Blood Awards – university students to come up solutions for local MHM challenges. • Not all girls menstruate and not all who menstruate are girls. • Girls are getting periods earlier because we are healthier and eating more. Need to start talking about these issues early and not hide products etc. normalise menstruation. • Experiences in pain management: we need to try to understand how much the challenges (e.g. absenteeism) are linked to pain, rather than assuming it is about lack of facilities. Giving basic tools and practices to women and girls to alleviate pain e.g. pain killers, bottle with warm water to rub stomach, light sports. Need to remember also that all period pain is not normal, it can be sign of something else. Also need to ensure information on when should one go to see a doctor.

<p><i>Maria Carmen Punzi, PSI</i></p> <p>Consumer Powered Healthcare: Putting Girls at the Centre of our Menstrual Health Work</p>	<ul style="list-style-type: none"> • Menstruation still a taboo, associated with sexual activity and not frequently discussed. • Women and girls want more information on MH and reproductive health. MHM is a good entry point to SRH. • MHM market is failing women and girls: lack of consumer perspective, consumer design does not inform the programming, affordability, girls don't have access to wide range of materials, low prioritization within the household, quality of subsidized pads often low, low access to clean water and private space, infrastructure is critical for SRH education. • Little knowledge of pain i.e. how the girls cope with the pain, their access to pain killers. • Disposal always a challenge, especially in rural areas. Maintenance can be costly. Disposal needs to be addressed at home and in schools and workplaces. • Products matter but aren't a complete solution – need a holistic approach through the entire MH journey. • Durability and disposal are two challenges of MH products. • If MH is not addressed holistically; no gender equality.
<p><i>Ina Jurga, WASH United</i></p> <p>Engage, educate, empower – breaking the silence on MHM on 28 May and beyond</p>	<ul style="list-style-type: none"> • Every year MH Day is celebrated on 28 May. What impact such day can achieve? Social norms change and awareness, increase political will and action by involving governments and media, social media campaigns. • In 2018: Philippines RC social media campaign; IFRC produced materials and videos for MH day, and other NSs and org's! • 2019 and beyond: will provide full range of materials to prepare that can be branded with RC logo, organise a webinar. • WASH United have developed new training material for girls through a user-centred design process. Using story-telling and by letting girls find their own answers. • Aim to reduce cost of training and have a product which is easy to use (teachers can pick it straight up and use it). • Focus on the 3 E's: engage, educate and empower.
<p><i>Michelle Farrington, Oxfam</i></p> <p>Oxfam's Women's Social Architecture Project: User centred design with Rohingya women in camps in Cox Bazar</p>	<ul style="list-style-type: none"> • Formative research bringing in architects to think about space in a different way (social architecture and feminist architecture). • Feedback from women and girls indicated issues with safety, privacy, access, space to gather and talk. • Architects created a menu of design options which were then discussed in consultation with communities. Key point is to actively engage women throughout the project including design, siting, monitoring and maintaining WASH facilities, to meet needs of dignity, privacy and safety. • Some solutions identified that will be piloted include: raised and slanted roofs to support drying with individual lockers, plants around latrines for privacy, seats for pregnant and elderly. • Need to build capacity of engineers to understand and implement gender-sensitive strategies.

<p><i>Adrian Dongus, AFRIPads</i></p> <p>Giving women a voice: An evidence-based approach to MHM in emergencies</p>	<ul style="list-style-type: none"> • AFRIPads is a social enterprise, started 10 years ago in rural Uganda that employs 90% women. • Making sure that menstrual products are available in markets across all regions. • Local context is key, there is no blanket solution – need to understand culture, context and local constraints. • Have collaborated with DRC and UNHCR to develop integrated data collection platform and tools that can be used by partners for assessment etc. • Possibility to design AFRIPad kit rather than individual products? Continuous process of improving the products based on feedback, not specialized in making soap for example. • Money vs. quality: important to use high quality products, model is to identify where to have manufacturing hubs, acceptance rates are very high in Africa but also in other places such as Afghanistan.
<p><i>Philippe Chaize, CBM</i></p> <p>HHoT, a practical guidance on inclusive humanitarian field work</p>	<ul style="list-style-type: none"> • Definition of disability: interaction between impairment and environment. There are 1 billion people with disabilities. • CBM work mainly in partnerships to ensure full participation of people disabilities. Focus on local capacities. • Persons with disabilities can be disproportionality affected by: lack of access to services, loss or disruption of support structures and service, lack of knowledge how to be inclusive. • CBM have developed Humanitarian hands-on tool (HHoT) – a free app that gives guidance for organizations to mainstream disabilities and make their programming more inclusive. • Building inclusive societies does not only help people with disabilities – but everyone. • Remember that there are also other vulnerable groups, not only those with disabilities. Movement approach is to support those who are the furthest behind and persons with disabilities is one groups often overlooked.
<p><i>Jeehan Houchaimi, UNHCR Lebanon</i></p> <p>Enhancing protection and dignity of Syrian women in informal systems in Bekaa, Lebanon through enhanced MHM</p>	<ul style="list-style-type: none"> • Project focussed on access to improved sanitation, improved water, hygiene materials. • Enhancing the latrine design based on discussions with women (location, lock). • Distribution of disposable sanitary hygiene napkins. Restrictions in mobility, women and girls not able to easily access markets. • Focus group discussions to gather feedback about the MH programme. Development of standardized MHM messaging. • Women wash and dry sanitary cloth materials/underwear inside their shelters. Working with shelter partners to address this. Women and girls burn sanitary napkins. • Currently preparing a MS assessment tool to understand the key challenges for managing menstruation. • Aim that women and girls have access to comprehensive SGBV prevention and response services. • Pilot for the fabrication of reusable sanitary napkins: reduced cost, local availability, self-sufficiently.

Wrap up from Day 1 – what are our challenges and capacities?



Capacities	Challenges
User-centred design, volunteers from local community increasing acceptance and trust, principles that motivates and facilitates discussions of taboos and stigma, network internationally, nationally and locally, recognition from partners, peer-to-peer approach, simple language, auxiliary role to government, behavioural change material, numerous sectors, tools and training, independent and external evaluator (Colombia), evidence-base and research (Colombia), platform to exchange, male champions, growing number of men seeing MH as a priority.	Stigma, lot of men involved in WASH programmes, difficult to prioritize during emergencies, taboo and cultural norms, managing donations, time, women's voices are not heard, misconceptions and myths, understanding the context, not a priority, lack of knowledge, bad coordination between sectors, lack of referral mechanism, staff coming from different cultures and speaking different language.

b. Day 2 – Introducing IFRC resources and tools for HP and MHM

Designing programs for behaviour change (Nancy Claxton, IFRC Senior Officer – Health promotion/CBHFA)

- Approach developed with key experts, cross-sectorial and tested in low-literary contexts
- Steps for behaviour change: Knowledge, approval, intention, practice, advocacy
- Does and non-doer analysis is a tool that can be used for long term programming and in emergencies to identify important motivators and barriers for behaviour change
- Criteria for effective messaging: Keep it simple, call to action, and state the benefit

Hygiene promotion in emergencies (Annie Lloyd, British Red Cross)

- Participants did a group quiz, answering questions using the new HP guidelines. Guidelines are being rolled out in the regions and translated.
- Key message is to listen to the community and communicate with them
- Uganda experience: barriers included many people with special needs and lack of construction materials, key objective to target hand-washing and latrine construction
- Translations available, available on WATSAN assistant
- HP e-learning available in 2019

Introducing IFRCs MHM Guide and Tools (Chelsea Giles-Hansen, IFRC/Swedish Red Cross)

- New RCRC MHM guidelines, not to duplicate but to provide a hands-on tool for RCRC
- Practical tools that will remain as word version to enable editing/adapting
- Minimum standard checklists for female-friendly facilities can be used for monitoring, assessing facilities, by engineers so that small, simple adaptations are included in latrines/bathing areas from the beginning which help women and girls to manage their periods with dignity

- Solid waste management – no one-fix solution, very context specific and requires consultation with women and girls. Think about whole life cycle of menstrual materials, and personal protection for people handling menstrual waste.
- Hygiene, MHM and dignity kits all have different target groups, purpose etc. need to be clear which kit you are distribution and why. New guideline includes diagram and information on each kit and how to avoid duplication. For MHM, pads and underwear are not enough – items to support washing, drying, disposal etc. are also needed.
- New IEC material available in different languages in the coming months

Monitoring of MHM activities and PGI experiences in Bangladesh (Kaisa Laitila, IFRC PGI)

- For MHM focus needs to be on qualitative (e.g. FGDs, interviews) methods. Post monitoring surveys are good but difficult to get a detailed understanding of the 'how' and 'why'
- Available tools for M&E of MH include: example FGD guides, survey for post-distribution monitoring, feedback log, example indicators and outputs, checklist for MHM in humanitarian operations (see link above to IFRC MHM tools)
- Dignity kits are developed in collaboration with the local community, based on context-specific needs and risks and locally procured – should not be pre-positioned.
- Bangladesh Red Crescent/IFRC doing a large dignity kit programme in Cox's Bazar as part of the Population Movement Operation, with distributions to more than 15,000 women/girls
- A large post-distribution monitoring (PDM) survey was done and recommendations included: to include additional items; adapt the age brackets and to continue discussions with Mazhi's and Iman's to mitigate restrictions (especially for adolescents) to distribution sites
- Other key recommendations were: Ensure information is provided at each pre-distribution, and that key service information is provided at distribution; discuss with WASH on increased privacy around bathing and latrine areas; and ensure DAPS centres, community centres and RC facilities e.g. clinics, latrines provide this privacy

Collecting and using Disability Disaggregated Data (Greg Rose, British Red Cross)

- Limited collection of disability-disaggregated data (DDD) in programmes, so we cannot design tailored programme activities or strategies
- BRC adapted the Washington Group (WG) criteria for disabilities by formulating questions in a clear simple way, incorporating them into surveys and assessments, and translation to local languages (translating to local language then back to English to validate meaning)
- More work needs to be done on clarifying meaning (e.g. the ranking by age), designing the questionnaire for mobile phone surveys (e.g. Kobo) and actually using the data in programming activities.



Wrap up from Day 2 – small drops together can make a great wave! [see picture]

c. Day 3 – Sharing National Society experiences and looking to the future

18 National Societies prepared short presentations on their MHM or HP related projects including key activities, results, challenges and lessons and recommendations for others. These presentations were printed out a 'rotating' gallery walk format used so that to enable all to share. Fantastic!

A wide variety of experiences and lessons were shared, with short verbal summary and time for questions at the end of each 'round' (4 presenters, 10 minutes each). All presentations can be found on the workshop website. The remained of day 3 focussed on looking to the future – including what support is needed and which actions participants are going to take (see sections below for details).

8. What support do you need?

Participants were asked to identify what support they need from other National Societies, from a regional level and from Geneva (global).

A. National Society to National Society

- LRC: Resources from Philippine RC on WASH program in school modules; KAP study on MHM from Malawi; Baseline of MHM Somali Red Crescent
- Uganda RC: French RC to share materials for CHAST and capacity building; LRC to support an exchange visit for WASH in emergency staff
- Sharing of materials (IEC, case studies, tools etc.)
- Sharing experiences, lessons and tools regularly/each year
- Contextualising MHM guideline and IEC materials
- Peer support and strategies for integration of MHM activities, discussion of integration to find what we have in common
- Vanuatu RC: Increase WASH hardware support/training

B. Regional

- Capacity building and training in MHM and PGI
- Coordination with different National Societies and PNS to address MHM
- MHM Guidelines and tools, IEC materials; including contextualised tools
- Support with resource mobilisation; direction to donors and project grants for MHM
- Regional cross-learning forums; exchanging experiences with other NSs in the region regularly
- Monitoring visits on MHM
- Networking
- Support and have interest on MHM so it can be realised as something important
- Increase support to WASH hardware training

C. Global / Geneva

- Collect and share updates, materials and case studies (especially on livelihoods programs with sanitary pads, latrines in schools, bathing facilities, nudges)
- Fundraising; resource mobilisation; direction to donors for MHM
- Organise exchange sessions/visits between NSs at regional and global level and more global workshops for sharing experiences, learning and networking
- Guidance on barrier/motivation analysis in emergency and long-term contexts that include qualitative data collection
- Piloting female-friendly facilities
- Include MHM tools (IEC, guide, tools) in the HP box
- Be sure that tools and materials are available in all IFRC official languages



- Capacity building for staff and volunteers in MHM
- Provide photos and plans for bathing facilities, and simple training methodologies
- Guidance on an integrated approach (WASH, Health and PGI)
- Develop standard baseline surveys (questionnaire) and examples of qualitative FGDs that NSs can do to collect data and evidence-base
- Support with involving hygiene kits in the CBHFA approach
- Get watsanmissionassistant running, up to date and well maintained
- Provide our NS with MHM kits for distribution
- Resources for celebrating MH Day
- More equal support between all the NSs
- Integrate MHM tools into PGI as there are a plethora of tools [difficult to get NSs to implement]
- Technical support; continue producing material and tools for NSs field work
- Avoid making a strong separation between “externals” and “movement” partners (we need to be open and closer to the rest of the humanitarian community)

9. Next steps: what actions are you going to take?

From each session wrap-up, a number of key actions for continuing momentum after the workshop and for scaling-up or improving programming were identified. Each participant was asked to ‘vote’ for 5 actions that they will take after the workshop.

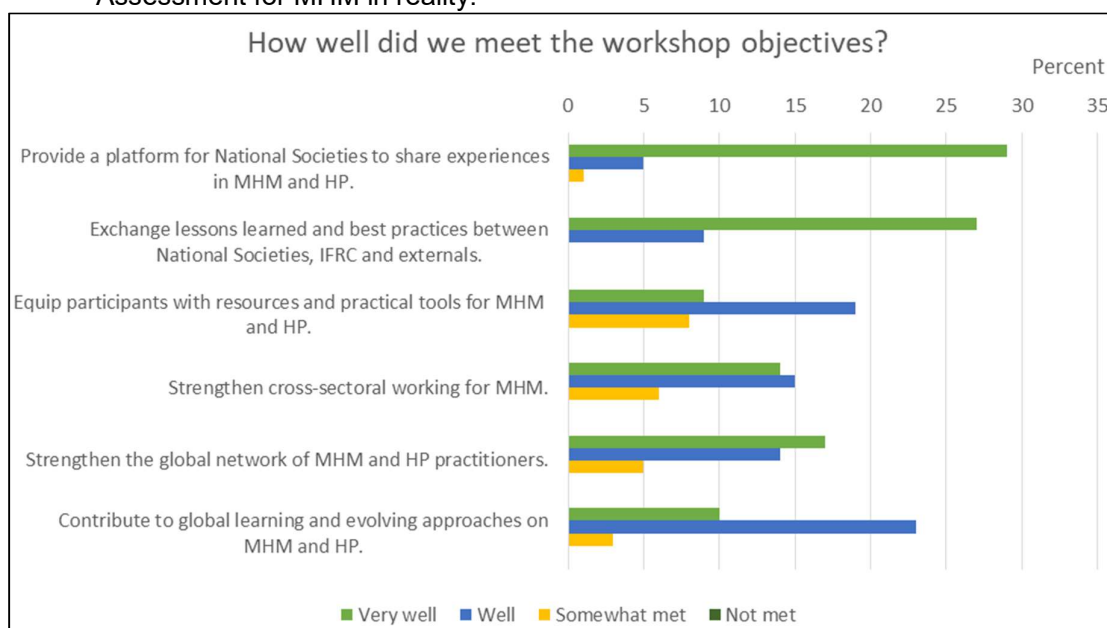
Action to take after the workshop	Percent
Explain to 3 other staff from your NS what MHM is and share with them the resources from the workshop	50%
Train and build capacity of staff and volunteers in MHM	45%
Being visible and celebrating MHM Day and other events	41%
Make use of long-term Wealth/WASH programmes to strengthen MHM activities (as well as to be better prepared for emergencies)	36%
Contextualise/translate MHM tools and materials (including IEC)	27%
Actively participate in the IFRC MHM Community of Practice	27%
In your NS, revise M&E tools to include MHM, gender and disability	27%
Resource mobilisation for implementation of MHM/HP interventions	27%
MHM and PGI are included in NS operational plans/strategic plans	23%
Increase emphasis on participatory approaches for HP and MHM	23%
Develop a contextualised MHM kit for their country.	18%
Integrate PSS and/or CBHFA approached with HP/MHM	18%
Talk, partner and coordinate with Ministries at national level for MHM	18%
Use children, teachers and schools for MHM as behaviour change agents	18%
Use MHM as an entry point for sexual/reproductive health, FGM, HIV, STIs	14%
Piloting different types of female-friendly facilities (latrines bathing/drying, solid waste) in current or future programmes	14%
Develop case studies on MHM experiences in different contexts	14%
Investigate and pilot models for entrepreneurship at local level in MHM and HP (e.g. Sani shops)	9%

Pilot cash (e.g. vouchers) for MHM and hygiene kits and items	5%
Add MHM into existing programming activities	0%

10. Workshop evaluation

36 participants completed a workshop evaluation form at the end of day 3. Overall, the feedback and level of satisfaction was positive:

- Overall, workshop objectives were 'well' or 'very well' met (see graph below).
- **75% responded that the workshop has been 'very useful' for their work.** 25% responded that the workshop has been 'useful' for their work.
- **83% responded 'very likely' that they will transfer what they have learnt** to their work.
- Platforms (or mechanisms) rated best for continuing to exchange experiences and lessons on MHM were: face-to-face trainings at regional or country level, MHM community of practice, peer-to-peer mentoring and webinars.
- Topics participants thought were missing or would you like to discuss or learn about more:
 - MHM for disabled people.
 - About strategies on replication and sustainability.
 - More about HP and MHM in emergency/conflict.
 - Cross-sectoral integration between PGI/WASH/Health, and how to integrate MHM into existing Health and WASH programs.
 - Engineering solutions for MHM, and operationalising female friendly toilets.
 - M&E for MHM - focus on qualitative data gathering and analysis.
 - Disposal of menstrual waste.
 - Learn more from the NSs who had worked in MHM before on how they deal with the taboo issue and the stigma. How to explain MHM and talk about it in stigmatized areas. Communication skills between volunteers and the community.
 - Cash transfers.
 - PSS in hygiene promotion.
 - Nudging.
 - HP tools.
 - Go through existing MHM kits including approach and sessions, IEC used etc.
 - Assessment for MHM in reality.



APPENDIX 1 – Workshop agenda


MONDAY 22nd OF OCTOBER

08:30	Welcome to the workshop- forum Opening session: Introduction (Lebanese Red Cross)
09:00	IFRC's setting the scene
09:15	<i>MHM in Emergencies: A review of global evidence and future priorities</i> Maggie Schmitt, Columbia University
10:00	<i>Do periods matter for the SDGs?</i> Gerda Larsson , Case for her
 10:30	Break
11:00	<i>"Consumer Powered Healthcare: Putting Girls at the Centre of our Menstrual Health Work".</i> Maria Carmen Punzi, PSI (<i>skype call</i>)
11:30	<i>"Engage, educate, empower – breaking the silence on MHM on 28 May and beyond"</i> Ina Jurga, WASH United
12:10	<i>"Sharing experiences in MHM and HP "</i> Lebanese Red Cross
 12:30	Lunch
13:30	<i>"Oxfam's Women's Social Architecture Project: User centred design with Rohingya women in camps in Cox Bazar. "</i> Michelle Farrington, Oxfam United (<i>skype call</i>)
14:00	<i>"Giving women a voice - An evidence-based approach to MHM interventions in emergencies"</i> Adrian Dorgus, AFRipads
14:30	<i>"HHoT, a practical guidance on <u>inclusive</u> humanitarian field work"</i> Philippe Chaize, CBM
 15:00	Break
15:30	UNCHR
16:00	Daily Evaluation, conclusion, actions
17:00	End of Day


TUESDAY 23rd OF OCTOBER

08:30 Opening session: Setting the stage for the internal days

09:00 **Designing programs for behaviour change**
Nancy Claxton, IFRC Senior Officer – Health promotion/CBHFA


 10:30 Break

11:00 **Hygiene promotion in emergencies**
Annie Lloyd, British Red Cross

 12:30 Lunch

13:30 **Introducing IFRCs MHM Guide and Tools**
Chelsea Giles-Hansen, IFRC/Swedish Red Cross

14:00 **Female-friendly WASH facilities and waste management**
Chelsea Giles-Hansen, IFRC/Swedish Red Cross

 15:00 Break

15:30 **Monitoring and evaluation for MHM interventions**
Kaisa Laitila, IFRC Protection, Gender and Inclusion Advisor


17:00 Daily evaluation, conclusion, actions

17:30 End of day


WEDNESDAY 24th OF OCTOBER

08:30 Recap and plan for the day


09:00 **MHM in development and emergencies: progress, key challenges and lessons**
Gallery walk (National Societies)

 10:30 Break

11:00 **MHM in development and emergencies: progress, key challenges and lessons**
Gallery walk (National Societies)

 12:30 Lunch

13:30 **Next steps for working together for improved MHM in the Red Cross Red Crescent context**
Alex, Chelsea and Kaisa

 15:00 Break

15:30 Workshop evaluation and conclusion

16:00 End of workshop

APPENDIX 2 – Participant list (Movement and external)

Movement participants			
National Society	First Name	Last Name	Email
Philippine Red Cross	Andrea Paola	Tobias	andreapaola.tobias@redcross.org.ph
Nepal Red Cross Society	Suvechhya	Manandhar	suvechhyamanandhar@gmail.com
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