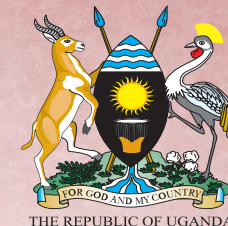


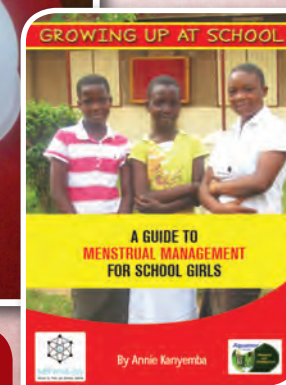
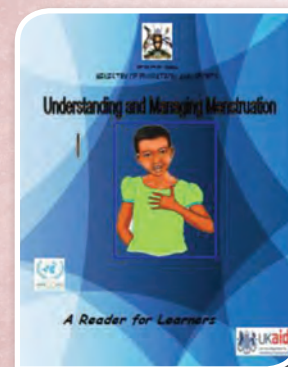
DUTCH WASH ALLIANCE



1ST MENSTRUAL HYGIENE MANAGEMENT CONFERENCE

1ST NATIONAL MENSTRUAL HYGIENE MANAGEMENT CONFERENCE

AUGUST 14-15, 2014



NETWAS (U)

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FIRST MENSTRUAL HYGIENE MANAGEMENT CONFERENCE

14-15, AUGUST 2014



THE REPUBLIC OF UGANDA

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National Anthem

*Oh Uganda! may God uphold thee,
We lay our future in thy hand.
United, free,
For liberty
Together we'll always stand.*

*Oh Uganda! the land of freedom.
Our love and labour we give,
And with neighbours all
At our country's call
In peace and friendship we'll live.*

*Oh Uganda! the land that feeds us
By sun and fertile soil grown.
For our own dear land,
We'll always stand:
The Pearl of Africa's Crown*

Preface

It has been seven (7) months of preparation to put our advocacy act together as civil society organisations in collaboration with the line Ministries of Water and Environment, Health, Education and Sports as well as Gender Labour and social Development.

Starting small with a passion for Menstrual Hygiene Management to be recognized as core to keeping the girls in school, the Network for Water and Sanitation - Uganda, SNV, IRC, AMREF, Dutch WASH Alliance, UNICEF, Girl Education Movement, Afripads, WaterAid, WEMNET/Media and UWASNET set the ball rolling to have the first ever menstrual hygiene day commemorated in Uganda with hosted by the Parliamentary WASH Forum. Shortly after the Menstrual hygiene day the Menstrual Hygiene Management Conference is being convened by the WASH (Water, Sanitation and Hygiene) fraternity including National Sanitation Working Group, MakaPads, Build Africa, Soroptimist, Trailblazers, FAWE, FENU, Days of the Girls, Plan Uganda, SSWARS, HEWASA others standing together to champion menstrual hygiene management.

Underlying our advocacy effort is the will and theme to “Break the Silence on Menstruation Keep the Girls in School.” From studies conducted by World Bank and SNV/IRC it is clear that menstruation is one condition that needs to be addressed if the girl child’s school performance is to be enhanced.

In this book papers submitted from East Africa and Mozambique demonstrate real life experiences in the management of menstrual hygiene under 4 pillars that is, Institutional, Policy, Technology and Finance. From these we believe to formulate lessons and the way forward not only in advocacy but policy review especially regarding incorporating menstrual hygiene management as a key concern in gender equity to enhance both women and girls performance in school and work in order to attain their full potential.

We acknowledge the support we have received from AMREF, SNV and ELECU in printing this book which not only offers the Conference proceedings but also an information resource from which the sector will benefit.

Hellen Obuya
Programme Manager
NETWAS - Uganda





A Poem on Menstrual Management

by Pupils of Mulago Private
Primary School
(A school supported by
AMREF Uganda)

*She is stressed, she is distressed
Oh yes she is confused
All the young girls blasting as they
Point fingers towards her
As the boys tease her making stupid jokes about her situation
Have you seen the map? Pointing at the stained skirt
The toilet paper could not hold the flow,
Now her secret finally revealed.
Her femininity despised, confidence shaken
And self-image destroyed causing her an incurable wound*

*I had trusted my peers' advice to use rags,
Cassava leaves or newspapers but ended up with a bad smell and now a
bacterial infection*

*Cotton and sanitary towels are the best safest option
Can she afford them? Is the ultimate question
Fellow countrymen, menstruation is not a disease or a curse
It is the monthly flow of blood through the vagina
It's normal and happens to all girls that have reached puberty and women
until middle age.
Every girl needs understanding*

*Rightful information and patience during their periods,
Teachers, please talk about it and break the
menstruation stigma
Please avail changing rooms, uniforms and sanitary
towels in case of emergency,
Schools need separate latrines for girls
Provide soap, eater and a basin essential for menstrual
management.
We can also teach our girls to make local pads and help
them stay in school
Give them correct and appropriate information.
If we act fast and our girls learn to make local pads
Once we do this menstrual hygiene shall be improved
and our girls shall stay secure,
Confident and focused as they compete with their male
counterparts and together
Our girls will flourish with good grades.*



Speeches

Speech By the Hon. Minister of Health at the Opening of the first National Conference on Menstrual Hygiene Management

The Hon Ministers present,

The Hon Members of Parliament,

UNICEF Country Representative,

Distinguished Delegates,

Our Dear Children,

And all of you present today in your respective capacities,

Ladies and Gentlemen,

Allow me to welcome you all to this important event that aims at increasing access to the vital menstrual hygiene management services by the girls and women of this country. Today marks a very significant landmark as we convene the first ever National Conference on Menstrual Hygiene Management. This day signifies a critical step we are taking in order to cause greater advocacy for a better life for all girls and women everywhere and all times.

The Uganda Government is therefore pleased and honoured to host such an important event. The Ministry of Health wishes to commit its support towards such efforts that aim at transforming the lives of our daughters and women. I am convinced that this forum will provide a great opportunity for all stakeholders to reaffirm their commitment to create more befitting living conditions for our daughters and women wherever they are. Today, we witness the lighting of a historical torch that will ensure that women and girls have sufficient support during menstruation in schools, homes, workplaces, prisons as well as hospitals.

The Government of Uganda wishes to applaud the decision taken by the United Nations in declaring May 28th of every year as World Menstrual Hygiene Day. Government further acknowledges the efforts of all state and non-state actors who have been contributing tremendous financial and non-financial resources towards the promotion of menstrual hygiene management. On its part, the Uganda Government wishes to commit the necessary political support and in particular to ensure that the appropriate policy and legal



frameworks necessary for the promotion of menstrual hygiene management are in place.

Lastly, I wish to thank all those individuals and organizations behind this conference and we look forward to a successful conference. Let us all do all that is in our capacity to break the silence and to sustain the dialogue that will make every girl and woman proud of their bodies and status.

It is now my great pleasure and honour to officially declare this conference officially open.

Thank you very much.

**Hon Dr Ruhakana Rugunda,
Minister of Health**



Key note address by the Honorable Minister of Education and Sports

The Honorable Minister of Health

Members of Parliament Present,

Members of the Development Partners Group,

Members of the Civil Society,

Representatives from the Local Governments,

Officials from Line Ministries,

Ladies and Gentlemen.

I'm happy to officiate at this very important meeting to discuss Menstrual Hygiene Management. The theme, "Break the Silence on menstruation, keep the Girls in School" is particularly exciting for us, Ministry of Education and Sports.

Menstruation is a particularly salient issue because it has a more pronounced effect on the quality and enjoyment of education than do other aspects of puberty. It involves a learning component as well as elements affected by the school environment and infrastructure. These include access to menstrual hygiene materials, latrines and places to change, safe water and sanitation, and good hygiene practices like hand washing with soap. Without these, the school environment is unhealthy, gender discriminatory and inadequate.

Today we acknowledge and applaud the efforts our education sector including all stakeholders at the districts, the schools, cultural and religious leaders, development partners and all of us here present who are playing a role in ensuring our children enroll in school, stay in school and complete school.

The benefits of girls' education go beyond higher economic productivity. More educated women tend to be healthier, participate more in the formal labor market, earn more income, have fewer children, and provide better health care and education to their children. These benefits also transmit across generations, as well as to communities at large. One of the steps to ensure quality education for all children – boys as well as girls – is to eliminate the barriers that keep girls (and boys) out of the classroom. These barriers include schools that are long distances from home, school fees and other hidden costs, lack of safe water and sanitation, discrimination and the threat of violence, as well as loss of time in managing menstrual discomfort.



We all know and agree that Girls' education needs to be promoted beyond enrolment and completion, but through regular attendance as well. A number of factors – both domestic and physiological affect consistent attendance by girls. Research has shown that in many developing countries, the onset of puberty results in significant changes in school participation for girls. The onset of menstruation which is the most dramatic sign of girls' puberty affects girls' socialization with family and community and may have a significant impact on their education.

UNICEF our key development partner in education; estimates that one in ten menstruating girls skips school four to five days per month or completely drops out. A girl absent from school due to menstruation for four days of every 28 day cycle loses 13 learning days, the equivalent of two weeks of learning, and 104 hours of school every school term. Around 23% of adolescent girls in the age-group 12-18 drop out of school after they begin menstruating because of inadequate menstrual protection like sanitary napkins; those who remain in school are absent an average of four days a month.

The subject of menstruation however is too often taboo, and has many negative cultural attitudes associated with it, including that menstruating women and girls are 'contaminated, dirty and impure' Girls in rural areas suffer stigma due to the following reasons;

1. Inadequate preparations for young girls not yet experiencing menstruation,
2. Lack of or inadequate water to clean and wash body
3. Lack of materials for managing menstrual hygiene
4. No private space and washrooms
5. Inappropriate facilities for disposal of materials for those who use disposable sanitary towels
6. Physical and psychological pains during menstrual periods.

I need to highlight that there are many initiatives that the government in collaboration with our partners has put in place to redress the imbalances of the past that affect menstrual hygiene in schools and institutions. Ministry of Education and Sports will continue to support the scale up of these interventions in all schools and institutions in the country. The interventions are as follows;

1. In order to accelerate girls' full and equal participation and retention in primary schools, the Ministry of Education and Sports developed the National Strategy for Girls' Education in 2004. The strategy was



intended to act as a point of reference for all stakeholders intervening in girls' education. The strategy has been recently reviewed. It provides clear strategies on how to address the various issues affecting girls including menstruation.

2. Development and distribution of guidelines by the Guidance and Counseling department of MoES. These include the need to have soap, extra sanitary towels, and an extra skirt or dress in the changing room in case of emergencies (i.e. if girls soil their uniforms during school time).
3. Training of senior female and male teachers to support girls through their maturation process, including menstruation.
4. Development of a manual and handbook for teachers on creating a safe school environment, to help girls stay in school even during menstruation
5. The curriculum has been reviewed to include life skills which among others empower girls to take charge of their bodies . Our development partners and civil society have developed several materials to teach life skills and the Ministry is also implementing the PIASCY programme to empower all children to take charge.
6. Construction of separate latrines for girls and boys with washrooms, water tanks and changing rooms for girls. Currently these facilities have been completed in 8 schools in Masaka and Lira. The process is ongoing and will cover several schools in the country.
7. A recent development is the development of the Menstrual Hygiene Reader for primary schools, aiming to provide information to girls on understanding and managing menstruation.
8. Once again i commend the efforts of all of you present here, the organizers of the this conference and commit that MoES will continue to;
 - Work together with all our development partners and civil society to educate all our learners, parents and key stakeholders that each one of us has the responsibility to work for a better life for all our children, especially the girl children to enroll in school, stay, and complete school;
 - Rebuild the moral fiber of our society to restore the understanding that menstruation is normal and we must break all taboos and myths around the subject in our schools and institutions. We must work to ensure that all our stakeholders (communities, learners, parents, schools etc) re-learn the truth and promote MHM through sensitization, the curriculum and other co curricular activities in schools.



- Create safe school environments; a healthy school environment – one in which healthy norms and practices can be created and reinforced covering both the physical and the social setting. We will always ensure construction of facilities such as safe water, latrines, sanitation and hygiene, but also an educational setting where learners and staff feel secure and comfortable to support the girl child to stay and complete school.

I'd like to extend, first of all, a note of thanks to all of you for taking time out of your work schedules to come here to be part of this important day and to the Ministry of Education and Sports, NETWAS and the organizing committee for inviting me to speak. Together we can create a difference.

**MHM is Everybody's business!
For God and My country!**



The Gender Dimensions in Menstrual Management

Maggie M. Kyomukama, MGLSD

1.0 Introduction:

Menstruation is a natural biological process that is experienced by girls from adolescence and in adulthood by women up to the time of menopause. Menstruation is one of the physical changes that occur in girls at the start of puberty. The average age of the onset of puberty is between 7 and 13 years.

The gender concerns associated with menstruation are related to its management which has to be hygienic and appropriate in accordance with the needs of girls and women so that they are able to continue with their daily routine while maintaining their dignity.

The management of menstruation thus becomes a social condition that requires understanding and action on the part of individuals, communities, institutions including schools and Government in collaboration with all stakeholders including Faith Based and Civil Society Organizations, Private Sector and Development Partners.

2.0 The Gender Dimension:

Gender refers to the social construct of roles, responsibilities, attributes, opportunities, privileges, status, access to and control over resources and benefits between women and men boys and girls in a given society. Gender issues arise when there is an inequality arising from oppression, discrimination or differential treatment experienced by either male or female on the basis of social expectations and attributes. The gender issues associated with menstrual management have their basis in the negative perceptions towards menstruation and situations of limited availability of financial and material resources required for the hygienic and proper management of menstruation.

2.1 Social perceptions and practices

Some traditional and cultural perceptions viewed menstruation to be dirty and harmful. This resulted in girls and women being restricted from carrying out certain tasks and engaging in some activities such as food preparation.



The negative attitudes towards menstruation created a silence about its management, such that actions for its proper management were previously not discussed in public. Women and girls were thus left on their own to manage menstruation with the available resources. Information gathered from various communities in Uganda show the type of methods and materials used including sitting over a hole in the ground or on stones, leaves, banana fibers and even mud.

In communities that practice Female Genital Mutilation (FGM) the onset of menstruation marks the time for girls to be cut. FGM is therefore practiced as a rite of passage from childhood to adulthood. Girls who undergo the process are prepared for marriage and drop out of school.

Breaking the silence on menstrual management has contributed significantly to improving the situation in terms of providing the resources required and demystifying the negative perceptions associated with it.

2.2 Resource limitations

Poverty trends have declined significantly in Uganda over the past 20 years, from 58% of the population living below the poverty line in 1995 to 24% in 2012. Uganda has achieved the MDG target of halving the number of people living absolute poverty. However, whereas poverty has reduced significantly, about 6.7 million people continue to live in poverty. It is within the situation of poverty and deprivation that menstruation becomes a barrier to schooling and hence education for girls. Priorities for a family/household living in poverty are food, fuel, health care, and soap. Provision of sanitary towels/pads for girls becomes a luxury that such families cannot afford.

The outcome is absenteeism from school, poor performance and attainment, dropout, limited participation in sports, music dance and drama and other educational activities. The impact of menstrual related absenteeism is seen in the total amount of time girls are likely to stay away from school during their menstruation. Some estimates indicate that absence of 3-5 days each month can amount to as many as 50 skipped school days per year!

School drop out for girls at primary level stands at 49% and 44% percent for boys at the same level. This is an indication of the need to comprehensively address the social economic factors that contribute to the unacceptably high drop- out rates in Uganda including menstruation.



3.0 Context for Addressing the Gender Dimensions of Menstrual Management:

Education is the most important resource for development and Government of Uganda is committed to ensure the universal goal of Education for All (EFA). Uganda has made commendable progress in pursuing the EFA agenda in order to achieve the agreed targets by 2015. The main achievements are evidenced in gender parity in primary school enrollment,

Government has adopted policies, strategies and programs to enable every person to have access to quality education in Uganda. The Uganda Gender Policy of 2007 and the National Action Plan on Women (NPAW) 2007 prioritize education for women and girls as one of the 5 critical areas of focus. At the sector level, the Gender in Education Policy (2009) provides a guiding framework for implementing gender mainstreaming programs and monitoring the responsiveness of the education system to the needs of girls and boys and children with special needs.

Supporting girls to manage their menstruation, hygienically, affordably and with dignity in order to participate effectively in schooling, sports and recreation, and other productive activities is a priority intervention of Government. The Education Sector under the leadership of the Ministry of Education and Sports has put in place measures to support menstrual management including publishing a Reader for learners.

Overall, Government needs to commit more resources to the management of menstruation so as to break down these barriers and ensure access to schooling for girls. Other critical actions needed to address the gender issues related to menstrual management:

- Understanding and appreciating the gender dimensions of menstrual management and creating a critical mass of stakeholders to act to address these issues. This National Conference has raised the discussion on Menstrual Management to a national concern.
- Undertake research and data collection on menstrual management to inform policy and planning e.g. Action research that informed the Reader for Learners
- Continuous advocacy and sensitization of all stakeholders
- Supporting innovation that provide affordable menstrual hygiene products (AFRIPads menstrual Kits)
- Institute a policy guideline on provision of sanitary ware for girls in school with a corresponding budget
- Expanding initiatives that support girls to stay in school and attain schooling (GEM Clubs)



References:

1. MGLSD 2014; National Report on Implementation of the Beijing Platform for Action (1995) and the Outcome of the Twenty Third Special Session of the United Nations General Assembly (2000)
2. MGLSD 2013; Uganda Woman Issue 2
3. MGLSD 2013; Uganda Woman issue 3
4. MOES 2013; Understanding and Managing Menstruation, A Reader for Learners
5. MOES 2009; Gender in Education Sector Policy



Parliamentary Motion on Solutions to Menstrual Hygiene Management

Moved by Hon. Amongin Jacqueline Chairperson Parliamentary Forum on Water Sanitation and Hygiene Seconded by Hon. Akello Judith France Shadow Minister of Education and Sports.

(Under Rule 43 of the rules of procedure)

WHEREAS Article 30 of the constitution of the republic of Uganda 1995 grants the right to education to all persons of Uganda and article 34 imposes the responsibility of providing children with basic education on the state and the parents.

AND WHEREAS the girl child is subject to vulnerability and increasing her access to education is an important policy priority in many developing countries, including Uganda.

AND WHEREAS the policy makers have failed to indicate poor menstrual hygiene management lack of sanitary products as one of the barriers to educating a girl. The World Bank¹ 2005 indicates that girls miss a total of 48 days in an academic year and yet female academic empowerment is thought to be important for a variety of development outcomes. The SNV² / IRC 2012 study also indicates that 60% of the girls in the 7 districts where the study was conducted missed school every month due to challenges posed by menstruation.

NOTING THAT the World Bank's research further indicates that the girl child lags behind the boy child in education due to menstruation problem by missing 4 days of school every 4 weeks meaning she will miss 10 to 20% of her school days due to her menstrual periods.

AWARE THAT poor menstrual hygiene management in developing countries has been an insufficiently acknowledged problem due to lack of courage and the will to address and deal with it in our schools and that most of the school sanitation programs do not address menstrual management.

AWARE THAT although the millennium Development Goals of achieving universal primary education in developing countries has been attained, the participation of the girl child in Africa, Asia and particularly Uganda still lags behind that of the boy child in the upper primary and secondary education.

¹ World Bank, Toolkit on Hygiene Sanitation & Water in Schools: Gender Roles and Impact," 2005 accessed on www.schoolsanitation.org

² SNV-Netherlands Development Organisation / IRC – International Water and Sanitation Center



Statistics indicate that there are still gender gaps in education attainment; data indicates differential rates of boys and girls in enrolment and retention.

The National Development Plan (2010/11 – 2014/15) indicates that access to maternal and reproductive health services for girls and women is still low. It further points out fewer girls are still enrolled at secondary level; just one third of the girls who enrolled in primary are still in school at the age of 18, compared to half of the boys (UDHS, 2006). Whilst high costs affect both boys and girls, key causes of drop-out and absenteeism amongst girls are: early pregnancy; sexual harassment; female genital mutilation and lack of sanitation facilities (MGLSD, 2008);. Girls also lag behind boys in grade promotion and learning achievement; their performance in national examinations such as PLE, UCE and UACE is much lower than that of boys as indicated by the Uganda National Examinations Board (UNEB) Primary Leaving Examination results for the past five years.

Uganda Vision 2040 also emphasizes that less focus on gender inequalities has also often promoted discrimination against the female sex. It is further noted that retention in primary school on the whole is low and exhibits gender disparities with 53% of boys and 42% of girls completing primary school as by 2006. The Vision 2040 also indicates a commitment to promote increased enrolment and retention of girls and boys at all levels of education including technical and vocational training.

NOTING THAT Research conducted by the Forum of African Women Educationalists³ (FAWE, 2004) reveals that lack of sanitary pads coupled with other factors like the absence of water and separate toilet facilities for the girls in many schools is responsible for the high school girl child dropout rates.

FURTHER NOTING THAT the gender unfriendly school culture, infrastructure and the lack of adequate menstrual hygiene management practices such as providing privacy; soap, water, space for washing hands, private parts and clothes; places for changing and disposing of materials used for managing menstruation, undermine the need for and presence of privacy resulting in fundamental infringement of human rights of girls and dignity.

COGNIZANT OF THE FACT THAT FAWE (2004) researchers discovered that taboos, cultural norms and silence associated with menstruation in many communities greatly contributed to lack of recognition and appreciation for provision of improved sanitary facilities in schools.

³FAWE 2004: "Sexual Maturation in Relation to Education of Girls in Uganda" (Forum of African Women Educationalists in Uganda, http://www.fawe.org/Files/fawe_best_practices__girls_sexual_maturatation_uganda.pdf)



NOW THEREFORE be it resolved by this Parliament as follows;

1. That a comprehensive policy on Menstrual Hygiene Management be formulated to enhance implementation of programs related to the school-going girl-child.
2. That government sets aside funds within the Ministry of Education and Sports to support sustainable menstrual hygiene management programs as part of the UPE program.
3. That Ministry of Education and Sports incorporates Menstrual Hygiene Management as one of the variables that is tracked by the Education Management Information Systems (EMIS) and is reported on under the education sector review as well as monitored on by school inspectors on a termly basis.
4. That Government places emphasis on the provision of washrooms, pain killers, pads, knickers and changing rooms for the girls in schools.
5. That Government incorporates menstrual hygiene management into the Parents and Teachers' Association and School Management Committee agenda.



Study on Menstrual Management in Ugandan Schools

By Marielle Snel (IRC)

Abstract

This pilot research study on the impact of menstrual hygiene on girls in school is primarily aimed at the Ministry of Education and Sports and the National Sanitation Working Group. Within the context of Uganda, the results of this study will be used to provide evidence-based advocacy on the role of upper primary girls, from the ages of 13-18, whom have started menstruating, with a specific emphasis placed on the issues and challenges that they face at school.

The main objective of this study was therefore to focus on (a) the impact of menstrual management on girls in school; (b) the analysis of the role of primary schools in menstrual management; and (c) on possible ways forward around menstrual management that could be implemented from national to primary school level. The focus of this study was the impact of menstrual management on school girls in selected primary schools in seven districts in which SNV works.

Past work by other organisations and their results has also been an integral part of taking this study a step further into coming up with a number of practical recommendations at national, local and school levels. It also provides practical solutions for primary schools on how to address menstrual hygiene issues at school so as to reduce absenteeism.

Introduction

Around 3000 days of menstruation occurs in an average woman's lifetime⁴. During menstruation girls and women face both practical and strategic gender problems. These have negative impacts for their personal lives and development opportunities: restrictions on work and mobility, increased fears and tensions, early marriage, early and premature childbirth and higher infant mortality, and potential vaginal infections resulting in the worst case in infertility⁵.

⁴ McVeigh E & Guillebaud J, 2008 Oxford Handbook of Reproductive Medicine and Family Planning.

⁵ Biran, A. et al. 2012. Background Paper for USAID on Measuring WASH and Food Hygiene Practices – Definition of Goals to be Tackled Post 2015 by the Joint Monitoring Programme. London, UK: London School of Hygiene and Tropical Medicine and The Hague, the Netherlands: IRC International Water Supply and Sanitation Centre. <http://www.washdoc.info/docsearch/title/178673>



In many cultures, the onset of menstruation means coming of age and therefore has big consequences for young girls. Apart from that there is the hygiene side which if not properly addressed can have horrific consequences.

One of the impacts is the lower class attendance of girls during menstruation days and school drop-out at the onset of menstruation. Based on the literature review, surveys show 33%-61% increase in absence due to lack of menstrual hygiene provisions. However, intervention studies show both insignificant and significant differences in class attendance. The reason behind this may be due to different means of recording intervening factors such as water, sanitation and privacy conditions in primary schools and at home, distance to school and attitudes of teachers and parents. The best study available from the Ugandan context used both self-recording and teachers' attendance records as well as data on possible intervening factors and did find some significant impacts⁶. There is clearly a need for further action research to validate this data.

Between 1986 and 1996, primary school⁷ enrolment in Uganda rose modestly, from 2.2 million to 3.1 million. But with the introduction of Universal Primary Education in 1997, it jumped to 5.3 million, an increase of 70 per cent in just one year. As of June, 2012, the total enrolment in 16,684 primary schools was 8,098,177 students⁸. This inevitably has placed a real stress on various aspects around education including the actual physical conditions of sanitation facilities in the primary schools⁹.

In terms of budget allocation for sanitation facilities in schools, the joint sector reports reflect an increased budget allocation for "software" over the period 2007-2009 from an average of 6% to 10%, compared to the country average from 7% to 9%¹⁰. However, the amount of the overall budget spent on WASH in primary schools is not available.

For many years now, the global education community, ranging from UNICEF, World Bank to local organisations, have noted the challenges of puberty for adolescent girls, and specifically the need for girl-friendly water and sanitation facilities in primary schools. Although anecdotal stories, from field projects, and articles in newsletters from local women's groups express concern over the issue of schoolgirls and sanitation, still too little empirical data exists that captures girls' actual experiences and concerns.

⁶ Biran et al., 2012.

⁷ Primary school includes children from the ages of 7-13 yrs. They spend around seven years in primary school.

⁸ MOES. 2012. Education sector report. Kampala.

⁹ Primary education in Uganda is supposed to last 7 years and divided into lower level (P.1 – P2), Mid classes (P.3 – P4) and upper primary (P.5 – P7). The recommended age for P1 is 7 years but in the rural areas they take more than 7 years in primary and even then some start at an age older than 7 years.

¹⁰ Source: Joint Sector Reports 2007-2008-2009. Uganda.



Understanding the reality of girls' experiences of sanitation and schooling is critical to addressing the continuing challenge to meet their specific needs in an effective and resource-feasible manner. A deeper understanding of girls' daily struggles, and rationale behind proposed solutions, is essential to engaging policy makers who can enact legislation and make resources available at school level.

Objective of the study

The main objective of this study was to focus on (a) the impact of menstrual management on girls in school; (b) the analysis of the role of primary schools in menstrual management; and (c) on some possible solutions that could be implemented from national to school level. This pilot research study on the impact of menstrual hygiene management on girls in school is primarily aimed at the Ministry of Education and Sports and the National Sanitation Working Group. Within the context of Uganda, the results of this study will be used to provide evidence-based advocacy¹¹.

Based on the pilot results at country level, the project's outcomes will help the authorities of the ministries concerned, namely the Ugandan Ministry of Education and Sport, and Ministry of Education and Ministry of Water to adopt improved menstrual hygiene management in the national education and WASH policy, strategy and programmes. The study results can help provide insight into understanding how to improve menstrual management for primary education of girls in Uganda.

The key results/outcomes of the study are:

Key School WASH stakeholders in Uganda are aware of the impact of menstruation on girls and that it is linked to class attendance and potential school drop-out.

Empirical data which can assist in the development of recommendations at all levels to further promote effective menstrual management. The research has produced findings which can give guidance to the Ugandan education and water sectors on school standards.

¹¹ As a means of creating ultimate ownership a focus has been placed on a number of phases in this brief study which include: Preliminary discussions on the development of the questionnaire- July 2012; Preliminary data findings discussed at annual SNV/IRC WASH in schools meeting- November 27-28th; Preliminary data findings discussed at MOES meeting- March 14th; Final data findings presented at the National sanitation workshop group- June 4th and the Final national dialogue on menstrual hygiene management workshop- June 18th 2013.



Study sample size and locations

The study was carried out in seven districts (Arua, Adjumai, Budibugyo, Kasese, Kyenjojo, Lira, and Sorti) used random samplings of SNV primary schools. This short study was carried out in July-August 2012 within the selected schools in the seven SNV districts. A total of 20 primary schools per district were selected¹², which translates into 140 schools in all the seven districts. This represents around 60% of the total number of SNV supported primary schools. The sample size per district was aimed at 280 questionnaires in total, out of which: 200 questionnaires for the girl pupils, 20 questionnaires for senior women teachers, 20 questionnaires for senior head teachers, and 40 questionnaires for focus group discussions.

The sample size of the study is based on the number of primary schools that SNV is working with within each of the districts. The girl pupils interviewed within the primary schools are based on a randomized selection from adolescent pupils in the upper primary classes, most of whom have experienced with periods. The senior women teachers and senior head teachers whom responded were those available at the time of surveying at the school.

The questionnaires focused on the following key areas:

- Effect of menstruation while at school
- Length of time you miss school if menstruating
- Impact of menstruation on girls
- Provision of menstrual materials
- Facilities available at primary schools
- Keeping pupils in school

Study findings

The study was carried out in seven districts (Arua, Adjumani, Budibugyo, Kasese, Kyenjojo, Lira, and Soroti) used random samplings of SNV primary schools. This short study was carried out in July-August 2012 within the selected schools in the seven SNV districts. A total of 20 primary schools per district were selected, which translates into 140 schools in all the seven districts.

¹² This included the experimental and control group. The initial study design was to focus on schools with WASH facilities and those without facilities. However as most schools in Uganda have some form of WASH facilities the data focused simply on schools with facilities.

The sample size per district was aimed at 280 questionnaires in total, out of which: 200 questionnaires for the girl pupils, 20 questionnaires for senior women teachers, 20 questionnaires for senior head teachers, and 40 questionnaires for focus group discussions. Based on the study, menstruating school girls are shown to be missing 10% of all school days.

Within the context of this study, the following points have been brought to light, namely:

Missing school: About half of the girl pupils in the study report missing 1-3 days of primary school per month. This translates into a loss of 8 to 24 school days per year. This means per term a girl pupil may miss up to 8 days of study. On average, there are 220 learning days in a year and missing 24 days a year translates into 11% of the time a girl pupil will miss learning due to menstrual periods;

Impact of menstruation on girls: Over 60% of the girl pupils absent themselves from school during their menstruation while the senior head teachers note that around 40% absent themselves;

Inadequate menstrual facilities around schools: A total of 70% of the head teachers and 80% of the senior head teachers stated that they are not satisfied with menstrual facilities at their schools;

Menstrual pads: Over 50% of the senior women teachers confirmed that there is no provision for menstrual pads to school girls; and

Keeping girls in school: Over 60% of the girl pupils stated that they need better facilities (hardware aspects). In addition, issues around sensitization of boy pupils, and the role of the senior woman teacher were also cited.

Currently the means of coping for girl pupils is the use of old cloth, dirty napkins and other un-hygienic materials. Some schools have provided sanitary pads ranging from sophisticated imported pads to locally manufactured pads by AfriPads and/or Makapads. In some cases, parents provide the pads to the girls. Within the context of SNV, an initial start has been made with the training of girl pupils to make re-usable menstrual pads (RUMPS). At the time of the study however, this initiative had just started and could not be integrated in the results.

The results of the study reflect that one key means of keeping girls in primary school is the provision of better menstrual management materials and facilities. This study has revealed a lack of sustainable menstrual hygiene management support for the girls, from basics such as suitable facilities to psychological support for girls dealing with menstruation. Many of the girls who took part in the survey preferred to stay at home during their period. If not addressed properly menstrual hygiene management will not only lead to more girls missing school, but can potentially cause an increase in the number of girls dropping out of school altogether.



Innovative solutions around menstrual management

Within the context of Uganda, modern sanitary pads are available but really only affordable¹³ for the middle and upper class. As a result, a number of innovative low-cost solutions around the supply of menstrual pads in Uganda have been developed. They are the AFRIpads¹⁴ and the Makapads. Afripads were developed in 2009 and are made from soft poly-cotton fabric and impermeable material sewn together that are designed to be washed and re-used. An AFRIpads menstrual kit is designed to provide protection for a year. Makapads¹⁵ are disposable pads that are used once and then disposed of. They came on the market in 2003. They are made from layers of waste paper pulp and softened papyrus reed stem fibres, sealed between a permeable layer on top and an impermeable layer underneath, both layers are made from imported materials¹⁶. In addition, some other organisations like SNV, ASB, Plan Uganda are currently starting to train girls to make reusable menstrual pads using locally available materials.

¹³ Menstrual pads packages, which include 10 pads, cost Ks. 2500 per pack.

¹⁴ AFRIpads provide savings of more than 75% when compared to the cost of an annual supply of disposable sanitary pads.

¹⁵ Musazi Moses of Makerere University is the lead innovator behind Makapads a locally sourced sanitary napkin manufacturing concern. The price of imported sanitary pads is around US\$1.50 for a pack of ten which puts them beyond the reach of Uganda's poorest families. Makapads cost around US\$0.27 per pack. The cost can be kept down by using locally sourced materials - papyrus and paper - and manufacturing the pads on a cottage industry basis.

¹⁶ Crofts, T. and J. Fisher, 2012. Menstrual hygiene in Ugandan schools: an investigation of low-cost sanitary pads. *Journal of Water, Sanitation and Hygiene for Development* Vol 2 No 1 pp 50-58.



Table 1: Examples of low-cost sanitary pad producers in Sub-Saharan Africa

Production	Organisation	Washable disposables	Raw material	Country	Website
Locally-Produced Sanitary Pads	AFRipad	Washable Re-usable		Uganda	www.afripads.com
Locally-Produced Sanitary Pads	Makapads	Disposable		Uganda	http://cedat.mak.ac.ug/research/maka-pads.html
Locally-Produced Sanitary Pads	RUMPS	Disposable		Uganda	www.thecultureist.com/2013/03/08/rumps-reusable-menstrual-pads
SHE 28 Campaign	Sustainable Health Enterprises (SHE)	Disposable	Banana stem fibres	Kigali, Rwanda	www.sheinnovates.com

Within the context of this study, the use of RUMPS, as stated, has only just started in primary schools. Based on the case study on alternative options to cope with menstrual management, this is one of the ways forward. Alternatively, the role of working with either AFRipad or Makapads through the use of school health clubs and/or girl-education movement (GEM) clubs with the support of Parent-Teacher Association (PTA) clubs based on a revolving fund.



Further Resolutions / Recommendations

There is clearly a need to have a further call of action for creating more awareness on hygiene menstrual management in Uganda. This study could also help to contribute in bridging some of the existing gap.

The following key elements need to be focused on to bring attention to proper menstrual management in primary schools, namely:

At national level:

There is a need to understand the broader societal responsibility for addressing MHM, as well as to consider ways in which girl pupils can be assisted. This entails that there should be an inclusion of reproductive health education and life skills in the school curriculum targeting both girls and boys.

There is a need for more standardized girl friendly designs that offer convenience and privacy. For example, the sanitary facility for girls should include a wash room and changing room. There should also be a place to safely dispose of used pads.

Menstrual hygiene should be captured in the national education sector performance report. This entails that the Ministry of Education and Sports needs to incorporate menstrual management indicators in monitoring and evaluation systems for primary schools.

At district level:

Health inspectors should make menstrual hygiene management part of their periodic inspection and report to the District Water and Sanitation Coordination Committee on a quarterly basis.

Districts should ensure that all primary schools have established and functional school health clubs and girl-education movement (GEM) clubs

More efforts should be made to recruit motivated senior female teachers to work in the hard to reach schools.

Each school should have a trained and well-motivated senior woman teacher to support and advise school girls reaching puberty.

At sub-district level

More focus is needed to include menstrual hygiene management as one of the assessable areas in the performance agreements signed by senior head teachers with sub county chiefs.

At School level:

There is a need for a support mechanisms in primary schools, for example, that:

- a % budget from the UPE grant is allocated specifically to menstrual hygiene management
- the primary schools should ensure the availability of water, soap, a basin, emergency material (e.g. menstrual pads), facilities for disposal of used pads and medication (e.g. pain killers)
- Girls as well as boys should be motivated to participate in school health clubs. The school health clubs and/or girl-education movement (GEM) clubs should in turn also focus the issues around menstrual hygiene management.
- Boys should become aware and sensitized to support girl pupils to cope with the challenges that they face during their period.

At the girl pupil level:

- The girl pupils should actively participate in school health clubs and GEM clubs and ensure that issues on menstrual hygiene are attended to by the school.
- Peer support should be available for the girls to help them understand menstrual hygiene management.

NGO and civic society level:

- There is a need to promote advocacy campaigns on the effects and coping mechanisms around MHM to policy makers.
- Building in budgets to support MHM at school level is of key importance.
- Involve cultural leaders and break the silence around MHM needs to get more attention.
- Advocate for further research around specific areas linked to menstrual hygiene management.
- Conduct further studies on the suitability of RUMPS.

Private sector level:

- Explore further possibilities of manufacturing and marketing innovative low-cost sanitary towels e.g. working with village saving schemes and credit associations.
- Improving the standards of the RUMPS and up-scaling them in rural schools and communities.



Recommendation for further research

Given the short time frame for this brief study, it was not possible to cross-check results with class attendance records in schools over a longer period of time, or to include other aspects around the potential correlation between girls menstruating and school dropout.

Within the context of possible further study, it would be interesting to monitor class attendance over a one year period and provide consistent short questionnaires to girl pupils who are missing a number of days from school over the academic year. Other aspects that would be of interest include reflecting on the costs of menstrual management facilities, both in the form of hardware (e.g. changing rooms) and software (e.g. life skills training classes). Within this given context, more focus could be paid on the importance of keeping girl pupils in school.



Conference Proceedings

PILLAR I: INSTITUTIONAL

Institutions represent establishments that offer public services vital to society in this respect both female and male beneficiaries partake of these services. In respect to the menstrual hygiene management (MHM) conference schools, prisons and hospital are considered as key areas of intervention. In schools the girl child is central to MHM initiatives and the boy child is also considered in terms of offering an enabling environment in which the girl child can freely exercise menstrual management. In prisons, concern for women inmates is a secondary concern and girl inmates at remand homes are central to MHM. In hospitals the woman post delivery is considered but the primary concern is the girl client who requires guidance and facilitation with regards to MHM.

Timeline for NETWAS Uganda's Interventions

By Flavia Kabasugga Program Officer NETWAS Uganda

In 2011 NETWAS Uganda began the journey to advocate for Menstrual hygiene. Along the way NETWAS Uganda was honored to have funding from the Austrian Development Corporation and to have SNV and IRC as allies.

SNV and IRC embarked on the menstrual hygiene study in 7 districts while NETWAS Uganda focused on having a menstrual management guide. Over



Pupils of Buhathiro Primary School making RUMPS as handwork after the training in Kamuli district

20,000 Copies were printed and disseminated in West Nile ,central, South western regions of Uganda. The Menstrual Management guide booklet aimed to support the girl in primary school and reduce stigma in schools. It was distributed to over 300 school in Uganda targeting school health clubs.

To concretize on the Menstrual Hygiene

Management efforts NETWAS Uganda working with Plan Uganda in the EC WASH Project sought to embed menstrual hygiene in the school health club activities for both boys (to equip them with knowledge to support the girls) and girls (to equip them with knowledge of how to manage their menstrual period) using the menstrual management guide in the districts of Luweero, Lira/ ,Alebtong, Kamuli and Tororo. Eventually after ascertaining the need for the physical access to menstrual hygiene management pads; NETWAS Uganda took to training. A total of 497 participants were trained (Luweero 130: 104 girls and 26 SWT (Bombo TC, 11th March 2014, Nyimbwa 12th March, Zirowe March 14, Kikyusa March 17, Kamuli 88 girls 22 SWT, 4 CDOs, 3 Health Assistants between March 5 – 7, 2014, Lira/alebtong 64 girls, 15 SWT, 2 SMT between March 4-6, 2014, Tororo 80 girls and 19 SWTs between 12th to 19th March 2014. Additionally each school was given a menstrual kit i.e a box containing 5 meters of cotton cloth, 5 meters of plastic sheet, a dozen of needles, 10 pieces of thread, a pair of scissors and a gloss of buttons.

Nonetheless the issue of menstrual hygiene management awareness remained a grey area NETWAS Uganda wished to tackle, especially after being faced with myths that hindered menstrual hygiene management and identifying gaps in menstrual hygiene management in Schools.

Myths

- *A menstruating girl shouldn't pick fruit from a tree or else the tree dries up.*
- *If a girl does not engage in sexual intercourse before menstruating, she will never menstruate.*
- A girl is unclean when menstruating and should not go to public places.
- A girl should not cross the road while she is in periods it brings bad luck.
- A girl should not be around men even her father or open up to them when she is in her period it causes shame.
- A girl should not inform her step mother or strangers about her periods she might never conceive.

Gaps

- *Appropriate Sanitary disposer facilities are lacking in schools*
- *Clear long term plans of menstrual management is lacking in schools*
- *Record keeping on Menstrual Management is lacking in schools*



- School Administration and PTA have not Prioritised allocation of resources for menstrual management.
- Schools do not have / do not have adequate counseling rooms, menstrual kit box and bath shelter.

In line with handling the above; also based on the recommendation of the 2012 National Learning Forum on School WASH on menstrual hygiene management based on the SNV/IRC study; the menstrual hygiene management conference was spotted as a good advocacy ground which NETWAS Uganda chose to spearhead with support from the line ministries of health, water, gender and education as well as SNV, IRC, Build Africa, UNICEF, Water Aid, Water for People among other civil society organizations.

Recommendations:

- Schools need to keep records on Menstrual Management for effective monitoring of the girl.
- Schools need to use of appropriate technology for sanitary pads disposal.
- Ministry of Health should develop a policy on Menstrual management for schools. This will awaken PTA, SMC and school Administration to manage menstruation.
- The Ministry of Education and Sports should lay a road map on long a term plan with the component of capacity building and construction of girls washrooms as well as changing rooms; to enable the schools sustain menstrual hygiene management .
- Schools with no water need to develop community led projects to provide water to the school and also lobby Government and civil society organisation for support.



Menstrual Waste Disposal - A Case Study of Kenyan Schools

By Eva Waithera

Executive Director, Global Sanitation Environmental Project (GSEP), Kenya

Abstract

The large number of women menstruating every month has created a huge market for the production and distribution of sanitary protection materials. The recent levels of social and economic development taking place in developing countries has led to an increase in demand for disposable sanitary materials, a trend that is leading to generation of large quantities of menstrual waste. With pit latrines being the most commonly used mode of disposing of this large quantities of menstrual waste, it is obvious that the design life of most of these on- site forms of sanitation will be compromised (Kjellén, M., et al., 2011). This paper starts with an overview of solid waste management in low and middle income countries. This will be followed by an analysis of menstrual waste generation among public government schools in Kenya. Thereafter the findings of a survey conducted by Global Sanitation Environmental Project aimed at finding environmental sustainable solutions to management of menstrual waste will be outlined. Finally conclusions based on the findings of the study will be made. This paper draws its content from the following conference sub theme: - 'Menstrual hygiene management in the school environment'.

Key Words: Menstrual Waste, Disposal, Incinerators, Sanitation, Schools, Kenya

1. Introduction

Whilst the Millennium Development Goals (MDGs) set targets for environmental sustainability and access to improved environmental sanitation, safe disposal of solid waste remains a daunting challenge and a major environmental hazard in low and middle income countries (Mansoor, et al., 2005; Mishra and Patel, 2002). For most of these countries solid waste management is normally characterised by unacceptable practices of waste management such as indiscriminate dumping of waste by the roadsides or in uncontrolled dump sites. Whereas practices such as 'waste prevention', 'reuse', and 'recycle' are



aimed at minimising the quantity of waste generated, the amount of waste that ends up being channelled into the final point of disposal remains significantly high. Unless proper mechanism aimed at ensuring that organised and controlled collection, transportation and disposal of waste is attained, such improper practices of waste management will continue impacting negatively on the environment and lives of people.

Depending on geographic conditions of an area and levels of economic and technological advancements, various techniques for solid waste disposal ranging from simple open dumping, composting sanitary land filling, incineration and pyrolysis can be adopted (Mansoor, et al., 2005; Mishra and Patel, 2002). Therefore, the choice, design and operation of appropriate solid waste management systems should be based on a thorough knowledge of the types and sources of solid waste streams in each geographic region (Hoorweg and Thomas, 1999). Waste composition and the generation rates should also be put into consideration as they can determine the frequency of collection and mode of disposal.

2. Background to the Study and Problem Statement

The introduction of free primary education in Kenya led to an increase in the number of students enrolling in public government schools. Currently there are 3,028 public government girls' schools in Kenya with an average of 980 girls in each school. This means that on average there are 2,967,400 menstruating girls in all the public government schools per month. Given that an average woman produces 400 to 550 grams of pads and applicators every month, then the total amount of waste generated per month will be between 1,186,960 and 1,632,070 kilograms. Therefore in one academic year of 8 months, the total amount of waste that will have been generated in all the schools will range between 9,495,680 and 13,056,560, kilograms. Undoubtedly, it is evident that the amount of waste generated is quite huge and unless appropriate waste disposal facilities are put in place management of the menstrual waste will remain a daunting challenge in the schools as most of this waste is non biodegradable. Compounding the problem further is the government's policy in which 220 million Kenyans shillings was allocated towards the provision of free sanitary pads per year to all the poor girls in rural areas which translated into 8 million kilograms of pads per year. Whereas it is the government's policy for all schools in Kenya to provide appropriate bins, preferably pedal operated, within the school premises for safe disposal of sanitary towels (Republic of Kenya, 2009), management of menstrual waste still remains a neglected issue in most of the school environments.



Through the author's involvement with schools in provision of cleaning detergents for 19 years, questions were always raised on what could be done to address the issue of sanitary waste that was being produced in schools. Most affected were the rural schools whose only means of sanitary disposal was pit latrines that were filling up very fast. It was then that the author's interest in management of menstrual waste in schools was developed. Consequently the author together with her NGO - Global Sanitation Environmental Project (GSEP), Kenya embarked on a research on how this problem could be resolved. From the investigations it was revealed that some schools in India and South Africa had successfully managed their menstrual waste through the construction of incinerators and use of enzymes that would facilitate the breakdown of biodegradable waste. Drawing from the lessons learnt from the two countries, the need to implement the borrowed concepts arose. However, clarification on how to best adopt the incineration concept borrowed from India was sought from World Health Organisation (WHO). Upon receipt of the guidelines of environmentally friendly two chamber low cost De Montfort Incinerators from WHO the first incinerator was tried at Tambach Teacher's Training College which was funded by the institution about 8 years ago and which is still in use to date. This concept has been replicated in other 26 institutions mainly in western and eastern Kenya and four more others will be commissioned early June in Kiambu County of central Kenya. It is against this background that this paper presentation seeks to report on some of the achievements that GSEP- Kenya has made since the start of this project as well as share their experiences that would help inform different stakeholders in the WASH sector on best menstrual hygiene management practices.

3. Objectives

The study aimed at:

- Investigating the different approaches that could be used to improve solid waste management in school environments
- Establishing the relationship between menstrual waste generation rates and design life of pit latrines in schools
- Gaining an understanding of the main challenges faced by school girls during their menses
- Promoting safe handling, collection, transportation and disposal of menstrual waste and good hygiene practices as relates to menstrual management



4. Methodology

The sample population of this study consisted of public government schools in rural parts of Kenya. A systematic approach in which the schools were classified as national, provincial, district and divisional was employed. Data was gathered through focus group discussions with students and interviews with heads of schools, teachers and students. Web based information was used as well as site visits to India and South Africa and personal observation and communications with organisations such as World Health Organisation (WHO), Ministry of Public Health and Sanitation-Kenya, National Environmental Management Authority (NEMA)-Kenya and key informants such as the designer of the De Montfort incinerator UK.

5. Findings

It was evident from the study that most schools lacked facilities for appropriate collection, storage and disposal of solid waste as evidenced by the amount of waste that was seen disposed off in open shallow pits in school compounds. The use of appropriate bins for disposal of sanitary pads was not common as the most commonly used mode of disposal was shown to be pit latrines. A strong relationship between sanitation facilities and waste generation rates was established as it was evident that the pit latrines with high numbers of girl's students were filling up faster than those of boys with similar numbers. The plastic paper found in the sanitary pad contributed to the filling up of the toilets as they are not bio degradable. The use of biological enzymes available from South Africa proved to be very effective in accelerating the breakdown of biodegradable waste. Besides they were shown to be an effective solution to the issue of smell and maggots that was revealed to be a common nuisance associated with pit latrines but the plastic in the sanitary pads still posed a challenge. Among the challenges that students had to deal with during their menses was a lack of water and hand washing facilities after disposal of menstrual waste. In some schools in western Kenya some of the students interviewed reported that they used soil and weeds to wash their hands or sometimes they are forced to carry ash from home. The use of the 27 incinerators has contributed to safe disposal of menstrual waste ranging from 10,584 to 14,553 kilograms of waste per month. This means that about 0.89% of all the girls in public government schools will be able to dispose of their menstrual waste in a safe way on a monthly basis.



6. Achievements

Following are some of the achievements that the project has been able to accomplish since its inception:

- Construction of 27 incinerators (De Montfort type). Out of this two were in primary schools, three in teachers training colleges and 22 in secondary schools
- Training on operation and maintenance of the incinerators
- Promotion of good hygiene and sanitation practices in all targeted schools
- Successfully managed to source for funds from Kiambu county government that would go towards the construction of incinerators in Ruiru hospital which has a maternity facility and 3 secondary schools in the county namely: Alliance girls, Limuru and Komothai Girls schools.

7. Conclusions

Based on the above findings it was observed that the use of the De Montfort incinerators for safe disposal of menstrual waste was highly appreciated in most schools however the high cost involved (350, 000 Kshs. which is equivalent of US \$ 3500) remains a limiting factor in most of the schools. Besides the use of biological enzyme and disposal of the ash from the incinerators has made the toilets more user friendly as they helped solve the issue of maggots and bad smell associated with the sanitation facilities in the schools. While the government's policy of availing the free sanitary towels may be one strategy of contributing towards achievement of MDG3 of 'Promoting Gender Equity and Empowering Women', it can be argued that this approach may be slowing down the achievement of MDG 7 of 'Ensuring Environmental Sustainability' due to the high rates of menstrual waste that will be generated. However the approach on the other hand has contributed towards improvement of the dignity of girls which is normally compromised in the absence of adequate sanitation facilities and also helped improve school attendance. The involvement of user participation in project implementation can be an effective tool of encouraging positive hygiene and sanitation practices. This can also instil a sense of project ownership in the minds of the users thus enhance its sustainability. This was evident in the case of Mukumu girls who have been involved in the collection of sanitary bins from their dormitories to the incinerator. Improvement in solid waste management cannot be done in isolation, it calls for an interdisciplinary approach that will put into

consideration all aspects relating to Water, Sanitation and Hygiene issues such as provision of adequate water supply and facilities for hand washing. With only 0.89% of the targeted population being served with appropriate means of safe disposal of menstrual waste there is much to be done in the WASH sector which can only be achieved through a collaborative effort from all stakeholders in the sector. Until this is realised the dignity of many girls will be compromised as well as the sustainability of our environment.

References

Hoorweg, D., and Thomas, L., (1999), *What a Waste: Solid Waste Management in Asia*. World Bank

Kjellén, M., et al., (2011), *Global Review of Sanitation System Trends and Interactions with Menstrual Management Practices*: Report for the Menstrual Management and Sanitation Systems Project. Stockholm Environment Institute

Mansoor, A S. et al., (2005), *Waste Disposal in Developing Countries*. WELL FACT SHEET

Mishra, P. C., and Patel. R.K., (2002), *Management of Solid Waste. Sustainable Environmental Sanitation and Water Services*: Proceedings of the 28th WEDC Conference held in Kolkata (Calcutta), India

Republic of Kenya, (2009), *National School Health Guidelines*: Ministry of Public Health and Sanitation and Education

Tjon, A.T.V., (2007), *Menstrual Hygiene a Neglected Condition for the Achievement of Several Millennium Development Goals*. Europe External Policy Advisors



Menstrual hygiene management practices and issues in the schools of Addis Ababa, Ethiopia

The case of Nefas Silk Lafto subcity, Kolfe Keranio subcity and Gulele subcity.

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Abstract

Addis Ababa contains 22.9 % of all urban dwellers in Ethiopia. The life of many residents in the city is constrained by absolute poverty, illiteracy, poor personal and environmental hygiene, malnutrition, lack of access to basic social services like water, sanitation and health resulting in high morbidity, disability and mortality (CSA, 2007). This paper will outline the key challenges faced by female students who learn in schools where there are no MHM facilities and will make recommendations for improvement and integration of MHM into their project implementation. This study targets three schools which are located in Addis Ababa. These schools are: Tesfa Kokeb located in Ledeta sub city, Belay Zeleke locted in Gulele sub city and Ewket Lefre locted in Kolfe keranio sub city.



Background

Ethiopia, the second most populous country in Africa, is one of the countries in the world where people suffer the most from lack of water, sanitation and hygiene (WASH). According to WHO/UNICEF joint monitoring program (2009), only 49% of the population has access to safe water and 21% to improved sanitation. A lot remains to be done in terms of providing WASH services in an equitable and inclusive manner. Slum dwellers, women, people with disabilities (PwDs) and children in particular are among the main victims of the current situation.

Addis Ababa is the capital city of Ethiopia inhabited by people with diverse economic backgrounds. Administratively, the city is divided into 10 sub-cities. According to the 2007 censuses report, the population estimation of Addis Ababa city administration is 2.7million with a proportionate male and female population. Addis Ababa contains 22.9 % of all urban dwellers in Ethiopia (CSA, 2007). The life of many residents in the city is constrained by absolute poverty, illiteracy, poor personal and environmental hygiene, and malnutrition, lack of access to basic social services like water, sanitation and health resulting in high morbidity, disability and mortality. Among others, people with disability, vulnerable children and women who are discriminated against because of gender bias are the prime victims of the existing social and economic problems. The above scenario is true for the schools of Addis Ababa, where, due to the absence of MHM facilities, female students lack facilities to use during menstruation and also face gender bias and stigma.

The aforementioned situation is worsened for students with disabilities. Students with disabilities attend schools where existing WASH facilities do not address their special needs in planning design, implementation and hygiene promotion. Inaccessible schools are barriers to disabled students' education. This is even more critical for girls at the onset of menstruation and may contribute to greater dropout rates from school.

Having this scenario in mind, this paper will outline the key challenges faced by female students enrolled in schools without MHM facilities and make recommendations for donors, implementers and agencies in the WASH sector to consider certain issues on MHM and integrate these issues into their project implementation. This study targets three schools which are located in Addis Ababa. These schools are: *Tesfa Kokeb* located in *Ledeta* sub city, *Belay Zeleke* located in *Gulele* sub city and *Ewket Lefre* located in *Kolfe keranio* sub city.



Review of the Literature: MHM and girls absenteeism in schools of Ethiopia

Women and girls disproportionately face additional burdens and challenges as a result of poor water, sanitation and hygiene (WASH) conditions at the global level. Menstrual hygiene management (MHM) can be one such burden, especially for girls in school, where WASH facilities may be inadequate. The current understanding is that menstruation causes girls to be absent from school, and that continued absence leads to poor performance and girls dropping out of school. Studies have shown that girls often miss school during their menses, especially when the school lacks the WASH facilities necessary to maintain hygiene (UNICEF, 2012).

Studies by World bank (2005) have shown that girls can miss up to four consecutive days of school every month due to their periods, meaning that they miss 10-20% of school time, seriously impacting their achievement at school. This is due to poor menstrual hygiene management caused by both lack of information, privacy, washing facilities and sanitary pads (UNICEF, 2012) and (WEDC, 2012).

In Ethiopia, a study was completed showing that only 10% of girls stated they had a place to manage their menstruation at school and over 40% of girls said they had missed school because of menstruation (UNICEF, 2012). According to a UNESCO fact sheet (2009), the number of female dropouts is high in the country, especially in the transition from primary to secondary education. In 2009, only 41% of girls completed the last year of primary education and only 30% enrolled in secondary education. Over 1.8 million adolescent girls were out of school in 2009 (UNICEF, 2009).

Various factors contribute to a low education level amongst women and girls in Ethiopia. According to the Ministry of Education (2009) lack of safe water and latrines is a major factor for girls' low attendance rates and performance in almost all regions. From this, one can infer that the lack of MHM services are significant factors for girls' absenteeism and dropout from school.

Methodology

The principal objective of this paper is to outline the MHM practices and the key challenges faced by female students in schools where there are no MHM facilities and to recommend key considerations for integrating MHM into School WASH project design, implementation and evaluation. Objective primary data was collected through key informant interviews, focus group discussions and critical review of schools documents conducted.

A focus group discussion was conducted in the school of *Tesfa Kokeb* located in *Ledeta* sub city with 15 female students' participants. *Tesfa Kokeb*



school has been randomly selected for the focus group discussions. The age range of the participants was from 13 to 15. Key informant interviews were conducted with two students from each of the targeted three schools. Also school documents on students absentees and sick leave requests were reviewed.

Key Findings and Areas of learning

From the schools' registers, it was observed that many girls take sick leave during their monthly period. This is done with the understanding and support of their teachers. During focus group discussion (FGD), girls expressed that there are no facilities to change sanitary pads (for example no trash bin or no trash bins in the toilet), they are afraid they might need to wash, there is no water for hand washing at the toilets, and because the toilets do not close from inside, they are afraid that someone might enter (even a male classmate). At Tesfa Kokeb and Ewket Lefre schools, since both boys and girls are utilizing the existing latrine, the girls do not feel secure when they are changing pads.

The following are the key findings from the key informant interviews, the focus group discussion and the document reviews. For the sake of simplicity the results are organized into six dominant factors that affect school girls' MHM-related issues. The factors are organized based on the theoretical framework of: social, physical environment, interpersonal, personal, biological and economical factors (UNICEF, 2012).

Social: Most girls in the focus group discussions expressed that menstruation is a cultural taboo in the community that they do not discuss it freely, even with their parents. 72% of the participants expressed that they heard about menstruation for the first time from their friends. Most of the participants also said that this issue is kept secret and that they do not share it even with their male relatives or friends. They even considered their menstruation period as a time of uncleanliness in their life. All the FGD participants believe that menstruation is a female only topic that they do not discuss it with males.

Physical environment: All the FGD participating female students confirmed that the existing school toilets are not good for MHM practices because (1) they are shared with boys; (2) the doors do not work properly; (3) students cannot lock them from the inside; and (4) since there is no water for hand washing and cleaning, they do not want to go to the toilet to change their pads.

All the students also confirmed that they are usually absent from school during the time of menstruation. Most of the participants expressed they are usually absent from class for about one or two days but one student



expressed that she may be absent from school for about four days during the time of menstruation.

Interpersonal: Participants of the FGD and interviewees expressed that their mothers are the primary persons to talk to during menstruation. They also said that their mothers are the ones who give them money to buy pads. With regard to teachers, they prefer to talk to their female teachers, particularly their home room teachers or biology teachers, because their home room teachers are the ones who give them permission during the time of menstruation and their biology teachers are the ones who teach them the human anatomy, where they get chance to talk about MHM related issues.

Personal: Sanitary pads were considered as the best method for MHM by nearly every girl in the study. Girls reported feeling more comfortable and confident when they were able to use pads. If they had pads, they were less afraid of leaking and embarrassing themselves at school or in public. They also preferred disposable pads, as opposed to reusable pads because they were found to be more comfortable.

Biological: Girls expressed that during the time of menstruation they experience immense pain. Some of them expressed experiencing discomfort and dizziness. Due to this discomfort, girls did not want to participate in class or with their daily activities.

Economical: As explained earlier, all FGD participant girls preferred to use pads but cost was the greatest barrier for them in accessing pads. The average price of pads in Addis Ababa is between \$1-2 USD for a pack containing 10 pads each. This price is very expensive, since most of the students come from very poor families. Therefore, most of the girls used cloth, often torn pieces of garments.

Recommendations

Additional focus group discussions will be carried out in the next years of the School WASH program. Based on the findings of these preliminary focus group discussions and interviews, the researcher would like to recommend the following: While designing WASH programs in schools and communities, it is important to consider the issues of MHM and the priorities of female students and integrate these into all appropriate aspects of planning, design and implementation. Donors, implementers and agencies in the WASH sector should consider an in-depth overview of the social, physical environment, interpersonal, personal, biological and economical factors because they are the prominent factors in affecting MHM particularly in schools. Finding innovative ways of enhancing understanding is crucial in bringing MHM out of the closet and putting it on everyone's agenda. This will increase the confidence of women and girls to demand their rights.



Reference.

Central Statistical Agency. (2007). *Population and Housing Census*. Addis Ababa, Ethiopia

Ministry of Education. (2009). Annual Report.

Tjon, A. T., & Varina, B.D. (2007). *Menstrual hygiene: A Neglected condition for the Achievement of Several millennium development Goals*. Europe External Policy Advisors. Zoetermeer.

UNICEF. (2009). *Menstrual Hygiene Management in Schools*.

UNICEF. (2012). *Menstrual Hygiene Management in Schools: A Multi-Setting Approach for Applied Learning and Improved Practice*. Sierra Leone Country Report.

WEDC. (2012). *Fact sheet – Menstruation hygiene management for schoolgirls in low-income countries*. Loughborough, UK.

World Bank. (2005). *tool-kit on hygiene Sanitation & Water in Schools*. Washington, DC: World Bank



Menstrual Hygiene Management in the School Environment: Kisumu County Experience

Omoga, L and Adongo, A , KENYA

Abstract

This paper shares interventions in school communities that streamline improved menstrual hygiene management (MHM). High absenteeism, especially in rural primary schools, has been experienced due to ignorance on MHM practices and a corresponding lack of facilities for improved menstrual hygiene in schools. Many WASH interventions have focused only on implementation of water facilities and latrine construction while pupils still face challenges associated with gender insensitivity that do not consider their interest a priority both at school and at home. The paper outlines the approaches of project implementation supported by SANA International with support from WaterCan and her other development partners aimed at enhanced accessibility to improved WASH facilities, MHM and behaviour change. The paper also outlines the project approaches, technologies and key lessons learned that can inform similar interventions in the future.

Poor menstrual hygiene management (MHM) in schools has been shown to cause adolescent girls anxiety and humiliation, contributing to absenteeism and leading to poor performance in schools (UNICEF, 2010; WaterAid, 2009; Lidonde, 2005)

UNICEF (2010) stresses the importance of school toilets which are built to accommodate menstruating girls' specific needs for privacy, space, washing facilities and correct disposal or cleaning of menstrual pads. An environment where these hygienic needs are met can lead to improved dignity and attendance, thus improving girls' education and consequently the development of a country.

To manage menstruation hygienically and with dignity, it is essential that women and girls have access to water and sanitation. They need somewhere private to change sanitary cloths or pads; clean water and soap for washing their hands, bodies and reusable cloths; and facilities for safely disposing of used materials or a clean place to dry them if reusable. There is also a need for both men and women to have a greater awareness of good menstrual hygiene practices.



SCHOOL MENSTRUAL HYGIENE IN KENYA

in Kenya, approximately 52% of the female population (26% of the total population) is of reproductive age (WHO 2010). Most of these women and girls will menstruate each month for between two and seven days. The World Bank reports that there is compelling evidence on the benefit of educating girls in developing countries. For example, when a girl gets an additional year of school, it significantly reduces the under-five child mortality. Menstruating girls often miss approximately 4 days per month of schooling and some drop out early due to menstruating issues or lack of facilities. Likewise, a girl's development is a crucial investment because when a woman is educated, her family is healthy, she earns a better income, she has fewer children and she lifts her household out of poverty. It is therefore essential that every effort is made to make it easier for girls to attend school even during menstruation. (SANA Annual Report 2013)

Influence from Cultural and Religious Beliefs

Sommer (2010) suggests that an acquaintance with a country's beliefs around menstruation and providing girls with correct information about puberty are important elements in a holistic school MHM package. Certain negative cultural or religious perceptions and practices could therefore be considered a huge hindrance to improving MHM and should be discouraged to ensure safe and hygienic practices. Although research has been carried out on attitudes, beliefs and practices of menstruation, no single study exists that adequately covers the role of these cultural beliefs on menstruation.

Ignorance about menstrual issues is prevalent not only amongst schoolgirls but also in organisations and communities. Some ethnic groups in certain areas of Kenya (Gabra) pay a man called a "fisi" to have sexual intercourse with a girl who has started menstruating, in order to sexually initiate her (Sora Jilo, 2012; Munthali and Siboi, 2013). Girls may consequently stop going to school.

According to the Forum of African Women Educationalists in Malawi (FAWEMA), a girl's first menstrual period was seen as readiness for marriage by many communities. Menstruation is seen as something to be kept secret, a belief echoed in reports from Tanzania (Sommer, 2009a). In some cases this silence had led to enormous anxiety, confirmed by head teachers and expressed through girls' menstrual stories. Although some girls are happy at the onset of menstruation, most are sad, scared or embarrassed, which could be attributed in part to their ignorance of body changes at puberty.



SANA INTERVENTION

SANA, along with WaterCan's partner organizations, recognized the urgent need for girls' menstrual hygiene management and, as part of the Canadian government-funded East Africa School WASH Program, initiated the construction of gender sensitive toilet designs with provision for lockable doors, adequate space, and private washing areas in all target schools. During the planning phase, SANA involves pupils and the community in the design of gender suitable facilities, which ensures that all ideas and needs are considered and gives a sense of ownership, leading to improved maintenance.

The school community is made aware of simple hand washing tools, such as tippy taps. Diarrhoeal disease and girls' inability to wash themselves during menstruation are contributory factors to absenteeism, therefore more community awareness and sensitization has taken place, with the washroom room becoming a normal part of sanitation infrastructure.

SANA uses sanitation facilities and participatory approaches in hygiene education through schools as the entry point. The interventions involve:

- Developing child friendly and gender sensitive sanitation facilities in the school including private, lockable latrines, and girls washing rooms;
- Facilitating school and community sanitation and hygiene education
- Reviving, forming and strengthening gender-sensitive School Health Clubs
- Identifying gender focal persons in the school community and training them on gender sensitive issues



Before the intervention



After the intervention

Other SANA Partnerships on MHM

Building on experience from the WaterCan / SANA partnership, SANA has an ongoing partnership with a Kisumu-based NGO, Afri-Can Trust, in the UNICEF- and SIMAVI-funded Football for WASH project that supplies reusable sanitary pads to the over 20 primary schools in Kisumu County. To spearhead the activity, School Health Clubs are established in each school with clear guidelines on ensuring participation of both boys and girls. Through the project, parents are mobilized to raise cost sharing funds to support provision of reusable sanitary pads to eligible girls with Afri-Can Trust meeting the greater part of the cost. One key finding is that poverty, ignorance and stigma are the key causative factors forcing girls and women to practice poor MHM even for those with access to reusable sanitary pads. Thus due to poverty, significant number of pupils cannot afford sanitary pads, even with the subsidy. In addition, it is being observed that when the girls access the reusable sanitary pads, they are not able to manage them properly due to stigma and lack of clean water in back at home. Some pupils cannot take proper care of the absorbent materials, and /or use dirty water to wash them (due to lack of clean water) and hide them in dark corners to dry due to stigma. The sanitary products are thus not washed or dried properly and can cause additional risk of infection. In addition to the stated challenges, significant number of pupils lack suitable underwear necessary for effective use of the sanitary pads.

On the extreme end, and again due to poverty, most girls especially in low income settlements totally lack either disposable or reusable sanitary products. Consequently, they use old rags, toilet paper, newspapers, and mattresses. These products, as with actual reusable sanitary pads, washable cloths also face significant management challenges including prevailing myths, superstitions and stigma which prevent the girls and women from keeping their absorbent materials clean.

LESSONS LEARNED

- Access to MHM products help girls feel more comfortable and maintain their normal routine during their menstrual cycle. Hence, inclusion of locally affordable sanitary pads can enhance further reduction of infectious diseases and other discomforts the girls face every month.
- Many students do not own a pair of usable underwear, giving them a few pairs at the beginning of every school year helps them to stay healthy and confident during their menstrual periods.
- Although reusable sanitary pads may be more environmentally friendly and comparatively more affordable, lack of clean water, myths and



stigma makes their hygienic management a challenge. It is notable that few schools have septic tanks and running water, and only a few have wells on-site. In the project area, about 50 per cent of the pupils carry water to school daily for both drinking and sanitation purposes. Without safe water and even the means to buy proper soap, reusable pads are in danger of not being cleaned properly, not unlike the rags most girls are currently using. Reusable pads also require an open air area to dry after being washed, which is problematic given the stigma and taboos associated with menstruation.

- Most of the challenges attributed to reusable towels can be mitigated through breaking the silence on MHM. In the Football for WASH projects, by breaking the silence and mainstreaming MHM to WASH in school intervention, the parents have been able to raise partner contribution for supply of reusable sanitary pads. In the WaterCan- supported schools, the school management committees have been able to raise partner contributions towards construction of girls' washrooms and appreciate the need to construct and maintain adequate gender sensitive latrines.

Recommendations:

Menstrual hygiene knowledge and awareness should be imparted to schools, communities, government officers, policy makers, donors and any organisation concerned with girls' education. Methods to improve MHM issues can only be most effective when everybody dares to ensure that MHM is mainstreamed in all WASH intervention agendas at local and global levels. The civil society, given their close proximity to the grassroots, should play a lead role in this and ensure that they integrate an MHM agenda in all school WASH programmes as a matter of priority.

References:

Banda D (2004) Gender sensitive educational policy and practice: the case of Malawi, Prospects, vol 34, no 1, pp 71

ITDG Publishing, London. Lidonde R (2005) Why gender is important in SSHE, Waterlines ,vol 23, no 3, pp 6-8

Lidonde, (2005). Is Menstrual Hygiene and Management an Issue for Adolescent Girls? A Comparative Study of Four Schools in Different Settings of Nepal

SANA International. (2013). Annual report

Sommer, M. (2010). Integrating menstrual hygiene management (MHM) into the school water, sanitation and hygiene agenda, the future of water, sanitation and hygiene: innovation, adaption and engagement in a changing world, Briefing paper, 2011, WEDC, Loughborough, UK.

UNICEF, 2010; WaterAid, 2009;

Sora, Jilo ;(2012); Munthali; Siboi (2013). 'Menstrual hygiene: breaking the silence', in Marsabit, Kenya.

WHO (2010), Developing guidelines for water, sanitation and hygiene promotion in Schools, World Health Organisation, India available at http://www.searo.who.int/Link Files/SDE_EH.



Menstruation: A Bloody Serious Business!

Realising rights to effective menstrual hygiene management in Uganda

By Mary Namwebe Plan Uganda

Introduction

Good menstrual hygiene is crucial for the health, education & the dignity of girls and women. Menstruation is an issue that all women face yet it remains a taboo in communities and government policy alike. Even within the development sector Menstrual Hygiene Management (MHM) has remained largely hidden. It is given little attention within Water, Sanitation and Hygiene (WASH) programming and consequently millions of women and girls are denied their basic rights, and many WASH programs fail to be fully gender inclusive.

Girl's health and education is cornerstone of development and a gateway to the full participation of women in political, economic, and cultural spheres of life. However, globally girls miss up to 20% of school due to their monthly period, and one in ten will drop out altogether¹⁷. If unaddressed, the challenges posed by poor menstrual hygiene management will continue to jeopardise the potential of girls, and the realisation of many UN Millennium Development Goals by 2015 and beyond, will not be achieved.

This paper outlines Plan International's innovative pilot project that is working to address MHM in Uganda. It will provide an overview of the program and highlight the unique partnership and multi-dimensional approach that goes beyond handing out pads to girls. It will also outline the monitoring and evaluation methodology, the challenges we have encountered and key lessons learnt.

The situation

In Uganda girls not only lack the knowledge about getting their period, but there is little access for women and girls to access sanitary products that they can afford. In addition, men and boys do not understand the requirements of their daughters and sisters which lead to lack of support and teasing in schools causing girls further embarrassment contributing to high drop out rates.

¹⁷ UNICEF. 2005. Sanitation: the challenge.



The issues associated with poor MHM practices in Uganda are many and varied. In many schools and communities girls lack appropriate WASH facilities required to manage their periods with lack of gender friendly toilets being a major reason cited by girls who drop out of school¹⁸. MHM is discussed 'under ground', if at all and is surrounded by harmful myths and stigma. Coupled with lack of knowledge, is the inability for many girls to afford proper menstrual products. Instead they resort to crude materials to absorb their menstrual flow such as unhygienic scraps of old cloth, banana leaves or newspaper – materials which are neither effective nor comfortable. Faced with frequent, embarrassing leaks and a susceptibility to recurrent infections, this situation reduces most girls' experiences of menstruation to a monthly dose of discomfort and shame. So rather than risk the embarrassment of a leak in front of her peers, or the discomfort of sitting in class all day, many girls choose to stay at home. This is all within a national policy environment that is lagging with insufficient MHM information on a national curriculum, with the schools that do include MHM, being under equipped and often misinformed.

What Plan is doing about it

Background

The MHM project is a five year initiative launched in July 2012. It extends on previous work of a School WASH project implemented in Lira and Kamuli from 2010-2012. Reviews of the School WASH project noted limited knowledge around MHM, and consistent with global studies, that girls were dropping out of school due to an inability to manage their period effectively. Plan decided to develop a pilot where MHM was the sole focus. A project that could support girls and women to manage their menstruation hygienically, that went beyond giving out free pads in schools.

Project objectives

With an overarching goal for 100.000 rural women and adolescent girls to manage their menstruation effectively and hygienically in Tororo, Kamuli and Lira Districts, the MHM pilot has three objectives:

- 1. Improved Knowledge, Attitudes, and Practices (KAP)** among rural women, adolescent girls, boys and men.

Working closely with teachers, community health workers, village volunteers in a number of participatory and creative approaches including community radio talk shows and drama.

¹⁸ WAF Communications and Plan Uganda. 2013. Baseline Study Report: Menstrual Hygiene Management among rural women and adolescent girls in Lira, Alebtong and Tororo Districts. WAF Communications Ltd, Kampala.



The focus is on the practice of good hygiene and personal care; breaking down stigma and myths and building upon existing WASH programs that provide girls with safe spaces within schools to manage their periods for example ensuring separate toilets for boys and girls are constructed in schools. The toilet block of the girls gets a small laundry room, where they can wash and change when they are menstruating. In addition, existing pumps are repaired, so that water is available.

2. **Increased access** to affordable and hygienic sanitary pads among rural women and adolescent girls.

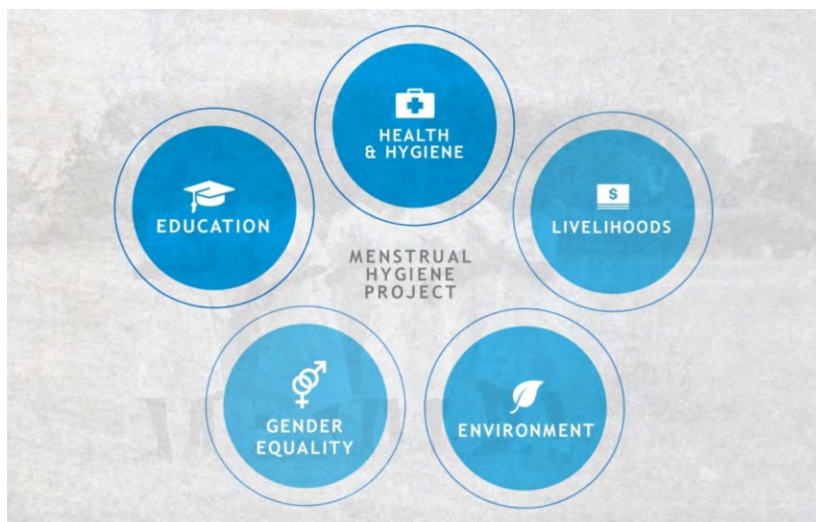
Working in partnership with social enterprise – AFRIpads, to promote access to hygienic, affordable and reusable pads for girls and women in schools and the wider community. In addition to AFRIpads dealers being dispersed amongst different communities, the pads are sold in schools and AFRIpads dealers are always present at community dialogues and dramas.

3. Improved capacity of **income generation for women** as AFRIpads dealers.

Working with village savings and loans association women's groups providing training and ongoing support on business skills to market and sell pads, thus increasing women's livelihood opportunities and confidence. Voluntary members receive training in marketing, menstrual hygiene, sanitation and the importance of behavioural change in relation to health and hygiene. AFRIpads sanitary kits are made available to the women by Plan at a discounted cost which they can sell at a profit to improve their income.

Multi-dimensional project

Plan is proud of this project as it addresses a range of components including: health and hygiene - by promoting the use of hygienic sanitary materials and hygiene practices to reduce the incidence of infection and providing education about MHM; improved livelihoods for women - by training as AFRIpads dealers; environment - as the project promotes reusable sanitary pads that are environmentally friendly; education - as interventions contribute indirectly to retention and performance of girls in schools; and gender equality more broadly - as girls stay in school longer, can earn a livelihood and have accurate information on how to manage their health effectively, so they are more likely to live with dignity and be productive members of society.



Partnership Approach

Plan works in partnership to varying degrees at all levels of the program with district and national government, schools and the wider community. These are all fairly standard partnerships to promote sustainable development however the partnership which makes this program unique is with a social enterprise that produces, sells and provides access to hygienic reusable menstrual products – AFRIPads Uganda Ltd.

Discussions with AFRIPads began in 2010 when Plan contacted them for distribution of AFRIPads kits in Lira district to compliment the School WASH Program. Since then Plan and AFRIPads have joined the journey to develop an integrated MHM pilot where each partner has a role to play to design and meet program objectives. Utilising ‘The Partnering Initiative’¹⁹ tools and principles, the partnership has been formalised with an MOU, as well as workshops to agree on ways of working and planning and review processes that guide the partnership. This includes a regular review of the partnership itself.

The partnership ensures both parties combine unique skills and expertise to enhance other and implement a holistic program.

¹⁹ Tennyson, R. 2011. The Partnership Toolkit - An essential guide to cross-sector partnering. The Partnership Initiative, London.

Plans' role in the partnership is to provide expertise in overall program management, hygiene behaviour change, participatory approaches, advocacy and funding while placing the program within a wider integrated WASH agenda. While AFRIpads play a role that would be difficult for Plan to play within its remit – such as not being able to swap money with beneficiaries for goods and services. AFRIpads not only meets the need of improving 'access' to MHM products for girls, but also provides the opportunity to add the 'women's livelihoods' component of the program. AFRIpads is responsible for the recruiting and capacity building of sales agents from women's groups in business skills and record management.

While it has its challenges, it is a successful partnership working together to create a quality program.

Monitoring, Evaluation and Learning

The MHM project is still in its infancy as two years has not yet passed, however the program has an M&E framework that guides the documentation of results, and continuous improvement. As a phased approach, the pilot is fully operational in Tororo district and in early 2014 is moving into Lira. Building upon a comprehensive baseline survey, a mid-term review is currently in progress to ensure lessons learnt are transferred to the next phase. A range of M & E methodologies are utilised including regular visits, Focus Group Discussions, Surveys, Key Informant Interviews, Bi-Annual Reviews and quarterly feedback meetings with key stakeholders. The most Significant Change (MSC) technique is a preferred method to gather evidence to capture the essence and feeling of the changes that take place as a result of the program.

Key successes

Data for the mid term review is currently being collected, however anecdotal evidence and small samples of data collection and most significant change stories note the following successes.

- **Improved school attendance by girls in project schools;** this has been noted by students and teachers who have attributed this to improved knowledge of MHM and use of reusable pads.
- **Change of attitude of boys** towards girls and being more empathetic to girls who have their period.
- **School health clubs and child-to-child hygiene promotion:** Action plans developed by pupils to improve MHM in their schools through cascading information to fellow pupils.



- **Community drama performances** have attracted hundreds of people at a time. Members of the community come together to learn about the practical issues facing girls and women and the effects it has on their health, school attendance in a non-threatening way.
- **AFRIpads partnership** has allowed us to successfully implement two of three objectives around access and livelihoods to ensure a multi-dimensional approach to MHM.

Challenges:

Gender and Culture issues – while the acceptance of highlighting MHM in communities and schools has been generally well received, it is issues with the female AFRIpads dealer that has created a challenge. For some, it is not culturally appropriate for women to travel far away from their home as they may be perceived as ‘prostitutes’. As a result it has been necessary to recruit some men to travel into more remote places.

Seasonal affordability - Poor harvest due to unfavourable weather conditions caused many families in the project area to lose crops as a result of a long unexpected dry spell. In a predominantly agricultural area this resulted in reduced incomes for many households and this has restricted people’s ability to purchase the re-useable pads.

Lessons Learnt:

- **Holistic integrated approach.** To enable real behaviour change it is essential to emphasise appropriate knowledge, attitude and practices in communities beyond providing girl friendly latrines and hand-outs of disposable pads. Promoting re-usable pads that need to be purchased provides a sustainable, environmental friendly option to work in conjunction with the behaviour change work.
- **Working in Partnership** at all levels of the program, with government, schools and communities, but also the partnership with AFRIpads has been essential to the success of the program. Ensure that there are clear roles and responsibilities and that partners are involved throughout the process.
- **Providing space for open community dialogue** is necessary to facilitate participatory engagement in identifying issues around adolescent girls and puberty and local solutions that may be applied to overcome the challenges associated with these issues. Although MHM is a sensitive issue and often a cultural taboo to talk about, the project has received a



welcome reception in schools and communities. Community theatre and radio shows have been successful avenues to do this.

- **Participation of children:** School children of all ages need support and engagement in different school based activities in order to maintain the continuity of the MHM program. This includes involving children in the leadership of school clubs.
- **Including boys and men:** Working with girls is not enough. Including boys in programs have decreased teasing and encouraged boys to support girls. Involving men is also essential for them to support their daughters and wives both emotionally and financially (to be able to buy the pads).

Conclusion

A year and a half into the pilot, Plan International's MHM program is showing clear signs of success. This is evident in the progress made towards the three objectives of building knowledge, attitudes and practice, improved access to menstrual hygiene products, and improvements to women's livelihoods. And also in the partnership approach with key stakeholders, in particular social enterprise AFRIpads. The multi-dimensional approach utilised furthers the usual WASH sector 'hygiene and health focus', to include education, environment and gender equality. While there are learnings from the challenges, successes and lessons learnt outlined in the paper, a more robust review is planned as the program moves into another district of Uganda. The hope is that the pilot will be successful with the promise of expansion not only Uganda, but in globally. Not only breaking down taboo's and barriers surrounding menstruation within communities, and governments, but also to ensure MHM is no longer hidden in tokenistic WASH program efforts, but becomes an integrated part of every WASH program.

Menstrual hygiene management among primary school girls in rural western Kenya: Changing and disposal of menstrual hygiene products and inferences for WASH in schools

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ABSTRACT

Menstrual hygiene management (MHM) challenges in changing and hygienic disposal of menstrual items are highlighted in various studies. This is important in low income countries (LIC) where schools lack latrines, and struggle to maintain high levels of water and sanitation hygiene; however, few studies have explored problems girls encounter when changing their menstrual items at school, despite this being a time of increased exposure to excrement and potential infection. In this paper we examine the frequency of dropping of menstrual items and disposal of menstrual waste by schoolgirls in a 'proof of concept' menstrual feasibility study in western Kenya. Overall, 17% dropped items at any time, of which a quarter was while at school. Accidental dropping and the duration after provision were inversely related, with a reduction over time, although frequency peaked among the menstrual cup group between 3-6 months. Among pad users, over a third reported dropping during early use, but reduced to less than one in ten in long term users; this was similar in the usual practice arm. Initial reports of accidental dropping was slightly higher in older (16y+) than younger (<16y) girls but reversed over time. Among those reporting accidental dropping in school, the majority dropped products in the latrine or on the latrine floor. While the majority reported swapping the item for a new one, a quarter tried to clean and then reuse the item. Disposal of used products, or emptying of menstrual flow, was mostly into the latrine. We conclude that accidental dropping of menstrual items while changing is a common experience, including at school. This could be related to poorly constructed sanitation facilities, lack of privacy, or time to change. Schools should strive to build structurally sound menstrual-friendly latrines (with locks, enough space and with shelves).



Evidence indicates disposal of menstrual items, mainly inside the latrine, can lead to clogging and overflow, especially if provision of disposable pads increases. Alternative disposal, such as provision of special garbage bins should be explored.

Keywords: Latrine, dropping, disposal, response, menstrual cup, sanitary pad, changing

INTRODUCTION

Despite the onset of menstruation being an important landmark in the transition to adulthood, menstrual hygiene management (MHM) particularly among schoolgirls in low-income countries (LIC), is a major concern (Sommer, 2010). Women and girls have developed their own personal strategies to cope with MHM, depending on available resources, local tradition, cultural beliefs, and knowledge or education (Sumpter & Torondel, 2013). School aged girls often manage menstruation using unhygienic or inconvenient methods (Mason et al., 2013; McMahon et al., 2011), affecting their engagement at school due to fear of leakage and odor (Mason et al., 2013; McMahon et al., 2011; Sommer, 2010). Further research is required to evaluate improved MHM on girls' schooling and health parameters (Sumpter & Torondel, 2013). Issues related to MHM challenges in changing and hygienic disposal of the menstrual items are highlighted in various studies (Sumpter & Torondel, 2013). This is highly significant in LIC where schools lack sufficient latrines, and struggle to maintain high levels of water and sanitation hygiene (K. T. Alexander, Dreibelbis, Freeman, Ojony, & Rheingans, 2013; Saboori et al., 2011). Few studies have explored problems girls encounter when changing their menstrual items, despite this potentially being a time of increased exposure to excrement, and potential infection. In a study conducted in western Kenya, where the acceptability, use and safety of menstrual products were tested among primary schoolgirls, we gathered data to examine changing and disposal of primary schoolgirls' menstrual waste.

METHODS

This was conducted as part of the menstrual solutions study (Ms Study), in Gem district, Siaya County, in western Kenya. It was nested in a health and demographic surveillance system (HDSS) which follows a population of ~230,000 individuals, with a typical rural African population profile. The overall design was a mixed-methods cluster randomized controlled 3-arm 'proof of concept' feasibility study conducted among 766 primary school girls, aged 14–16 years. Thirty of 71 schools in the area were selected based on agreement to participate and their achieving the minimum water,



sanitation and hygiene (WASH) criteria, discussed in detail elsewhere (K. Alexander et al., 2014; Mason et al., 2013; Phillips-Howard & etal, 2013). In brief, a randomization ceremony defined allocation of school study arm (menstrual cups, sanitary pads, or usual practice). Parent and pupil meetings discussed the study prior to obtaining informed written parental consent at home and participant assent at school. Pre-intervention, girls were taught to use survey tools (including netbook computers), received puberty and hygiene education, and training on their menstrual item, depending on the study arm assigned. The study was approved by the ethics review boards of the Kenya Medical Research Institute, the Centers for Disease Control and Prevention, Atlanta, and the Liverpool School of Tropical Medicine, UK.

Study nurses provided girls with the assigned menstrual items (cups or pads, or small stationary items for usual practice), after baseline screening, and screened each girl on average twice per school term over the school year. At each visit nurses performed face-to-face interviews with girls about their menstruation, menstrual item use and problems encountered. Separately girls completed a private survey using a netbook, answering similar questions. Surveys included questions on whether girls used their menstrual item, issues encountered, including dropping and disposal, and other questions regarding illness or discomfort. Focus group discussions were held with girls, parents, and teachers before, during and after the study (Mason et al., 2013). Analysis here evaluates girls' experience of accidentally dropping their menstrual item, and their disposal of items, such as pads, or emptying menstrual cups. We examine girls' reported experience with changing their menstrual product as face-to-face nurse interviews appeared to less accurately represent events (see Nyothach et al, UCMM 2014 conference submission). Data were analyzed in STATA 13 (Statacorp LP). Proportions were generated on variables of interest and comparisons made between groups. Characteristics were stratified by age and duration since menstrual items were provided, aggregated into 3 month intervals.

RESULTS

The study enrolled 766 girls, who fulfilled eligibility criteria of target grade (class 5-8), age (14-16y), resident status, had three or more menses, and no disability reported that prevented participation. In the 30 study schools, the average pupil-latrine ratio for girls was 37:1 (range 11:1 to 70:1). The Kenyan national girls' target ratio of 25:1 was met by 25 (40%) schools (K. Alexander et al., 2014). At baseline four in five girls reported some sanitary pad use but also improvised with cloth, bedding, and grass (Mason et al., 2013). During repeat screening from August 2012 to November 2013, 6,198 girls' reports were completed and analyzed for accidental dropping and disposal of items.



Dropping of menstrual items while changing/emptying: Data indicate girls reported 971 (17%) instances of accidental dropping of menstrual items overall, with a reduction in dropping as the duration of use increased for girls using pads or usual practice (Figure 1A). In girls using the cup, 17% reported dropping within the first 3 months, rising to 31% after 3 to 6m of use, thereafter decreasing to one in ten over time. This compares with over a third of pad and usual practice users in the first 3 months, with a steady decline over time also to around one in ten after 12m. Older girls (16y) initially reported more accidental dropping than younger girls (29% v 24%), but this reversed longer term (6% v 13%, Figure 1B).

Among reported accidental dropping, 26% were at school. Of all pad dropping, 29% was at school, for cup users, 25% of accidental drops were at school, and among traditional item users, 20% occurred at school. The frequency of accidental dropping over time mirrored the pattern seen among all accidental events reported. The main place of dropping at school was inside the latrine or on the floor (Figure 2). Of the girls who dropped in school, 40% reported they swapped the item for a new one, 24% either washed or brushed off the dirt and reused the item, 14% took it home to clean before using again, 6% gave or sold it to someone, 5% left it on the floor, and 11% did other things (Figure 3). We note that almost exactly the same proportionate responses occurred when girls dropped items at home.

Disposal of menstrual product while changing/emptying: Disposal or emptying of menstrual flow in girls using traditional items, pads and menstrual cup group was mostly in the latrine, with over 80% reporting this at school. As the study continued, this practice increased to 90% of users in all groups.

DISCUSSION

Our study indicates that four in five menstruating primary schoolgirls reported, at some time during the 12 month menstrual intervention study, to have accidentally dropped their menstrual items while changing, and that around a third of these accidental events occurred in school. Dropping menstrual items is a health concern, given that a quarter of girls reported either brushing or washing off the dirt and then using the item afterwards. This also suggests the few limited options they have available (such as additional spares at school) and also that they cannot leave the latrine without an item in situ to seek help or alternatives. Girls thus need further support when dealing with changing in latrines, beyond the educational advice provided (in this study, as given by nurses allocated to study schools). We note that accidental dropping fell over time, in all groups, which may have been associated with nurse counseling of all girls during each follow-up screen. With girls in the menstrual cups arm, few reported they dropped the cup during initial use



(within 3 months of provision). Separate data indicate girls are slow to uptake and actually use cups, and thus, we believe that in these first few months only a portion of girls were actually using the cups. Dropping then peaked to just below a third of girls, suggesting inexperienced use with a high risk of dropping before they became competent in handling the cups. If girls reported dropping their cup into the latrine the nurse replaced them with new cups. By 12 months following provision, less than one in ten girls reported dropping items, including cups. While this is an achievement, it remains a concern, and raises the need for dialogue and action on how to improve latrines to minimize such accidents, and the need to have emergency stocks available to girls, as a replacement of soiled menstrual items.



Poor menstrual hygiene has been raised as a possible cause of certain reproductive tract infections (El-Gilany, Badawi, & El-Fedawy, 2005) yet few studies have examined this in any detail, with a dearth of literature on laboratory-based evaluations on reproductive tract infections associated with differing menstrual items. Studies investigating the physical challenges associated with changing menstrual items are also missing from the research literature. Qualitative findings during our study highlight some challenges girls face in changing, creating a situation where they

may drop their item. This includes insufficient time to change, or too few latrines, forcing girls to rush to change. In one focus group, a girl noted: *'Sometimes they [latrines] are not enough because when pupils are going for break everyone rushes to the latrine so it becomes congested, so you will just have to go back to class without changing until pupils go back to class'*. The attached figure illustrates a typical latrine, showing how little space girls' have for changing, without any shelving, forcing girls to hold the item while maneuvering to change in the narrow space, often with no light. This is further complicated by a frequent lack of locks, reducing privacy, and requiring girls to hold the door shut with one outstretched hand, or to rush before someone opens the door. Parents also reported their daughter's difficulties: *'My daughter also dropped hers, she told me that hers dropped into the pit latrine and then she reported to the madam; (talking to herself) what is her name? This one who always teaches them? Their school nurse, but she (sic, daughter) was lucky she got another one.'*

We limited this paper to MHM WASH-related issues, focusing on the reported evidence of girls' dropping and changing in latrines. However, our study has noted that the accidental dropping of menstrual items during the school day also occurs when they are supposed to be 'in situ'. Dropping of pads and

traditional items such as cloths and bits of blankets were frequently noted during focus group discussion, raising relevant concern for girls' wellbeing and dignity. One cup user noted: *'and before when we had the pads on, we used to worry that maybe the pads or cloths can fall'*.

Our study noted that disposal of menstrual items was mostly inside the latrine. Disposal of non-biodegradable pads in pit latrines is a subject of strong debate. Studies have indicated that disposal of pads in pit latrines causes them to fill up fast, causing blockage or overflow. Moreover, many commercial pads can contain harsh chemicals including dioxin, a serious environmental pollutant that builds up in the environment (WHO, 2014). Further, disposable pads do not biodegrade or burn easily, and have been known to block sewers or exhausters. Such practical MHM issues require exploring - how can we provide girls with affordable materials for MHM, yet have a low impact on the environment, and reduce latrine pits from filling too quickly? In addition, to reduce dropping, school latrines need structural improvements (Sommer, 2010), however, studies show that most rural schools in sub Saharan Africa continue to lack or have poorly constructed sanitation facilities particularly lacking doors, or lacking locks (Sibiya & Gumbo, 2013). Provision of shelving, lights and locks, and water must be a priority for the health and comfort of school girls.

This study has a number of limitations, first, we recognize any form of reporting is likely to incur some bias from girls'; we attempted to limit social desirability bias by using private responses rather than those obtained from face to face interviews with the nurses. We note that schools with very low WASH scores were excluded from study selection, to minimize any risk of potential menstrual cup contamination. This study thus provides a 'best case scenario' of current WASH conditions (Alexander 2014). It may be considered that this proportion of girls, or perhaps greater, struggle with changing and dropping of menstrual items in schools with lower quality WASH facilities.

Conclusion: Accidental dropping of menstrual items while changing occurs among adolescent school girls. This could be linked to poorly constructed sanitation facilities or lack of privacy. Schools should strive to build structurally sound (with locks, enough space and with shelves) latrines in schools. Evidence also shows that disposal of menstrual items is mainly in latrine pits. Alternative ways of disposal, for example, use of special garbage bins, should be explored. In addition, use of alternative menstrual products like mooncups or reusable pads should be adopted.

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References:

- Alexander, K., Oduor, C., Nyothach, E., Laserson, K., Amek, N., Eleveld, A., . . . Phillips-Howard, P. (2014). Water, Sanitation and Hygiene Conditions in Kenyan Rural Schools: Are Schools Meeting the Needs of Menstruating Girls? *Water*, 6, 1453-1466. doi: 10.3390/w6051453
- Alexander, K. T., Dreibelbis, R., Freeman, M. C., Ojeny, B., & Rheingans, R. (2013). Improving service delivery of water, sanitation, and hygiene in primary schools: a cluster-randomized trial in western Kenya. *J Water Health*, 11(3), 507-519. doi: 10.2166/wh.2013.213
- El-Gilany, A. H., Badawi, K., & El-Fedawy, S. (2005). Menstrual hygiene among adolescent schoolgirls in Mansoura, Egypt. *Reprod Health Matters*, 13(26), 147-152. doi: 10.1016/S0968-8080(05)26191-8
- Mason, L., Nyothach, E., Alexander, K., Odhiambo, F. O., Eleveld, A., Vulule, J., . . . Phillips-Howard, P. A. (2013). 'We keep it secret so no one should know' - a qualitative study to explore young schoolgirls attitudes and experiences with menstruation in rural Western Kenya. *PLoS One*, 8(11), e79132. doi: 10.1371/journal.pone.0079132
- McMahon, S. A., Winch, P. J., Caruso, B. A., Obure, A. F., Ogutu, E. A., Ochari, I. A., & Rheingans, R. D. (2011). 'The girl with her period is the one to hang her head' Reflections on menstrual management among schoolgirls in rural Kenya. *BMC Int Health Hum Rights*, 11(1), 7. doi: 10.1186/1472-698X-11-7
- Phillips-Howard, P., & etal. (2013). *Menstrual solutions in adolescent schoolgirls in western Kenya: an acceptability, feasibility and safety study (tools and instruments); November 21st 2013; In: WASH In Schools Empowers Girls Education.; Proceedings of MHM Virtual Conference 2013*. Paper presented at the 2nd Virtual Conference on Menstrual Hygiene Management in Schools 'Exploring MHM in countries: MHM tools and instruments', New York.
- Saboori, S., Mwaki, A., Porter, S., Okech, B., Freeman, M., & Rheingans, R. (2011). Sustaining school handwashing and water treatment programmes: lessons learned and to be learned. *Waterlines*, 30(4), 13.
- Sibiya, J. E., & Gumbo, J. R. (2013). Knowledge, attitude and practices (KAP) survey on water, sanitation and hygiene in selected schools in Vhembe District, Limpopo, South Africa. *Int J Environ Res Public Health*, 10(6), 2282-2295. doi: 10.3390/ijerph10062282
- Sommer, M. (2010). Where the education system and women's bodies collide: The social and health impact of girls' experiences of menstruation and schooling in Tanzania. *J Adolesc*, 33(4), 521-529. doi: 10.1016/j.adolescence.2009.03.008



Sumpter, C., & Torondel, B. (2013). A systematic review of the health and social effects of menstrual hygiene management. [Research Support, Non-U.S. Gov't]. *PLoS One*, 8(4), e62004. doi: 10.1371/journal.pone.0062004

WHO. (2014). Dioxins and their effects on human health *WHO Fact Sheets: 225*; <http://www.who.int/mediacentre/factsheets/fs225/en/> (accessed 20 June 2014).



Menstrual Hygiene Management in the School Environment: Learning from WSUP programmes

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Abstract

This presentation will share the learning from across WSUP's six country programmes (Bangladesh, Ghana, Kenya, Madagascar, Mozambique and Zambia) on the theme of menstrual hygiene management (MHM) in the school environment. Based on WSUP's experience, it will outline five activities that can contribute to effective interventions in this area: i) involving partners at the institutional level, ii) involving partners at the school level, iii) raising awareness at the community level, iv) improving facilities for MHM in schools, and v) engaging pupils with the need for improved MHM. The presentation will discuss the challenges WSUP has encountered in promoting MHM in the school environment, with a focus on transferable learning for other WASH implementing organisations.

1. Introduction

1.1. Why promote MHM in the school environment?

A discussion of MHM in the school environment should first outline why it is important to address this issue as part of any integrated water, sanitation and hygiene programme. Although the subject is receiving increasing attention, the negative health and socio-economic impacts of poor MHM in the school environment remain insufficiently acknowledged and poorly addressed in most developing countries. Of particular importance is the relationship between MHM and educational attainment: in areas with inadequate WASH facilities, adolescent girls often avoid using school latrines when they are menstruating, with a huge negative affect on school attendance. A UNESCO study estimated that one in 10 African adolescent girls misses school during their menses (OSISA, 2012), causing them to eventually drop out because of menstruation-related issues. This problem is pronounced in the countries where WSUP works: a study conducted in Kenya found that girls who have reached puberty miss an average of six learning weeks a year



due to menses (African Health and Population Research Center, 2014). The effects of inadequate MHM on educational attainment can damage the life prospects of young girls and exacerbate gender inequality, in addition to more immediate impacts on the personal dignity, health, comfort and self-confidence of the girls affected.

1.2 The importance of understanding the local context

An intervention that aims to improve MHM in schools must acknowledge the importance of the local context and ensure that local attitudes towards menstrual hygiene are properly understood. In many developing urban and rural contexts the neglect of menstrual hygiene is rooted in cultural and/or religious taboos concerning blood and menstruation. A number of “myths” can be perpetuated which engender feelings of shame, damage a girl’s self-esteem and limit her freedom of activity whilst menstruating. WSUP has experienced how the most prevalent myths will vary from country to country and must be challenged if menstrual hygiene practices are to be improved. For example, girls in Kenya and Mozambique are reluctant to leave pads in the disposal bins of communal or school toilets, because they fear a stranger could use the pads to bewitch the girl or make them pregnant; an intervention must counter this superstition to help girls dispose of menstrual waste in a hygienic way.

2. What activities are needed to promote MHM in the school environment?

Menstrual hygiene is a culturally sensitive issue, and there are complex factors affecting girls’ ability to practice it safely in schools. Based on WSUP’s experience, this section details five activities that can be implemented to make a successful intervention more likely:

2.1. Involving partners at the institutional level

In WSUP programmes the aim is to implement improved services at the *citywide* level. In the area of menstrual hygiene in schools, this means coordinating with the relevant institutions to achieve scale and to ensure the correct policy frameworks are in place. In Mozambique, consultations are in progress to develop a manual on MHM which will be distributed in schools and used as a reference document for teachers. The manual has been developed in coordination with the Ministry of Health (reflecting the status of menstrual hygiene as a matter of public health) and with the Ministry of Education, who have given their permission for the manual to be distributed widely in schools. In Kenya, WSUP has advocated for menstrual hygiene

issues to be clearly defined and given focus in the revised Environment, Sanitation and Hygiene Policy; the current version of the policy does not adequately address MHM, with a draft of the new policy to be released in 2014. WSUP is also working with members of the County Assembly in Kenya; here WSUP is advocating for responsibility to be taken at the county level for the planning and budgeting of MHM in schools, and specifically for funds to be allocated to the school provision of sanitary pads. In Madagascar, WSUP has again developed a close relationship with the Ministry of Education, and supported them in training teachers to include menstrual hygiene messages in their curriculum.

2.2 Involving partners at the school level

It is equally important to engage partners at the school level and to ensure they fully support the intervention. In Mozambique WSUP has worked closely with school boards to raise awareness and mobilize the involvement of principals and other teachers; in Kenya, WSUP plans to engage teachers as the primary agents of change, and to help them expand the current academic style of teaching on reproductive health to include more practical information on MHM in informal settings outside the classroom. WSUP encourages teachers to convey a core set of messages which pupils may not be exposed to outside school: these include an emphasis on menstruation as a healthy and natural process, and encouraging girls to share the onset of menstruation with a close friend or family member; promoting the use of school sanitation facilities to dispose of cloths and sanitary pads, instead of taking these home; the importance of washing regularly during menstruation; and correcting myths and misconceptions so that girls know about all the activities they *can* do during menstruation (such as exercise). WSUP will often advocate for these messages to be included in the school curriculum, or taught in extra-curricular lessons where this is not possible.

2.3 Raising awareness at the community level

In WSUP's experience, MHM promotion in schools should be accompanied by awareness-raising in the wider community to encourage the relatives, friends and neighbours of school girls to change their perspective on menstruation; failure to do so can mean the lessons learnt at school are discouraged at home or in the community and never practiced. The experience of Sifa, a 13 year-old girl who attends a school in Maputo (Mozambique) where WSUP has provided new disposal bins for sanitary pads, is not unusual: "My mother said to never change pads at school. She wouldn't say why. I usually dispose pads when I'm back home". Focus group discussions offer an effective way to gradually introduce the subject and have been fundamental to WSUP's



menstrual hygiene promotion activities in Maputo; 18 focus groups meetings have been held in 3 bairros under an ongoing programme to discuss issues including MHM in schools. In Bangladesh, adolescent girls have a very small role in decision-making; for this reason WSUP's ongoing MHM promotion in Dhaka has centered on community attitudes, which in turn can have a significant impact on school MHM. In every location it is important to involve all groups, including men and boys; male-only focus groups have been organized in Maputo to discuss MHM, and planned activities in Kenya include encouraging men to budget for the purchase of sanitary pads, and to view this as a normal and necessary expenditure.

2.4 Improving facilities for MHM in schools

Improved MHM in schools usually requires a 'hardware' component; as with all behavior change, it is difficult to promote new habits without the facilities required to practice those habits on a daily basis. The appropriate design for MHM facilities will vary according to the context: in Maputo, boxes have recently been installed in nine schools for the disposal of menstrual waste; the boxes are fixed to the wall of the shared toilets, and the dressings discreetly removed by WASH auxiliaries (caretakers hired by the municipality to maintain WASH facilities in schools). In Antananarivo (Madagascar), the focus has been on including showers in the design of school latrines, with a minimum of one cubicle per infrastructure dedicated to a shower. It is essential to remember that menstrual hygiene has an environmental impact, and improved MHM must be accompanied with calculated waste management strategies. In Naivasha (Kenya), WSUP have been trialling menstrual waste incinerators connected to communal toilets via a pipe, with a chute in each cubicle. This enables women and girls to dispose of their waste from within the cubicle and with total privacy; the method has been trialled in communal toilets but might be applied to school facilities in the future. A similar concept is being trialled by WSUP in Kumasi (Ghana), this time within schools: all facilities implemented under the programme have changing rooms to ensure that girls have a private space to change and dispose of pads; these rooms have a partition wall and drop-off pipe installed through which sanitary pads are disposed; to complete disposal, the drop-off pipe is connected to a bin which is emptied periodically by the school cleaner.

2.4 Engaging pupils with the need for improved MHM

WSUP programmes have implemented or encouraged a number of platforms for encouraging school girls to practice improved menstrual hygiene. These have included peer support groups at the community level to enable girls to talk freely about their menstrual hygiene experiences, such as "adolescent



girl groups” in Dhaka; and the formation of groups within schools who can take a lead role in promoting MHM. This second approach has been effective in multiple locations, with examples including the Kotei School Health Club in Kumasi and the “Sanitation Nucleus” in Maputo (the introduction of “School Sanitation Clubs” is now being considered in the Zambian capital Lusaka). Illustrative leaflets are often shared with pupils as part of promotion activities; for example, a recent leaflet in Antananarivo demonstrated how to use the menstrual waste disposal bins provided in the schools. WSUP has also found that public events including International Women’s Day, International Girls Day and Menstrual Hygiene Day provide a strong opportunity to publicize the issue through targeted lectures, roadshows, theatre plays, radio interviews and other forums.

3. What challenges have we faced?

A number of challenges are regularly encountered by WSUP in promoting MHM in the school environment. Raising awareness at the community level is one activity that is consistently demanding: in Maputo for example, the programme has found that school girls display willingness to talk openly about their experience with menstrual hygiene, but some women in the bairros are still reluctant to address the subject; emerging learning from the programme suggests this might have contributed to school girls not using the disposal bins provided in the schools. In Naivasha, engaging men with the subject of menstrual hygiene has proven particularly challenging; in one recent male-only focus group the participants refused to discuss the subject, and men working for institutions in positions of authority have also been reluctant to talk openly about the issue. Linked to the above is the challenge of sensitising boys and young men, so that they are able to support girls and view MHM as a healthy and natural process; and persuading men (and women) to devote household finance to the purchase of sanitary pads. There are no quick solutions to these problems, except to recognise that it takes time to bring about sustained attitudinal change; one way that WSUP tries to accelerate the process is through the use of community development specialists, who spend a number of months in intervention areas prior to and during the intervention.

Within the school environment itself, the design and siting of MHM facilities may have a significant impact on usage and must be approached in a considered way. For example, girls may be less likely to use disposal bins if they are provided in disabled or more spacious cubicles (they may fear that other children will know they are using the cubicle for that purpose), or within the shared toilets but outside the cubicles. Until the point when school girls are fully comfortable discussing menstrual hygiene, it may be preferable to provide bins or chutes within standard cubicles to encourage usage. A



further challenge has been the establishment of sustainable pathways for the disposal of menstrual waste; here solid waste entrepreneurs could have a role to play in collecting waste from schools and linking up with the solid waste manager at the local government level, a model that has been successfully tested by WSUP for communal toilets in Nairobi (Kenya).

References

African Population and Health Research Center (2014), "Menstruation: A Gift or Curse". <http://aphrc.org/blog/menstruation-a-gift-or-a-curse-part-1/>. Accessed 26th June 2014.

Open Society Initiative for Southern Africa (2012), "Menstruation and Education: How a lack of sanitary towels reduces school attendance in African slums".

<http://www.osisa.org/buwa/regional/menstruation-and-education-how-lack-sanitary-towels-reduces-school-attendance-kenyan-s>. Accessed 26th June 2014.

Menstrual Hygiene Management in the School Environment

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ABSTRACT

The onset of menstruation is a landmark event in the life of a young woman. Yet the complications and challenges that can accompany such an event have been understudied, specifically in resource-poor settings. As interventions aim to improve female attendance in schools, it is important to explore how menstruation is perceived and navigated by girls in the school setting and environment. This paper talks about Menstrual Hygiene Management in the school environment. It looks at management during menarche (first period), general hygiene measures on how to keep oneself clean when menstruating and in the school environment and the conditions accompanying menses. Most of the issues discussed here are findings from the day to day operations by I-Care staff.

Menstruation is a particularly salient issue because it has a more pronounced effect on the quality and enjoyment of education than other aspects of puberty do. It involves a learning component as well as elements affected by the school environment and infrastructure. This include both physical and social environment in the school which include access to menstrual hygiene materials, latrines and places to change, safe water and sanitation, and good hygiene practices like hand washing with soap. Without these, the school environment is unhealthy and inadequate.

In Western Kenya, a research done by Afri-Can trust found that the most commonly described feeling toward menstruation is shame. Girls had difficulty articulating the source of their shame, but often mentioned unwanted attention from classmates especially the boys and a general feeling that the secrecy surrounding the topic of menstruation is intertwined with a collective understanding that menstruation is somehow bad and this was affecting their social environment in school. When probed on why periods should not be discussed, girls would often say, “*Because that’s the way it is*” or “*That’s how it has always been.*” (Standard 7 girl from Gilwadzi primary, Western Kenya)

During the visits carried out previously in the areas we have worked in, for example Nyamarimba primary school in Nyakach District, Nyanza region



in Kenya and also Kisumu County just to name a few, girls reported that bathing is difficult or impossible because school washrooms are not private, and lack water, there are some issues that have been raised that may not be readily tackled and may need further examination and expertise by a medical practitioner. As such, there are some already identified questions, that whenever one encounters, the team feels that the best possible response is to direct the person to a certified professional in issues of reproduction.

According to KDHS 2009, some of the challenges faced by most researchers during implementation is the school program. Most girls can only be reached through their school, and of course that is the same time they are having their lessons, therefore only a little time is allocated to talk to them especially only during their break time and sometimes this is not enough time to teach them all that you want them to know.

This paper describes good practices about menstrual hygiene management in the school environment (MHM) and what the I-Care team from Afri-Can trust does when they go to schools to teach the pupils about menstrual hygiene management, including boys in their sessions. It encourages a holistic approach to health promotion, starting with education, creation of healthy environments, and linkages to health services.

The role of boys in menstrual hygiene management is also very important. A standard 6 girl from Mayenya primary in Kisumu County said:

“When boys from the school see that you have stained your uniform, they will not even tell you easily, instead they will call other boys and start laughing at you and this makes us feel even shy to walk”.

Boys in school can assist the girls in one way or the other in helping them understand themselves better and kill stigma and shyness that comes during menstruation, and this is one of the things we encourage during the sessions we have at schools. When the boys understand this, they can stop mocking the girls in school when they have stained their uniforms.

The overall objective or aim of this presentation is to promote management awareness and advocacy.

The specific objectives include helping other practitioners dealing with menstrual hygiene in schools;

- I. Understand how the students can manage the first period while in the school environment.
- II. Help the pupils and community members know how to keep themselves clean during menses even while in school. Understand the conditions under which it is good to seek medical attention.



I. Understanding how to manage the first menses (Menarche')

Menstruation, or the monthly shedding of uterine lining, is the most outwardly visible portion of a woman's menstrual cycle. Occurring once every four weeks, menstruation typically lasts 3 to 5 days. Using an average of four days per period, most girls have their periods 52 days of every year, totaling 13 cycles per year and most of the time it finds them in school. Menarche, or the onset of menstruation, marks a significant turning point in the life of a young girl. It alters her perception of herself and the perceptions or pressures that society may place on her (Scott et al, 2009).

First period (menarche) is a critical moment in a girl's life that marks an opportunity to teach them that they are the owners of their bodies. As menarche finds most girls in the school environment, the following are points to note:

- Menstruation is a natural occurrence and a biological reality for women and it can be managed
- They should feel proud as their body is developing into that of a young woman.
- They should not be afraid. It can be scary to see the blood on the underwear, but it is normal and natural.
- If it finds them at school, they can tell the matron, a female teacher or a fellow student.
- Talk to other girls and staffs, or even friends.

A standard 8 girl from Kudho Primary in Kisumu said:

"When I first started my periods, I was scared to death and felt so ashamed as I was in school and a boy in my class was the first one to see and started laughing at me. I started crying and it was not for my friend who called a teacher and helped me tie a sweater up to our home, I don't know what I shall have done".

Feelings of shame surround menstruation and may influence how a young girl sees herself and relates to her own body. Teachers too, play a very important role in this and we encourage them to assist the girls or it may hinder the educational ambitions of many girls as they are prepared into womanhood and they should prepare for their periods rather than fear them while in the school setting.



II. How to keep clean during menses while in school

Girls in upper primary and secondary schools walk to school and spend anywhere between 6-10 hours a day outside the home. At school menstruating girls are faced with poor facilities – inadequate water for washing, lack of soap, no privacy, non-functioning or inadequate toilets and no disposal facilities especially in public schools. Those who choose to attend while menstruating are often embarrassed by their own body odor caused by using the same cloth without changing and washing, for which they are often teased by the boys. The accompanying abdominal cramps, headaches and fatigue coupled with poor facilities and lack of counseling leads to monthly absenteeism and poor performance, negatively impacting a girl's desire to complete school (McMahon et al, 2011).

Hygiene promotion efforts have recently included MHM in their messages, focusing mainly on telling girls and women about correct practices. Wider aspects of the issue – such as privacy; appropriate

facilities and arrangements are also being experienced in many schools. When having menses and in the school environment, the girls should maintain personal hygiene.

They should:

- Keep unused cloths and pads clean (wrapped in tissue or plastic bag) for further use.
- Wash the hands before and after changing the pad
- Pat the area dry with a cloth, and put a fresh cloth, pad, cotton or tissue on the underwear.
- Ensure that undergarments and sweat drenched clothes are changed regularly.
- Cotton panties are preferable to synthetic ones as synthetic ones do not absorb moisture and heat, making it a breeding ground for bacteria.
- A mild exercise is also helpful.
- Wipe themselves from the front to back after going for a short call one should blot dry (bloating)
- Always wipe from front to back after defecation.
- Never douche (washing out the vagina with water).
- In case of persistent cramps, consult with the teacher who should be able to give permission to visit the doctor, or a school dispensary if the school has it.

- Do carry an extra sanitary towel or an alternative. Feel free to ask your teacher for a break to go to the girls' toilet and keep the pad in place to avoid embarrassment.
- There is no need of taking leave or being absent from school during these days as long as you take care of yourself.
- Schools have rules on proper use of toilets and bathrooms, please follow these rules and use the toilets correctly.

In the recent Monitoring and evaluation study by Afri-Can trust, girls reported that it is difficult to manage their periods in school due to a lack of water and an inability to bathe, which is a preferred practice if a girl is menstruating while at home. Girls reported that bathing is difficult or impossible because the schools do not have bathrooms

"It is difficult to bathe at school even if you have stained your uniform because there are no bathrooms here and the toilets are not private." (Standard 7 girl from Kolunga primary in Kisumu County).

This student later said she typically goes home at lunch to bathe and does not return to school.

Young Kenyan girls are not generally taught how to control or manage their menstruation, especially by their teachers, unless organizations come in to do so. And this is a monthly aspect of their lives and has a tremendous impact on the ways a girl views herself and her roles within society. In the absence of guidance, girls appear to internalize a sense that their bodies are beyond their control. Such a feeling can shape how a girl relates to other situations in her life involving her body, namely sex and pregnancy. Menarche, therefore, is a critical moment in a girl's life that marks an opportunity to teach girls that they are the owners of their bodies. Future programs and policies should be put in place to involve teachers actively in teaching the girls menstrual hygiene management in school as this is where they spend most of their time. This will aim to empower young girls as they transition into womanhood.

References:

Kenya National Bureau of Statistics and ICF Macro: Kenya Demographic and Health Survey. Calverton, Maryland; 2008-2009.

McMahon et al. BMC International Health and Human Rights 2011.

M&E First quarter report: Afri-Can Trust. Kisumu; 2014

Scott L, Dopson S, Montgomery P, Dolan C, Ryus C: Impact of Providing Sanitary Pads to Poor Girls in Africa. University of Oxford; 2009.



FAMSA Report for the Menstrual Hygiene Day

Introduction

FAMSA in partnership with Friends of IRISE KIU (Funded by IRISE UK) and the AMSKIU (Association of Medical Students; Kampala International University) felt honor-bound to commemorate this day as a way of adding a voice to break the silence, promote a hygienic menstruation in privacy, dignity and honour as well as empower the girl child. IRISE UK was the main sponsor of the event. The targeted populations were both male and female pupils, students and organized groups especially women groups. The idea for the day was born from the 1st Menstravangaza Campaign in 2013 organised by WASH UNITED. In FAMSA however, the idea was quickly adopted by SCOMER (standing Committee on Medical Education and Research), committee in FAMSA which set out to identify the type of activities, persons and partners that would be involved in the campaign. FAMSA then partnered with Friends of IRISE-KIU, which funded the event and AMSKIU to see to it that the day is successful. The campaign was started on 1st May, 2014 through to 28th May, 2014 and involved several activities including social media campaign. *Established in 1968 and with permanent headquarters in College of Medicine, University of Ibadan (Nigeria); FAMSA is a project oriented body of African Medical Students who seek to be actively involved in tackling the peculiar problems of the African continent, especially as it regards health, and directed at improving the quality of life of Africans, advocacy and inspiring Africans to take their future into their own hands, the future of their health and development*

Activities:

The campaign consisted of social media (whatsapp and facebook) 323 pupils and students from several schools and institutions and women groups were educated, 79 women were trained on pad making as well as fun day activities.

Achievements

- 323 pupils, students and women groups were educated on Menstrual hygiene.
- 79 women were trained on making reusable pads
- Publicity through social media campaign and radio adverts
- Donation of Pads to pupils and students from schools that attended the celebrations



- MHD celebration which included matching around Ishaka town and football match.

Group activities Carried out

Group/school	No. of females	No. of males	Total	Facilitators	Activity
Basajjabalaba P/S	36	16	52	4	Education
Basajjabalaba S.S	128	00	128	6	Education
Ishaka Adventist Nursing School.	40	02	42	6	Education
Bushenyi Primary School (School of the Disabled)	22	00	22	2	Education
Bushenyi community Women group	40	00	40	5	Education & Pad making training
Rukararwe women group	39	00	39	5	Education & Pad making training
TOTAL	305	18	323		

Advocacy Activities

- Marching around Ishaka Town with a band. The Town Clerk of Bushenyi District, KIU staff and students, schools around Bushenyi and the local community participated in the walk.
- Menstrual hygiene education
- Football match.
- Soft drinks

Challenges

Time frame within which to implement these activities was short and given the fact that most medical students were writing their final exams.

- Inadequate human resource to perform the activities planned.
- The involvement of males in school and community programme was quite low. However, the organizing committee was dominated by the males.



Lessons Learned & Recommendations

1. The education is very important and there's a need to do this regularly in schools
2. There is need to create sufficient time between planning and implementation.
3. The facilitators should be trained well in advance before going out in the field.
4. Additionally, there's also need to design a customized teaching module or guideline for the different levels of education or groups (Primary, secondary, tertiary, women groups etc)
5. There's need to involve more stakeholders in the subsequent campaign
6. There's need to spread the information across the entire continent.



'Can Fathers champion menstrual hygiene issues for their daughters? The experience of Build Africa' A paper written by Sarah Amulo and Dorothy Kisakye for the Menstrual Hygiene Management Conference

1. Background

The World Bank has attempted to compute the impact of poor menstrual hygiene on girls' education by noting that *'if a girl misses 4 days of school every 4 weeks due to her period, she will miss 10 to 20% of her school days'*. And yet in a 2013 baseline report by Build Africa, 30% of the girls skipped school during their menstruation. Girls and women grow up in a non-supportive environment that propagates harmful myths associated with menstruation further isolating them. For example 32% of boys interviewed by Build Africa in Masindi schools state that *'menstruation is sickness and that girls should stay at home during that period'*. Until recently, men and especially boys were looked at as nemesis of the menstrual hygiene campaign.

And yet men and boys have a huge potential in contributing to better conditions for the girls and women in managing their menstruation. The power (social and economic) that men hold in a household and community can be channelled to positively impact the menstruation management cause. Build Africa piloted working with fathers on this issue in 17 schools in the Masindi region.

2. How to involve men/fathers

2.1 Sensitisation sessions- breaking the ice

Menstruation is linked to the reproductive function of a woman and as such is nearly a taboo subject. The beginning point is to break the ice on the subject. This can broadly be done through radio talk shows and community dialogue sessions, use of documentaries with real life stories, community campaigns, music and drama. This is an advocacy stage and is used to highlight the magnitude of the problem in order to interest men in action

2.2 Training in making local pads- further demystification

Men who get interested are therefore involved in the trainings and actual making of local pads for the girls. For example in 2013, Build Africa trained 375 fathers from 17 primary schools targeted



2.3 Role modelling

The 'early adaptors' are identified and used to motivate the other parents by sharing their experiences during radio talk shows, school meetings, community dialogue meetings among others.

3. The impact

Men's experiences

- Increasing number of men who report finding it easier to discuss the topic of menstruation with their daughters.
- Increasing number of fathers who contribute to emergency sanitary pads at school for example from the schools of Nyakyanika, Miramura, Miduma, Kigya and Kitwara
- Some fathers report buying the materials for the making of re-usable pads

Build Africa will sponsor a father from one of the schools above to share a 2 minute testimony, midway through this presentation

4. Lessons learnt

- The barriers to parent –child communication are deep rooted, beyond just the father. Dealing with only the fathers without constant encouragement and training to the girls to open up does not yield a faster response
- Menstrual management is more than just provision of facilities and materials. There are other attendant challenges like the knowledge on pain management, demystification of myths among others that are equally highly inhibitive for the girl. This would involve working with the mothers as well

5. The next steps

- Development of a manual that would provide a structured way of working with men and boys to respond to the issue of menstrual hygiene
- Involve boys especially around information sharing and attitude change around menstruation

PILLAR II: POLICY

The School Health Policy in Uganda like most sanitation related standards in Uganda remain silent about Menstrual Hygiene Management. Globally the quest to have MHM added as a policy agenda in most countries is still demanding; few countries i.e. India have a MHM specific policy. The conference explores the policy and legal concerns surrounding Menstrual Hygiene management touching existing policies, issues of coordination and regulation.

Menstrual Hygiene Management and Policy in Uganda

By Water Aid Uganda

Introduction

Menstrual hygiene is fundamental to the dignity and well-being of women and girls and is a crucial part of the basic hygiene, sanitation and reproductive health services to which every woman and girl has a right.

Globally, approximately 52% of the female population (26% of the total population) is of reproductive age. Most of these women and girls will menstruate each month for between two and seven days.

Women and girls' capacity to manage their periods is affected by a number of factors, including limited access to affordable and hygienic sanitary materials and disposal options leaving many to manage their periods in ineffective, uncomfortable and unhygienic ways. These problems are further exacerbated by insufficient access to safe and private toilets and lack of clean water and soap for personal hygiene. As a result, many women and girls feel ashamed and embarrassed and often miss school and productive work days and fall behind their male counterparts. This undermines girls' human right to an education and women's right to work.

In many contexts, menstruation is considered a private issue, making it difficult to speak about it in public, for instance in a classroom. Numerous studies, particularly from low-income countries, show that a very high number of girls start menstruating without having any idea what is happening to them or why.²⁰

²⁰ Neginhal, V. S. 2010. Knowledge, Attitude and Practices of Menstrual Hygiene among Secondary School Girls in Semi Urban Area, Belgaum District - A Cross Sectional Study, Master of Public Health thesis, KLE University.



Since parents can find it difficult to speak of sensitive and sexual issues with their children, schools have a central role in puberty education. This role involves more than just educating girls since boys are also undergoing changes as they enter puberty and educating boys creates understanding that can lead to a healthier social environment and increased gender equality. When considering education outcomes, it is crucial that girls who have reached puberty and female school staff who are menstruating have gender-specific sanitation facilities with clean water, soap and menstrual hygiene management facilities. Without the privacy afforded by these facilities, students will often not use school bathrooms, resulting in absenteeism 10-20 per cent of the time.²¹

Menstrual Hygiene Management in Uganda

- In Uganda, according to a case study involving 300 primary school girls, 94% of the girls had some problems at school during menstruation. Three out of five girls (61%) reported staying away from school. To improve the situation, 94% of the girls mentioned that they need to be taught the correct facts about menstruation and that boys also need to be taught. Four out of five said that more facilities are needed for girls and that the facilities should be kept clean (IRC, 2006).²²
- Girls in rural Uganda miss up to eight days of study each school term because they are on their periods, another study of menstrual management in Uganda found. This was due to lack of washrooms, lack of sanitary pads and bullying by peers. The eight days on average translates into 11% of the total learning days in a year.²³
- A study of 173 primary schools in Uganda showed that more than half of schools, 56.5%, lack hand washing facilities even though hand washing can reduce the prevalence of diarrhoeal diseases by 47%.²⁴ In addition, only 7.1% of schools had menstrual hygiene facilities.

Policies and plans around Menstrual Hygiene Management in Uganda

Uganda has ratified the UN Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) which prohibits all forms of discrimination against women and includes, but is not limited to, the education sector. Article two of the Convention commits governments to take appropriate action on the advancement of women, including through education.

²¹ IRC International Water and Sanitation Centre. (2005).

²² WaterAid Uganda and ACP-EU Health Facility, May 2013

²³ SNV/IRC, Study of Menstrual Management in Uganda

²⁴ WaterAid Uganda and ACP-EU Health Facility, May 2013



In addition, Uganda has ratified the Convention on the Rights of the Child which, in article 28, commits governments to fulfil the right to education of all children.

Furthermore, Uganda has committed to achieving Millennium Development Goal (MDGs) targets on primary school completion and eliminating gender disparity by 2015. Goal two target A of the MDGs is to ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling whilst goal 3A is to eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. According to the Millennium Development Goals Report for Uganda 2013, the primary school completion rate has increased slightly, but the pace of progress is insufficient to enable all Ugandan children to complete the full course of primary education by 2015.

In 2010, only 56% of boys and 51% of girls were completing primary education. Gender parity in primary education has almost been achieved, and in 2010, for the first time, there were more Ugandan girls enrolled in primary schools than there were boys. In the early 2000s, Uganda appeared on course to achieve gender parity at all levels of education by 2015 but more recently the positive trend at the secondary and tertiary levels has slowed.²⁵

The Constitution of the Republic of Uganda, as the country's overall legal framework, provides for gender balance and fair representation of marginalised groups. It also accords equal citizenship rights, freedom from discrimination and affirmative action in favour of women.

According to Uganda's Vision 2040, keeping girls in school and improving their completion rates will be a priority for the country moving forward and will be done through addressing cultural, gender and institutional barriers. Vision 2040 does not specify these barriers or how this action should be taken but it is hoped that this would include provision of separate and private sanitation and menstrual hygiene management facilities in schools.

In the education chapter of the National Development Plan 2010/11-2014/15, it is acknowledged that completion rates at both primary and secondary level are lower for girls than boys. It also recognises the key reasons for this as being early pregnancy, sexual harassment, female genital mutilation and lack of sanitation facilities, and one of the strategies set out for increasing access to education is to expand and improve sanitation facilities. However, the plan goes no further in recognising the crucial importance of menstrual hygiene management to education outcomes.

²⁵ Millennium Development Goals Report for Uganda 2013



The National Gender Policy (2007) aims at establishing a clear framework for identification, implementation and coordination of interventions designed to achieve gender equality and women's empowerment in Uganda. The role of the Ministry of Gender, Labour and Social Development (MGLSD) under this policy is to coordinate gender mainstreaming at the different levels; and to provide technical support to sectors, Local Governments, civil society and private sector entities. The policy makes no mention of menstruation or menstrual hygiene management, although it does include plans to design education programmes on gender and girl child empowerment in schools. Since the launch of the National Gender Policy, ministries and government agencies are required to ensure that gender is integrated in all plans and programs. To respond to this requirement, the Ministry of Education and Sports set up a Gender Desk and later a Gender Task Force. The Gender Task Force supported the development of a Gender in Education Policy and setting up of a Gender Unit.

The Revised Education Sector Strategic Plan 2007-2015 aims to assure universal access to primary education (UPE) as well as to post-primary education with a view to achieving equitable access to education at all levels and reducing school drop outs. It also sets out a strategic objective to lower social-cultural barriers to girls' attendance but fails to recognise the crucial linkages between WASH and education outcomes.

The Gender in Education Sector Policy was designed in line with the Education Sector Strategic Plan (ESSP 2007-2017) and provides a framework for the implementation and monitoring of a gender sensitive and responsive education system in Uganda. The vision of the policy is to promote equitable quality and relevant education and sports for all boys and girls, men and women in Uganda. The objectives include enhancing equal participation for all in the education system and promoting an enabling and protective environment for all persons. The guiding principles for the policy include ensuring that all males and females are able to access their human right to educational resources and opportunities, and systematically taking gender concerns into account in planning and implementation of strategies and programmes. Unfortunately, it appears that water, sanitation and menstrual hygiene management are not mentioned within this policy, although they are crucial to achieving its vision.

The Universal Primary Education Policy (1997) has objectives that include:

- Providing the facilities and resources to enable every child to enter and remain in school until the primary cycle of education is complete;
- Making education equitable in order to eliminate disparities and inequalities.



However, despite this, the policy does not seem to mention any strategy around providing separate toilet facilities for girls or facilities for menstrual hygiene management, hence missing one of the main causes of absenteeism amongst girls who have reached menstruation age.

The National Strategy for Girls' Education 2000 sets out eighteen barriers to girls' full and equal participation to education in Uganda, including inadequate sanitation facilities for female students in co-educational institutions and the absence of trained guiding and counselling personnel catering for girls' needs. The objectives include expanding and segregating sanitation facilities to cater for increased enrolment, especially at primary level, although menstrual hygiene management is not mentioned explicitly in the strategy. This strategy is currently being revised and is due to be launched in October.

The Education and Sports Sector Annual Performance Report 2011/12 states that one of the interventions that took place in that year was support and monitoring of girls' education, sanitation and hygiene in a number of primary schools. However, little further information is given about this and there doesn't seem to be data included about pupil: stance ratio, the provision of separate toilets for boys and girls, or menstrual hygiene management facilities in primary or secondary schools, although the report does include data for the pupil: latrine stance ratio in pre-primary schools.

In 2013, the Ministry of Education and Sports recently initiated the development of a Menstrual Hygiene Reader (MHR) for primary schools, aiming to provide information to girls on understanding and managing menstruation. Other menstrual hygiene interventions include the establishment of Girls' Education Movement (GEM) clubs, development of guidelines on the construction of girl friendly sanitation facilities in schools and development of a manual and handbook for teachers on creating a safe school environment to help girls stay in school including during menstruation.

The Water and Sanitation Sub-Sector Gender Strategy 2010-2015 acknowledges that women bear the major responsibility of upbringing and training children on sanitation and hygiene attitude behaviour, and that they are therefore more affected by lack of or inadequate household hygiene and sanitation facilities. It also states that, "Reduced time, health, and care-giving burdens from improved water and sanitation services give women more time for productive endeavours, education, empowerment activities and leisure. For example, limited sanitation facilities and lack of privacy as well as long distances to water sources have been linked to high dropout rates for school girls. Mainstreaming gender in school hygiene and sanitation by providing separate sanitation facilities and washrooms that offer privacy for girls is therefore an important factor for ensuring that they stay in school longer." The



first strategic objective in the plan is to integrate a gender perspective into the water and sanitation sector policies and develop guidelines to operationalise gender in programme planning, implementation, monitoring and evaluation.

In the Health Sector Strategic Investment Plan III 2010/11-2014/5, within the health promotion, disease prevention and community health initiatives cluster, one of the strategies outlined is to support the construction of safe latrines in both primary and secondary schools. However, the strategies, interventions and indicators do not mention the need for separate latrines for boys and girls, or menstrual hygiene management.

According to a 2012 report by the Forum for Women and Democracy (FOWODE) and UN Women, there is not enough conscious effort by sector planners and policy analysts to carry out a gender analysis before formulation of policies, strategic plans, programmes and associated budgets. The report states that, “the education sector budget is more concerned with provision of scholastic materials, infrastructure, and teachers’ salaries and not concerned about critical budget items such as gender and socio-cultural barriers to education i.e. provision of sanitation facilities such as pads.”²⁶

This is supported by the 2012/13 Ministerial Policy Statement from the Ministry of Education and Sports which states that providing sanitation facilities for primary schools is one of the unfunded outputs due to budget cuts. Within Vote 500 on Local Governments (LGs), poor sanitation facilities in primary schools are seen as a priority area for attention, but it is stated that the allocation of the School Facilitation Grant is at the discretion of Local Governments depending on the areas of need.

Recommendations:

It is crucial that menstrual hygiene management is prioritised in the national agenda and made a national priority.

With only one year to go until the Millennium Development Goals should be achieved, Uganda must step up efforts to achieve target 3A and eliminate gender disparity in primary, secondary and tertiary education. In addition, Uganda should call for an indicator for menstrual hygiene management in the post-2015 development framework. This indicator should measure percentage of primary and secondary schools with basic separated sanitation facilities for females that provide privacy; soap, water and space for washing hands, private parts and clothes; and places for changing and disposing of materials used for managing menstruation.

²⁶ FOWODE and UN Women, Gender Policy Brief for Uganda’s Education Sector, 2012



The new National Development Plan 2015/6-2019/20 should recognise menstrual hygiene management as a key determinant of girls' education outcomes and include clear strategies and funding for provision of separate latrines for boys and girls and menstrual hygiene management facilities.

In addition, menstrual hygiene management must be given sufficient attention in both the Health Sector Strategic Investment Plan 2015/6 – 2019/20 and in the next Education Sector Strategic Plan (2016 onwards). The annual Education and Sports Sector Performance Report should measure pupil:stance ratio in both primary and secondary schools, in addition to the provision of separate latrines for boys and girls and menstrual hygiene management facilities. In addition, the Gender in Education Sector Policy should be revised to include the importance of separate latrines for boys and girls, adequate menstrual hygiene management facilities, and clean water and soap in order to enhance equal participation for all in the education system.

The National Strategy for Girls' Education is currently being revised and is due to be launched in October for the period 2014 to 2019. This strategy should emphasise the need for menstrual hygiene management and facilities to narrow the gender gap in implementation. There is increasing need for Uganda's education curriculum to have more pronounced inclusion of sexual and reproductive health and life skills and consequently the need for more teachers to be trained in this area (UNESCO and UNFPA 2012).

It is essential that the Government increases focus on policy development and implementation of sustainable MHM-related programmes across the country. Without this action, girls' right to education and women's right to work and economic equality will continue to be curtailed due to lack of adequate menstrual hygiene supplies, facilities and education.



Harm in the Unregulated Market for Sanitary products.

By Linda Lilian Knowledge Management and Learning Coordinator, NETWAS Uganda

Field interactions have shown growing concern for the kind of materials used in menstrual hygiene management and the harm they could possibly cause than the good.

Underlying this argument it is noted that every woman and girl deserve sanitary materials that prevent spillage without side effects. While a lot is vested in how to get sanitary materials to the girl; research into the potential health risks of feminine hygiene product is important.

In the learning sessions conducted in the Rwenzori region in April 2014, the question of the safety of reusable pads was voiced by 70 participants who proposed the need for further research in the different pad options available on the market. One of the shortcomings in the use of reusable pads indicated was on how girls feared to dry them in the sun and hide them under mattresses after washing them which often attracted moulds and posed a threat of infections.

Similarly research has indicated a health threat in the tampons, diapers and pads available on the market. The threat is embedded in the chemicals used in the manufacture of the hygiene products. One such chemical is dioxin which the World Health Organization lists as one of the “dirty dozen - a group of dangerous chemicals known as persistent organic pollutants.” Dioxin is a known human carcinogen. Though the Environmental Protection Agency (EPA) studied dioxin and indicated that the largest problem with dioxin is from food, not tampons or sanitary pads. The threat should not be ruled out.

In order to attain the clean look in pads chlorine bleach is applied unfortunately this produces the toxin dioxin and other disinfection by-products (DBPs) such as trihalomethane. Studies show dioxin has the potential of collecting in human fatty tissues. According to an EPA draft report, dioxin is a serious public health threat that has no “safe” level of exposure! Published reports show that even trace dioxin levels may be linked to abnormal tissue growth in the abdomen and reproductive organs, abnormal cell growth throughout the body, immune system suppression and hormonal and endocrine system disruption.

Shyama Krishna Kumar (2013) points out that research indicates although the levels of dioxin in sanitary napkins are quite low, they are still dangerous



as dioxin accumulates in the fat stores of the body and can add up to the residual levels over time. Dioxin is linked with the following side effects in the body: pelvic inflammatory disease, ovarian cancer, immune system damage, hormone dysfunction, impaired fertility, diabetes and impaired thyroid function.

The research further indicates that apart from cotton, rayon is yet another synthetic polymer that is added to these napkins to enhance the absorbing capacity. Rayon also has dioxin in it.

Pesticides and Herbicides are chemicals that are sprayed on the cotton crops. A chemical named furan stays on the cotton long after it has been harvested, which can cause harm. These have been linked with the following effects in the body: infertility, hormonal disruption, thyroid malfunction, diabetes, endometriosis and depression.

Artificial Fragrances and Deodorant are substances added to the pads during the manufacturing process. Although they can also enter the bloodstream, like in the cases of pesticides and dioxin, they can also have an effect locally on the vagina and in turn cause allergies and skin reactions.

According to Lynn Faris (2013) an independent study in 1991 found that tampons commonly included one or more of the following additives: Chlorine compounds, absorbency enhancers (such as surfactants like polysorbate-20), natural and synthetic fibers (such as cotton, rayon, polyester, and polyacrylate), deodorant, and fragrance.”

Joshua Yosam (2013) note “75% Of women experience itching and pain during their menstrual period which is mostly caused by the use of sanitary Pads that are not air permeable, so they cannot reduce moisture. Sanitary pads can also harbor bacteria as they are not sterilized products.

Healthy alternatives:

- Use of cotton cloth pads or towels i.e. reusable pads
- Use of the Menstrual Cups made with natural, nontoxic materials like gum rubber

Other practices that may cause harm when using the menstrual products

- Using dirty hands when using menstrual products can lead to infections during the menstrual period. Its recommended that clean hands are used.
- Leaving sanitary pads in the bathroom or dark moist corners can lead to their contamination leading to fungal infections. Sanitary product should be kept in dry clean place.



- Buying sanitary products that are expired or using expired sanitary products or those almost expiring. The quality of pads diminishes as it moves towards expiry. Checking of sanitary products dates is key.
- Rushing to use promotional products or gift items that may have had prolonged storage or are of poor quality and have not had effective testing. It is important to use quality products that have been tested and proven.
- Using sanitary products with fragrances or those that are medicated; these may have undesirable effects on the body.
- Using sanitary products for longer hours in attempt to save money. Looking for sanitary products with high absorption rates with hope that one can use the pad for longer hours. Pads are meant to be changed regularly or they could lead to infections.

Further recommendation:

Need for a regulatory system to ensure quality sanitary product

References:

Shyama Krishna Kumar (2013) *Is your sanitary napkin safe?* The New Indian Express, <http://www.newindianexpress.com/cities/bangalore/Is-your-sanitary-napkin-safe/2013/08/28/article1755252.ece>

Lynn Farris (2013) *Chemicals in Sanitary Pads*, <http://www.livestrong.com/article/108477-chemicals-sanitary-pads/>

Joshua Yosam (accessed 2014) *Sanitary Pads are a Silent Health Threat* <http://files.meetup.com/1453505/sanitary-pads-a-silent-health-threat.pdf>



PILLAR III: TECHNOLOGY

For better MHM technological application become important aspects. The identification of technological options that make MHM possible are a much needed intervention in the menstrual hygiene management. Under this thematic area the use of reusable pads, menstrual cups and disposable pads is discussed.

Why AfriPads

For better MHM technological application become important aspects. The identification of technological options that make MHM possible are a much needed intervention in the menstrual hygiene management. Under this thematic area the use of reusable pads, menstrual cups and disposable pads is discussed.



Pupils of Katikit Primary School in Amudat, Karamoja Flag the Afripad pack in appreciation

According to the United Nations, 1/10 African schoolgirls skips school or drops out of school entirely due to a lack of menstrual products and poor access to proper sanitation. This critical unavailability of sanitary products in developing countries is a major barrier to primary and secondary education for girl students, resulting in absences of up to 4-5 days a month.

Unable to afford proper menstrual products, many Ugandan schoolgirls have no choice but to rely on crude, improvised materials to absorb their menstrual flow. Girls' makeshift options include scraps of old clothing, wads of toilet paper, and banana fibres, among others – all of which are ineffective and uncomfortable.

By manufacturing our cost-effective cloth sanitary pads, AFRIpads provides schoolgirls with complete menstrual protection for up to 1 year (12 menstrual cycles). The reusable design of our Menstrual Kits is comfortable, cost-saving, and environmentally-friendly. It is AFRIpads mission to empower women and girls through business, innovation and opportunity. A core objective is to

empower Ugandan schoolgirls to achieve their full academic potential by improving attendance rates by as much as 25%.

As a Ugandan limited, the AFRIpads workshop is located in the rural village of Kitengesa, Masaka. We are committed to empowering disadvantaged women through employment; consequently our 80+ staff is almost exclusively female. By providing these young women with productive employment, AFRIpads' employees have achieved financial independence; acquired technical and business skills; and equally important, have a deepened sense of self-worth as a result of having job security.

Since AFRIpads started business in November 2009, over 300,000 Menstrual Kits have been distributed to schoolgirls in Uganda and the region. Enabling girls' education is arguably the cornerstone of development and the gateway to the full participation of women in political, economic, and cultural spheres of life. By creating and marketing our washable menstrual kits, AFRIpads has enabled 300,000 females to fully access their universal right to education.

By 2015, AFRIpads want to have impacted the lives of half a million girls and women. We also aim to double our work force by that time, as well as scaling up our production capacity significantly. As long as there are many schoolgirls, in Uganda and beyond, whose education and academic potential is compromised by the lack of menstrual products and generally by poor access to proper sanitation, AFRIpads will continue advancing its work to alleviate these challenges for the girl child!

Design of Sanitation Facilities for MHM

By Osbert Atwijukye: Water for People, Plot 9, Olumi Close, Kitante, Kampala, Uganda

The Issue of MHM, has remained silent among most communities hence being neglected in design of sanitation facilities by most Engineers. The majority of the menstrual pads capture systems are improvised hence not user friendly to many and as a result impose pressure on other structures leading to inefficiency. For example the handy calculations for designing pit latrines don't cater for accumulation of non biodegradable waste like sanitary pads yet they compose a big fraction of pit contents when emptying in most areas. This has led to rapid filling rates due to inhibition of some pit latrine mechanisms thus failure.

Water For People an international NGO, introduced semi-mechanical emptying of Onsite Sanitation Systems (OSS) in Uganda using a gulper technology as part of the faecal sludge management chain right from capture/storage, emptying, transportation, treatment and reuse. From observations made during operations most latrines especially in slum areas lack MHM facilities alongside other non biodegradable wastes like condoms, plastics, rubber, polythene. This has led to co-disposal with faecal sludge inside the pit thus posing a challenge of emptying and treatment. Too much non biodegradable waste reduces quality of sludge, increases filling rates, hikes emptying costs and makes emptying impossible for some technologies.



Faecal sludge mixed with non biodegradable waste.



Waste sorted from faecal sludge, biggest fraction used pads.

With current efforts towards promoting MHM, it's imperative to think about safe disposal of the used materials during the periods. Otherwise more complicated problems may arise and pose environmental threats. Common ways of management in Uganda are disposal in landfills, un controlled burning and incineration. These still have limitations like distance between collection and disposal, a lady may find it difficult to drop a pad in a small bucket in a shared latrine to be seen by a son, brother in law or a husband. Walking to incinerators with used pads or condoms also appears shameful; hence more Human centered design (HCD) is required such that facilities become more user friendly, otherwise the practice of dropping such waste in pits will continue to affect latrine mechanisms.

Water for people SaniHub, is currently planning to pilot a latrine facility with all the systems to separate non-biodegradable waste from night soil at the source and manage them with minimal impact on environmental pollution. HCD is key where different users give crude ideas on how they want their systems designed and these are organized technically to ensure efficiency.

Conclusion

There is need to disseminate findings from different studies about Menstrual hygiene to design Engineers, researchers, agencies and policy makers such that the issue of MHM is well incorporated in the design and implementations of sanitation facilities.



The MakaPads Story

Research by Makerere University Institute of Social (supported by the Rockefeller Foundation) revealed that schoolgirls were:

- avoiding school during their menstrual days; 3-5 days per month.
- using pieces of cloth, paper, leaves, etc. as alternatives to sanitary pads.
- performing poorly in P5-P7.
- dropping out of school in P5-P7.

In response to the study Rockefeller Foundation (RF) tasked Eng.Musaazi Moses of Makerere University to innovate a local type of sanitary pad which was:

- non-reusable
- made out of local materials (as far as possible)
- made in a cottage type of industry
- with a sell price not to exceed US\$ 0.05 a piece.

After 30 months of Research, Eng. Musaazi innovated sanitary pads made out of papyrus and paper, costing US\$ 0.03 a piece, and meeting all other criteria; the pads are trademarked **“MakaPads”**, patented and commercialized.

Achievements: MakaPads have brought about huge academic and socioeconomic impacts to various sectors of people including refugees and HIV/AIDS victims.

MakaPads are:

- made in Africa from local materials.
- chemical-free and biodegradable pads on (East) African market.
- certified by Uganda National Bureau of Standards; meet satisfy international standards for sanitary pads.
- cottage-industry based and require low level skills: hence provide employment to the poor.
- Production is green: factories are solar-powered.





MakaPads are cut from the Swamp Solar processed developed in a workshop and served to the target consumers.

Women Group scales up Reusable Menstrual Pads (RUMPS) in Kabarole District

Introduction

Menstruation is the periodic discharge of blood and mucosal tissue also referred to as the endometrium from the uterus and vagina. Menstruation is a biological process just like defecation or urination. Maintaining hygiene during menses is important for women's well-being, mobility, and dignity. The topic of menstruation is cloaked in secrecy and negativity. Thus several slangs such as Kibbada, and Kushuma are normally used to refer to menstruation. In many countries, it is associated with cultural and religious taboos, and is therefore completely neglected. This is also unfortunately the case in many WASH programmes.

Challenges:

- In order to manage the flow of monthly periods
- Women and girls use anything from rags, tree leaves, old clothes, toilet paper, newspapers, cotton wool, cloths or literally anything that can do the job.
- Most girls from poor, rural communities do not use anything at all.
- Many of the girls from poor families cannot afford to buy sanitary pads.
- In prison, on many occasions, women's basic needs such as commodities for ensuring menstrual hygiene (sanitary napkins, clean sanitary cloths) are often not met.
- Women in prison are normally left at the mercy of charity organisations and religious people who normally visit them in prisons to donate goodies
- Because menstruation is largely a private act, the social damage is hidden and never makes the news headlines.
- Also, there are cultural and social attitudes that render discussion of menstruation almost impossible.

The intervention:

- Under RWA, HEWASA is implementing an integrated safe water development, sanitation and hygiene improvement project
- In Kicwamba Sub County in Kabarole district and Butiiti Sub county in Kyenjojo district.



- SNV in 2011 organised a Training of Trainers (TOT) on RUMPS for all its partners.
- HEWASA was one of the organisations that benefited.
- HEWASA has since adopted this innovation
- Thus promoting RUMPS in 26 target schools of Kasese and Kyenjojo districts under the School WASH Community Empowerment Program (CEP).
- The theory involved the definition of menstruation
- Discussion on the cultural taboos and beliefs about menstruation
- The management of menstruation
- Challenges faced by female sex during menstruation
- The materials used to make RUMPS were discussed as well
- Women were trained on how to make RUMPs using material provided;
- These included, old bed sheets, towels, a pair of scissors, thread and needle.
- In Katojo Prison, two training session were organised for 45 female inmates.



- The first training involved taking the women through the theoretical aspects of menstrual Hygiene management.
- The second session focused mainly on practically sewing the reusable pads as well as getting feedback from inmates regarding the approach.

Achievements

- The trained schools now have emergency Resusable Menstrual pads in

stock which are being used by adolescent girls.

- This has greatly improved on the menstrual Hygiene management in schools.
- The women group has expressed interest in starting up a business of selling RUMPS within their local area.
- Reusable pads have provided a sustainable alternative to menstrual hygiene management in Katojo prison.
- Recent reports from the leaders of the inmates have shown that the inmates have suggested to the charity organisations
- That instead of providing them with industrial/factory made pads,
- They provide them with materials such as cloths, towels and thread in order that they could make reusable menstrual pads on their own.

Key Drivers

- The TOT given by SNV to HEWASA
- Transfer of knowledge to Kicwamba Quick Servers who are willing to train other women and girls in the community
- Kicwamba Quick Servers members self practice of making RUMPs at home after the training
- HEWASA facilitated Kicwamba Quick Servers with transport and materials for outreach activities to schools and the prison
- The willingness of inmates and school girls to learn how to make RUMPs
- The demand for a more sustainable alternative for menstrual management

Lessons to share

- Resuable pads are a sustainable alternative since their made by the women/girls
- The use of available materials (cloth, towels) makes resuable pads cost effective
- Women's group can be essential in scaling up menstrual hygiene management once trained
- Provision of materials to disadvantaged groups (inmates) empowers them to make their own menstrual management materials



PILLAR IV: FINANCE

Finance underlies every item that wields the capacity to command a cost. Price and cost are part and parcel MHM. The conference reviews issues of affordability, price and private public partnerships in menstrual hygiene management.

Innovative Income Generation for sustainable MHM in Rural Schools

By Gashaw Semeneh Hailemariam

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Abstract

To manage menstruation hygienically and with dignity, it is essential that women and girls have access to water and sanitation. They need somewhere private to change sanitary cloths or pads; clean water and soap for washing their hands, bodies and cloths; and facilities such as VIP latrines and washing rooms. Additional, these latrines should have a waste disposal or an incinerator for safe disposal of used materials or a clean place to dry them (House, S., Mahon, T., & Cavill, S. 2012). Without these facilities at a school, adolescent girls face increased risk to various health issues along with potential embarrassment and humiliation that can often prevent them from attending school. Menstrual Hygiene Management (MHM) is generally neglected in Ethiopia as it is considered to be a women-only issue that is rather shameful amongst society and involves a decision making process that is highly dominated by men who may not have a good understanding of the gravity of the problem.

In recognition of the challenges adolescent school girls face during menstruation and the consequent impact on both school enrollment and attendance, COWDO (Rural Community Water Development Organization) with its partner WaterCan, has implemented a school WASH project in Miskan and Silti districts in southern Ethiopia. Gender sensitive and disability-inclusive water and sanitation facilities have been constructed in each school. Additionally, awareness raising and the capacity building of school girl clubs,



female teachers, school management committees, school head masters and parents has resulted in innovation and the promotion of culturally acceptable income generation mechanisms for providing sanitary pads and underwear for adolescent school girls to ensure effective and sustainable solutions to MHM. As a result more than 1100 adolescent girls in seven schools of the rural district of Miskan in southern Ethiopia have benefited from the project and adolescent girls' absenteeism has declined in all the seven schools as reported by school principals. For example, one school, Bonke Sonke Primary School, reported that 75% of the adolescent female students' absenteeism decreased after the intervention of the project.

Introduction

In Ethiopia, like in many parts of the developing world, menstrual hygiene management is one of the critical challenges adolescent girls face while they are in school. This is largely due to a lack of facilities as well as poor management of the existing facilities. According to a Ministry of Education 2008 report, drop-out rates of girls increase as they progress to higher grade levels despite increasing enrollment at all levels of education. According to the report, girls' rates of completion at grade 5 were 56% while it dropped down to 33% when they reached grade 8 (WaSH Ethiopia Movement, 2012). A baseline survey conducted by SNV (2009) in 4 districts in southern Ethiopia revealed that the school environment is not conducive to effective MHM, as 90% of the schools lack water supply, separate toilet for boys and girls and the existing toilets lack privacy. In a study conducted by TCECA 2012 (Tiret Community Empowerment for Change Association) at one high school and two elementary schools in South Gondor Zone, Amhara region in 2012, which included 180 selected students from grade 5 to grade 10, approximately 67% of the respondents confirmed that it is expensive to buy disposable sanitary pads (WaSH Ethiopia Movement, 2012). The majority of the respondents in the study (78.3%) kept their reusable sanitary pads in hidden and unclean places. As a result, 38% reported to having missed one to five days of class per month due to menstruation. This tragic situation is also reflected in Miskan and Silti districts of southern Ethiopia. Baseline surveys and focus group discussions made with adolescent school girls were conducted in seven schools of Miskan district schools, prior to the commencement of the project, to assess the need and the actual situation in each of the schools.

During the focus group discussions with adolescent school girls, the following problems were identified and discussed:

- Girls learned about feminine hygiene from peers and sometimes from older sisters and mothers. Many experienced their first period on their own without prior information about the onset and nature of menstruation. Furthermore, they were surprised or panicked by their first menstruation.



- Some girls described not wanting to go to school when menstruating because they felt they could not fully participate in school activities.
- Girls stated that school latrines have poor hygienic conditions and often no privacy due to the absence of doors, and in some schools even absence of walls. Teachers and girls also confirmed that there are no hand-washing facilities at the schools.
- While participants said they looked forward to the opportunity to use sanitary pads, they also expressed concern about sustained usage due to cost.

Methodology

The initiative to develop a school-based income generation mechanism for purchasing sanitary pads for school girls began after an inquiry between COWDO and seven rural primary school principals, adolescent school girls, school management committees and female school health teachers, in Meskan district southern Ethiopia in early 2013.

The discussion was mainly focused on understanding why some schools have failed to significantly decrease girls' absenteeism even though the following activities are done:

1. Gender sensitive and disability-inclusive water and sanitation facilities were constructed in the school compounds.
2. Training in hygiene and sanitation education was conducted.
3. Training was given to school management committees concerning operation and maintenance of WASH facilities to ensure sustainability.
4. MHM training was offered including topics such as taking a shower or a bath during menstruation, introducing sanitary pads and how they work, hygiene behaviour during menstruation, disposal of pads in schools and at a household level, frequency of changing pads.

The inquiry identified that a key issue is the lack of availability of sanitary pads in schools, due to the high cost that makes them unaffordable for the majority of parents of the adolescent girls. (House, S., Mahon, T., & Cavill, S. (2012). As a result many school girls could not or choose not to attend schools during menstruation. All the stakeholders responded by prioritizing this issue, along with the broader issue of WASH in schools. To this end, a core team comprising of female school health teachers, school directors, adolescent girls, was established at a school level and facilitated by COWDO to develop sustainable income-generating mechanisms to provide sanitary pads and underwear to the needy adolescent school girls.



The major activities of the initiative were:

1. Community dialogues and community spaces were created where mothers, teachers, community leaders, and girls could come together to talk about puberty and menstruation in order to begin breaking down taboos that prevented discussion of these issues. The conversations helped families and teachers begin to understand the challenges that adolescent girls face in school when they are menstruating, and together they are now finding ways to make communities and schools more girl-friendly.
2. School girls' club members started preparing and selling roasted chick peas, tea and homemade cookies at school break times for the entire school community.
3. The school girls prepare and sell handicrafts such as table cloths and food covering cloths made locally from yarn during annual and biannual school festivals.
4. School girls were introduced to all the menstrual hygiene products available to them at school including underwear and sanitary pad products. By using net profit from sales the club purchased underwear and sanitary pads and distributed these to the girls who cannot afford them when necessary.

Achieved Results and Lessons Learned

The successful results of the trial have encouraged COWDO to facilitate similar discussions and activities in all rural primary schools in Miskan and Silti districts where COWDO is now operating.

To date, the initiative has been implemented in seven primary schools in Miskan district. In these schools significant changes have been made, including:

1. Construction of gender sensitive and disability inclusive WASH facilities,
2. Inclusion of a separate washing room for girls in the design of latrine blocks
3. Provision of MHM trainings for adolescent girls
4. Sanitary pads and underwear are now available for free to those who cannot afford them.

These schools are emerging learning sites for schools in adjacent districts and many more schools are showing interest in implementing the initiative.



In addition to the newly constructed WASH facilities including MHM facilities, 1140 adolescent school girls have now gained access to sanitary pads and underwear in seven rural primary schools.

Recommendations and Conclusion:

A key lesson from this initiative is that local solutions can emerge for practical problems if various capabilities are linked together and local capacity and students' creativity is fully utilised.

Market linkages between private sector actors such as local producers of reusable sanitary pads and the school girl clubs may make the project more sustainable and also a means for income generation and improved livelihood for the local people.

From this specific case study one can recommend that alternative and affordable reusable sanitary pads should be locally produced and made available by involving women cooperatives and providing training in the production and distribution of low- cost, reusable sanitary pads. It also recommended incorporating the issue in reproductive health education and WASH interventions in schools, communities and other institutions, instead of developing a separate program to deal with the problem.

References:

House, S., Mahon, T., & Cavill, S. (2012). Menstrual hygiene matters; A resource for improving menstrual hygiene around the world, Section 5.2.4, 124. Retrieved from http://www.Wateraid.org/~media/Files/Global/MHM%20files/Module5_LR.pdf

Tsegaye, Z., Tamiru, S., Kitaba, A., & Getachew, F. (2011). Towards a Local Solution for Menstrual Hygiene Management in Schools. SNV Netherlands Development Organisation Case Studies 2011. Retrieved from: http://www.snvworld.org/download/publications/towards_a_local_solution_to_menstrual_hygiene_in_schools.pdf, 1-2.

Sommer, M., Vasquez, E., Worthington, N., & Sahin, M. (2013). WASH in Schools Empowers Girls' Education: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012, United Nations Children's Fund and Columbia University, New York, 27.

WaSH Ethiopia Movement, Menstrual Hygiene Management in the Spotlight. (2012). Ministry of Education Report and Tired Community Empowerment for Change Association Case Study. Retrieved from:

http://www.washethiopiainovement.com/index.php?option=com_content&view=article&id=72%3Amenstrual-hygiene-management-in-the-spot-light&catid=5%3Anews-and-updates&Itemid=6&lang=en



Beyond the Menstrual Pad – WaterAid Uganda

Maisarah Islamic Primary School, located in the slums of Kampala city, is an inspiring example of the benefits that MHM can bring. The school has developed a strong system of support and care for adolescent girls. In particular, there are two women – a senior teacher and a girl’s matron - who provide help and assistance whenever the young girls experience any issues relating to their sexuality. This means that, girls no longer have to miss classes due to a lack of MHM knowledge and facilities.

With support from WaterAid the school is able to manage menstrual hygiene with a clean washroom, sufficient water and a resource of pain killers often given by the senior woman who also counsels the girls.



WaterAid supported the construction of the rain harvesting water tank that provides safe water to schools girls for cleaning themselves.



Boys and girls have separate toilet facilities



The bathrooms also have places to hang panties to dry in the sun after washing



The bathrooms also have places to hang panties to dry in the sun after washing.



Left: Sania Nzamukosha, getting pain killers from her matron Madina Namugenyi. The matron is one of the new generation of women in Ugandan schools, empowering girls in primary schools overcome the myths and taboos that hover around menstrual hygiene management . Photos: WaterAid/ James Kiyimba



Local Solutions to Menstrual Hygiene Management

INTRODUCTION

Menstruation is a natural part of the physiology of the female reproductive system. Each month, the conclusion of menstruation, through the period, reminds a woman that her reproductive system is functioning exactly as it should. When fertilization has not taken place, hormone levels change and the lining of the uterus sheds. This also serves as a natural cleansing mechanism for the uterus and vagina, as bacteria is discharged along with the period.²⁷

However, despite these many positive attributes, the menstrual period continues to create major challenges for women across the world and across Uganda. Embarrassment over the unanticipated arrival of one's period is an experience many women and girls are familiar with. Dealing with stains and disposal of soiled clothing or cloths is a regular struggle for many.

Days for Girls Uganda (DfGU), operating with the larger Days for Girls International network, strives to empower women and girls by providing access to menstrual health management options and reproductive health education. DfGU is a grassroots non-profit organization creating a more dignified, humane and sustainable world for girls through advocacy, reproductive health awareness, education and sustainable feminine hygiene because no girl should go without. Women should have access to knowledge and resources in their own communities to help foster a positive relationship with their own bodies and menstrual cycles.

PROBLEM STATEMENT

Menstrual hygiene management is not something that many people spend much time thinking about. Yet, many girls and women are faced with challenges every single month when they get their period and have nothing to use! Proper menstrual hygiene management is being impeded by a lack of access to capital for purchasing pads, a lack of knowledge about reproductive health and the menstrual cycle, and finally by a culture of silence and shame surrounding menstruation.

²⁷ Menstrual Cycle: What's Normal, What's Not. *Mayo Clinic*. <http://www.mayoclinic.org/healthy-living/womens-health/in-depth/menstrual-cycle/art-20047186> (Accessed July 25th, 2014)



Lack of Access to Funds for Purchasing Pads

In Uganda, many girls and women do not consistently have access to menstrual hygiene management options such as pads.²⁸ Often this is due to lack of funds, as women are forced to choose between purchasing food and essential household items over purchasing pads. Because of this, many girls are forced to stay home from school during their period or search for unsanitary items to use in lieu of pads.

For middle and upper income women, the greatest challenges for menstruation are probably the amount of trash produced through the use of disposable items every month.²⁹ Yet for low-income women, the struggle is finding money to purchase pads in the first place. So while reusable pads (and reusable menstrual cups) are important options for women of all income brackets to help reduce the amount of trash produced around the world, the most pressing needs at the moment are those of the very low-income women and girls who do not have access to these items at all.

Charity and subsidized pads will not be good enough, as the need is too great and will be with us forever. Periods are not a problem to be solved, but rather a natural process to be managed by each woman.

Lack of Reproductive and Menstrual Health Knowledge

Understanding reproductive health is important at all ages. Young girls must be helped to understand what is happening to their bodies when they enter the first stages of puberty, and still they must be supported as they enter their 20s and 30s and begin planning for their first pregnancies. Finally, mature women should be given greater knowledge about what is happening to their bodies as they transition out of their child-bearing years and into menopause. This knowledge gives girls and women the opportunities to make decisions about their health, plan their families, and choose the menstrual hygiene option that works best for them.

All women are different and thus a one size fits all solution will never work. Disposable pads might be preferable for some women, while reusable menstrual cups are better for another. Similarly, some women might prefer oral contraceptives for family planning while other women choose to plan (or prevent) pregnancies by carefully monitoring their cycle each month. In order to make these decisions, women must have knowledge and clear communication strategies to be able to talk to each other and their health care providers.

²⁸ Interview from Kisiki College, Namutumba, Uganda during program led by Days for Girls Uganda. Interview conducted June, 2014.

²⁹ Bharadwaj S, Patkar A. Menstrual Hygiene and Management in Developing Countries: Taking Stock. Junction Social, Social Development Consultants. Mumbai, India. (November 2004): page 6.



Culture of Silence

The single biggest problem facing menstrual hygiene management efforts in Uganda is a culture of shyness, silence and at times, even shame, regarding menstruation.³⁰ If teachers, community leaders, and parents are afraid to discuss menstruation with their children, then these children will be forced to seek knowledge elsewhere, often from sources that are unreliable or inaccurate. This information will then affect the decisions they are making regarding their bodies and their health.

LOCAL SOLUTIONS

These problems are not insurmountable challenges. They simply require targeted, sustainable, and locally oriented solutions. Days for Girls Uganda uses a three-pronged approach to promote local and sustainable options for menstrual hygiene management. Through *education, connection to local resources and capital, and building skills and networks*, women are able manage their menstrual health with long-term solutions.

Education and Awareness

DfGU is committed to building strong bases of reproductive health knowledge within communities. These trainings are tailored to meet the needs of school groups, community centers, women's cooperatives and other specific groups. Yet the training always contains the same basic information that is relevant to people of all ages: anatomy, stages of development (from puberty through menopause), sexually transmitted diseases and HIV, self-defense, and culture and communication. Understanding the intricate workings of reproductive health anatomy and physiology, along with the cultural context in which its being discussed will help women and girls to manage their menstrual health while also clearly identifying and preventing other health issues.

For example, many women do not realize that menstruation is part of a larger cycle that occurs continuously throughout each month, but instead they think that menstruation is only the 3 – 5 days during which the period takes place.³¹ When they have a clear understanding of the full menstrual cycle, they can even use that to supplement their family planning methods by identifying which times during the month they are most likely to get pregnant and which times they are least likely to get pregnant.

³⁰ McMaster J, Cormie K, Pitts M. Menstrual and premenstrual experiences of women in a developing country. *Health Care for Women International*, Vol. 18, No. 6 (1997): page 534

³¹ Interview from Musaaale Community Centre, Buwagogo, Uganda. Interview conducted July 29th, 2014.



Building this knowledge within communities also helps women to guide their children through puberty by giving them the tools to discuss such sensitive issues. While information on menstruation is available through advertisements, peers, and local shops selling pads and the like, many young women will look to their sisters and mothers for clear guidance on how to manage menstruation. Thus it is important to give mothers and grandmothers the information they need to help their children make decisions related to menstruation and reproductive health.

Many young women are aware that pads are used to manage menstruation, yet they lack knowledge of what other options are available and what the health impact might be. Wearing pads for a long period of time can contribute to the development of yeast infections and vaginitis, which can lead to even more serious health consequences if left untreated. Women and girls must be empowered with this knowledge at a young age in order to adequately manage their health. Still other girls do not have access to pads at all and must use other options, such as cloths found around the house, toilet paper, cornhusks or feathers.³² These options are usually uncomfortable, and even more importantly, unsanitary.

Building Skills and Networks

Once women and girls are empowered with knowledge about their bodies and their health, they need to be able to implement their own solutions that they can use year after year. It's not enough to be provided with a reusable pad once, and then find you are lacking a clear solution one year later. It's also not enough to be given disposal pads for a period of time as this is not a sustainable solution for the entire lifetime of a woman. Women will continue to menstruate from the age of approximately 12 up to 45.³³ That's approximately 33 years that a woman must manage her menstruation. Thus, she should be able to use a solution that will work for decades in her own local community and that will not leave her dependent on assistance from outsiders.

To kick start women on this path of self-reliance, DfGU trains women to make their own reusable menstrual pads as well as liquid and bar soap. Once they have mastered these skills, they are then empowered with business skills so that they can make and *sell* these products to other women in their communities. This income can stand alone, or can supplement another income, depending on what scale the women choose to operate on.

³² Interview from Kawempe, Kampala, Uganda. Interview conducted June 2014.

³³ Menstruation and the menstrual cycle fact sheet. *Office on Women's Health, U.S. Department of Health and Human Services*. <http://www.womenshealth.gov/publications/our-publications/fact-sheet/menstruation.html> (Accessed July 26th, 2014)



Being trained by DfGU also connects these smaller groups to each other, and to the larger DfGU network. Thus the girls and women that we train have access to people around the country and the world who are interested in sharing their skills and knowledge with our partners here in Uganda.

Connection to Local Resources and Capital

Through the skills trainings, women are given a small amount of start-up materials to get their businesses going, and then they are provided access to the supply-chain through DfGU. Women are free to search for the materials needed in their own communities, but they have access to DfGU's supply-chain when necessary. All of the materials are available within Uganda and thus support local businesses, contributing to a more vibrant and self-sustaining local economy.

It is critical to utilize the resources available in Uganda and end the cycle of reliance on imported goods. By supporting local suppliers with our business, we are helping to create a culture of local purchasing, which will help our women to promote their products as well.

CONCLUSION

While Uganda is facing some serious challenges in promoting access to resources and education surrounding menstrual health, there are also huge opportunities. Many of the women we have worked with here in Uganda are already championing local, sustainable solutions to menstrual hygiene management.

These women are purchasing local materials to make and sell reusable menstrual pads and soap in their communities. These women are leading constructive and productive dialogues with their daughters about reproductive and menstrual health. These women are the key to changing the landscape of menstrual hygiene management in Uganda. They are creating locally made reusable pads and washing soap, while also contributing to their local economies and helping to save the environment through reducing waste generated from disposable items.

REFERENCES

Bharadwaj S, Patkar A. Menstrual Hygiene and Management in Developing Countries: Taking Stock. Junction Social, Social Development Consultants. Mumbai, India. (November 2004)

McMaster J, Cormie K, Pitts M. Menstrual and premenstrual experiences of women in a developing country. *Health Care for Women International*, Vol. 18, No. 6 (1997)

Menstrual Cycle: What's Normal, What's Not. *Mayo Clinic*. <http://www.mayoclinic.org/healthy-living/womens-health/in-depth/menstrual-cycle/art-20047186> (Accessed July 25th, 2014)

Menstruation and the menstrual cycle fact sheet. *Office on Women's Health, U.S. Department of Health and Human Services*. <http://www.womenshealth.gov/publications/our-publications/fact-sheet/menstruation.html> (Accessed July 26th, 2014)

Interview from Kawempe, Kampala, Uganda. Interview conducted June 2014.

Interview from Kisiiki College, Namutumba, Uganda during program led by Days for Girls Uganda. Interview conducted June, 2014.

Interview from Musale Community Centre, Buwagogo, Uganda. Interview conducted July 29th, 2014



For Her Dignity – A Passionate Call Global campaign to eradicate the lack of affordable and accessible menstrual protection.

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Abstract:

For Her Dignity. No one debates that menstrual solutions must be found. There is no silver bullet of perfection when it comes to reusable clean cloth or disposable solutions. Both can be used effectively with education and proper care. There are environmental and financial constraints that may make one more desirable than the other in certain contexts. Improper use, unhygienic practices or alternatives can lead to negative impacts such as skin irritations, infection, school or work absences. Bridging across the deep chasm between the desperate need for and access to effective solutions can seem overwhelming and daunting.

The fact of the matter is that in East Africa alone, there are over 45 million girls and women whose destinies lie in the balance, globally almost 1 billion.

Now is the time to collaborate.

Against all odds smallpox was eradicated from the earth within a decade of a global collaborative effort. What can we learn from this achievement to change the game on menstruation? Affordable solutions are within our grasp that are scalable, sustainable and bridge multi-stakeholder initiatives, projects and programs.

For Her Dignity. No one debates that menstrual solutions must be found. There is no silver bullet of perfection when it comes to reusable clean cloth or disposable solutions. Both can be used effectively with education and proper care. There are environmental and financial constraints that may make one more desirable than the other in certain contexts. Improper use, unhygienic practices or alternatives can lead to negative impacts such as skin irritations, infection, school or work absences. Bridging across the deep chasm between the desperate need for and access to effective solutions can seem overwhelming and daunting.

The fact of the matter is that in East Africa alone, there are 46 million girls and women whose destinies lie in the balance, globally almost 1 billion.



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Against all odds smallpox was eradicated from the earth within a decade of a global collaborative effort. What can we learn from this achievement to change the game on menstruation? Affordable solutions are within our grasp that are scalable, sustainable and bridge multi-stakeholder initiatives, projects and programs.

Remembering Goliath – aka Smallpox:

Smallpox was a contagious and deadly disease, causing the deaths of 20–60% of infected adults and over 80% of infected children (Riedel, 2005). Effective preventative measures were discovered in 1796, but it would take 163 years before a global campaign to eradicate this devastating disease was launched. When smallpox was finally eradicated in 1979, it had already killed an estimated 300–500 million people, (Koplow, 2003) in the 20th century.

What was the world up against to eradicate smallpox?

In describing the World Health Organization's Global Smallpox Eradication Program, Dr. D.A. Henderson reflected, "Many people don't realize really how few people, international staff, or how little money was really put into this from the WHO budget ... But what we had was a band of people who believed in what they were doing, who were really dedicated, really imaginative, and who worked day and night. They were at great risk of their lives at times. The sacrifices were tremendous".

With international collaboration involving over 30 countries, multiple organizations and the participation of thousands of health workers and volunteers. Innovation and technological advances were critical to the campaign's success, taking less than ten years to make this goal a reality to eradicate smallpox from the planet.

In a similar path, great steps of impact can be made to offer girls and women dignity and freedom of movement during their menses.

What is needed for MHM success?

Low cost menstrual hygiene products and related essentials such as underwear need to be readily available and ridiculously inexpensive so that consumers who live on \$2/day can afford it. In some places the greatest commercial competitor is nothing. Ladies sit on the sand or grass mat throughout menses, girls endure severe skin irritations from attempting to use



unhygienic alternatives ranging from dry cow dung and chicken feathers, to corn husks and mattress stuffing or old blanket rags.

Effective sanitation marketing that creates a MHM demand, versus just “handing out” a limited solution to a select few will change communities. It is not sufficient to direct this marketing focus to just girls and women, but everyone including boys and men must understand the positive immediate benefits and long-lasting impacts such as increased productivity during menses, yielding greater returns or resources for the entire family unit.

Mobilizing effective trainer of trainers programs that deliver MHM education utilizing methods that stick with and are relevant to the audience are essential for impact. Effectiveness is not necessarily expensive, but must be looked through the lense of viral multiplication.

There is a shift that is developing between public and private sectors of a more integrated approach. For example on May 28th, 2014, the governor of Tharaka Nithi, invited all Kenya MHM players (big or small) to come together to break the silence of menstruation with a large celebration. Utilizing the powerful medium of theatre, topics covering menstrual myths and taboos, and effective menstrual solutions were addressed to a large gathered crowd of over 5000.

Momentum is beginning to form as people in general talk about menstruation. With ignorance or lack of knowledge removed, greater informed choice and action follow.

How can this collaboration be concretely carried out?

Let us use the May 28th event in Tharaka Nithi as our starting point and canvas of future possibilities.

- County government recognized that something needed to be done.
- Event organized by Governor and all parties within the MHM space invited to participate.
- Utilization of developed MH messaging tools were shared and adapted.
 - o WSSCC's 'Pledge for Girls and Women' recited
 - o Transformation Textiles' "Break the Silence - A MHM Play" performed
 - o Multiple manufacturers and distributors of MH products offered proper care instructions and gave some samples for girls to make future choices easier that can be tailored to their individual needs.

- All participants had the opportunity to make a 28 beaded bracelet representing the menstrual cycle, and wore it with pride.
- All participants were given a 2014 pocket calendar that could be used to track their cycles and had the “Pledge for Girls and Women” printed on the back in English, Kiswahili and Ki-Tharaka (the local tribal language).
- MH partners gathered afterwards and recognized how we can be stronger together and are developing open source resources that meet the requirements of Ministry of Health and Ministry of Education.
- Encouraged by this MH partnership, the national government through the Ministry of Health and Ministry of Education involved all the MH partners to collaborate and develop with the Hygiene Promotion Technical Working Group a national MHM Curriculum that national government will endorse when complete.

What can the future look like?

Using Tharaka Nithi as a destination post card, may it give inspiring innovative thoughts as to what could be adapted to a targeted community.

- Transformation Textiles (and/or other MH partners) bring the “Traveling MH Roadshow” to a community like Tharaka Nithi.
- Individual schools are visited with an exciting invitation to experience the “Break the Silence Event” - (games, skits and activities geared to deliver innovative and effective messages of MH content) to the community.
- The girls in the targeted classes are given a special “Golden Ticket” to enter the “Break the Silence” MH Tent, a sacred, safe and private place where girls and women in small groups can learn, ask questions and where myths and taboos are demystified. Each participant makes her own special MH bracelet of 28 beads and the “Break the Silence” pledge is solemnly recited to complete the special ceremony.
- The “Golden Ticket” would also entitle the girl to choose from subsidized MH solutions (as allocated budgets allow). These MH products would also be available for purchase to all who attend the event (non-subsidized).
- Multiple options range from \$1/month disposables to \$6/Total ‘3 year’ reusable solution. For example, Transformation Textiles range of products include:



- high quality underwear and re-usable leak-proof shields (3 yr durability), compatible to secure all types of MH products
 - soft absorbent “Clean Cloth” liners (3 yr durability)
 - 100% bio-degradable pads that are compatible with bio-gas waste projects
 - disposable winged pad
 - brightly colored wash buckets and soap
 - instructions on how to make liners from clean cloths, compatible with the Transformation Textiles reusable leak-proof shields
- The “Golden Ticket”, can track insightful data points such as: school attended, purchasing behavior, and serve as a future follow-up reference point, for school attendance and continued product use. The Nia Network (mobile phone app of Zana Africa) has the potential to track this information.
 - Many men and boys will also want to have a part in feeling special, so sessions tailored to males will be convened where they too learn about how they can support menstruation, the benefits the entire family will achieve by investing in protecting the dignity of girls and women.
 - Through these multi-touch points, the “Traveling MH Roadshow” breaks the silence on what was a taboo subject of menstruation, getting the community involved at finding suitable solutions.
 - Specific Sanitation Marketing needs to be tailored to each gender.
 - o As men, the typical primary purchasers of goods
 - o As women and girls, the actual users
 - By getting their unique gender buy-in and support, product demand will increase where unhygienic alternatives may previously have reigned as the status quo.
 - When a community or individual has options, they feel empowered to make the best decision that is right for them, their perceived needs and aspirational desires.
 - With the generated demand, created by sanitation marketing MH products can remain available for purchase long after the event, with community members having the opportunity to set up wholesale accounts with the MH partner who organized the “Travelling Road Show”.

By governmental leadership collaborating with NGO's and private sector MH business; entire school districts, communities and individuals will be given the effective tools of MH transformation as well as continued sales opportunities for local business.

The mega data accumulated by utilizing the Nia Network mobile app, details such as schools covered, which girls utilized their Golden Ticket and with what product, will help those allocating budgets to make greater informed decisions and stronger pro-girl policies.

The compounding measure of impact, with effective trainer of trainers programs, allows for a multiplying effect of additional "Travelling MH Road Shows". Profits from sales allow for further scale and expansion of the sanitation marketing approach, as well as increase revenues for local businesses.

To all the heroes that eradicated smallpox, thank you for inspiring us to do the same with eliminating fear, shame and harmful MH practices. Thank you that amongst all the challenges faced, you were relentless. The principles of collaboration from all partners, solid coordination and adaptability as national and county programs were implemented; and ongoing research to evaluate progress; are vital historic reminders that the seemingly impossible is possible as we attempt to shorten the gap in offering dignity to all girls and women.

References:

Riedel S (2005). "Edward Jenner and the history of smallpox and vaccination". Proc (Bayl Univ Med Cent)18 (1): 21–5. PMC 1200696. PMID 16200144.

Koplow, David A. (2003). Smallpox: the fight to eradicate a global scourge. Berkeley: University of California Press. ISBN 0-520-24220-3.

http://apps.nlm.nih.gov/againsttheodds/exhibit/video_transcripts.cfm#henderson



PROGRAM FOR THE FIRST NATIONAL MENSTRUAL MANAGEMENT CONFERENCE, AUGUST 14 -15, 2014 AT HOTEL AFRICANA, KAMPALA, UGANDA.



THEME: “BREAK THE SILENCE ON MENSTRUATION; KEEP GIRLS IN SCHOOL”

Date/Time	Activity	Methodology	Person Responsible	Chair
DAY 1: AUGUST 14				
8:00 – 8:30am	Arrival /Registration		NETWAS (U)	
9:35 - 9.50 am	Welcome Remarks		National Sanitation Working Group, Eng. Sam Mutono (WSP)	Hon. Amongin Jacqueline Parliamentary WASH Forum
8:30 – 9.00am	Conference Objectives	Presentation	NETWAS (U)	
9.00 -9.30 am	Sharing Life experiences	Presentation	GEM/AMREF/Plan (U)	
Official Opening				



Date/Time	Activity	Methodology	Person Responsible	Chair
9:30 – 10:00am	Remarks by <i>UNICEF Country Representative</i>		UNICEF Country Representative	
10:00 – 10:30pm	Keynote Address by <i>Minister of Education & Sports</i> on Government Interventions and Strategies on Menstrual Hygiene Management in Schools		Minister of Education & Sports	
10:30 – 11:00am	<p><i>Minister of Health</i></p> <ul style="list-style-type: none"> delivers Speech officially opens the Conference launches The Menstruation Reader & tours the Exhibitions & Menstrual Dialogue Tent 		Minister of Health	
11:00 -11:30am	Tea Break	Menstrual dialogue Tent		
11:30 – 12:00am	MHM in the global context	Poster presentations Presentation & Discussion	Elizabeth Wamera, WSSCC, Vienna	Margaret Kasiko, Gender Advisor, MOES
12:00 – 12:30pm	Sharing the Indian experience and success story			
12.30 -1.00 pm	SNV/IRC MHM Study Report		Marielle Snel	
1.00pm -2:00 pm	Lunch Break	Menstrual dialogue Tent Poster presentations		



Date/Time	Activity	Methodology	Person Responsible	Chair
2:00pm- 4:00pm	Parallel Sessions 1 : Institutional, Policy and Legal Frameworks			NETWAS (U)
	Break Out Session 1 Theme: Policy and legal framework on menstrual management	Presentations & Discussion	Water Aid NETWAS	Eng Njoroge/ NETWAS International
	Break Out Session 2 Theme: Menstrual Management in Schools & Other Institutions	Presentations & Discussion	KIU Plan Uganda KEMRI Days of the Girl WSUP Global Sanitation Environmental Project Cheshire Foundation Addis Build Africa I-Care NETWAS (U)	Julian Kyomuhangi, Assistant Commissioner, Environmental Health, Ministry of Health
4:00 – 4:30pm	Working Tea Break	Menstrual Dialogue Tent		
4:30 – 5:00pm	Day 1 Conference Wrap Up	Poster presentations		



DAY II: AUGUST 15			
8:00- 8:30am	Arrival/Registration	NETWAS	David Mukama, Sanitation Coordinator, MWE
8:30 – 8:50am	Day I Conference Recap	Presentation	Lead Rapporteur
8:50 – 10:00am	Advocacy bits on MHM	Presentation & Discussion	Linda
10:00 – 10:30am	Gender Dimensions in Menstrual Management	Presentation & Discussion	Maggie Kyomukama, MGLSD
10:30 – 11:00am	Break Tea	Menstrual Dialogue Tent	
11:50 – 1:00pm	Parallel Sessions: Technology & Finance	Poster presentations	
	Break Out Session I: Technology (<i>Local Solutions for MHM</i>)	Makapads Afripads HEWASA	Jane Nabunnya/ IRC
	Break Out Session II: Finance (<i>Placing a Price tag to MHM</i>)	SNV/B-Space COWDO Days of the Girl Transformation Textile & Zana Africa	Build Africa
1:00 – 2:00pm	Lunch Break		



2:00 – 2:30pm	Presentation on the Parliamentary Motion on Solutions to Menstrual Hygiene Management	Presentation & Discussion	Hon. Amongin Jacqueline	Dr Hitimana Lukanika
2:30 – 3:00pm	Participants Post Menstrual Hygiene Commitments according to Pillars Preview of commitments	Parking lot World Café	NETWAS (U) IRC	
	Advocacy Bits	Video presentations/ Poem	AMREF; FAWE; SNV	
3:30 – 4:00pm	Presentation of Conference Recommendations	Presentation	NETWAS (U)	
4:00 – 4:30pm	Conference Closure by Hon. Minister of Gender, Labour and Social Development		Minister of Gender, Labour & Social Development	
5:00pm	<i>Refreshments</i>		Hotel Africana	
Departure at leisure				

