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MENSTRUAL HYGIENE MANAGEMENT REPORT

Windle International Uganda
Education Transforms Society

UNHCR
The UN Refugee Agency

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EXECUTIVE SUMMARY

Introduction

Researchers have identified associations with transactional sex in exchange for sanitary pads, increased vulnerability to pregnancy or child marriage, with subsequent school dropout or expulsion; and bullying or teasing about menstruation by school boys. These gendered educational realities may lead to negative reproductive and psychosocial outcomes and diminished future economic opportunities. Windle International Uganda (WIU) conducted a mixed method study commissioned by UNHCR - examining the avenues to access to menstrual health care support for adolescent girls in schools in refugee and host communities.

Methods

This study employed qualitative and quantitative research methods to enable triangulation and generalization of findings.

Key findings

The findings in this report present the lived experience of primary school learners and their social networks in terms of access to Menstrual Hygiene Management (MHM) materials, capacity-building opportunities, key players in MHM, infrastructure and recommendations for change.

Recommendations

Presented in priorities of 5, this study shared the status, enablers, barriers, and actions for every stakeholder. These have priorities that ensure parents are at the center of MHM, schools having consistent training schedules, trainings following a universal manual following the learners' needs. Also, the study recommends that communities communications should be relatable to them and lastly commissioning of MHM WASH facilities must include learners because they are the end users.

Conclusions

Menstrual Hygiene Management (MHM) is now recognized globally, this has the ability to make or break education systems as per the study findings. Therefore, all key stakeholders should get involved to ensure challenges are addressed making the process comfortable for learners especially in primary school.

STUDY BACKGROUND

Over the last decade, evidence has accrued from around the world on the many barriers faced by school girls to safe, hygienic, and dignified menstruation. Challenges include limited or nonexistent information prior to menstrual onset; inadequate health education about menstruation and puberty; a lack of social support from teachers and peers for managing menses in school, and from families and insufficient access to water, sanitation, hygienic materials and disposal infrastructure. These barriers contribute to gender-discriminatory especially in physical school environments and pervasive menstruation-related stigma, enabling behavioral restrictions and feelings of shame, stress, and taboo. Menstruation-related barriers are also associated with girls' education. This includes, for example, difficulty participating and engaging in the classroom, and thus achieving their potential, along with missed hours or days of school, and anxiety around menstrual accidents. Researchers have also identified associations with transactional sex in exchange for sanitary pads, increased vulnerability to pregnancy or child marriage, with subsequent school dropout or expulsion; and bullying or teasing about menstruation by school boys. These gendered educational realities may lead to negative reproductive and psychosocial outcomes and diminished future economic opportunities. In turn, this may reinforce gender inequalities globally. Assuring the ability to manage menstruation safely and with dignity is essential to meeting the Sustainable Development Goals (SDGs) for gender equality, good health, quality education, sustainable water and sanitation for all; and related human rights. An essential aspect of addressing this issue is evidence-informed national-level policies, and the resources to support their implementation. It is with this background that Windle International Uganda (WIU) conducted a mixed method study commissioned by UNHCR - examining the avenues to access to menstrual health care support for adolescent girls in schools in refugee and host communities.

METHODS

This study employed qualitative and quantitative research methods to enable triangulation and generalization of findings. Here the quantitative arm of the study shared the numerical reality of MHM while the qualitative findings supplemented with the description, reasons and narratives for the numbers. A school survey was deployed to capture the experiences of the learners (girls and boys). Then Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), observation and photographs were used to capture information from partners, government officials, school administrations, and the school surrounding. The data were thematically analyzed and disseminated by Windle International Uganda (WIU) with support from UNHCR.

Study population:

The study reached 4 refugee settlements namely; a) Kyangwali, b) Rhino Camo, c) Nakivale and Oruchinga. These sites were selected for their uniqueness when it comes to MHM issues, adolescent girls' population and the MHM response/Interventions within these locations. The recommendations from these refugee settlements will be generalized to fit into the rest of the settlements given their homogeneous nature.

The MHM study data collect exercises targeted the following;

1. Pupils from the primary education section considering learners from the upper primaries (P4-P7);
2. Parents (refugees and host communities);
3. Teachers;
4. School Management/Governance structures (SMCs/PTAs/BoGs);
5. Community structures (VEC Member);
6. Partners (2 Education Partners);
7. District Education Officials (DEO);
8. UNHCR (Education Focal persons);
9. OPM (Settlement commandant/Education Focal Persons).
10. National level stakeholders (MoES)

The study reached 240 pupils through school surveys and 159 respondents through Focus Group Discussions (FGDs), Key Informant Interviews coupled with observation and photography. Tables 1 and 2 present a breakdown of respondents met per tool administered during the study activities.

Mapped Settlements, Enrollment, and Sampled Respondents			
Settlements	Supported, non-supported and outside the settlement primary schools		
	Schools	Sampled Schools	# of Respondents
Rhino-Camp	26	11	88
Nakivale	10	08	64
Oruchinga	04	04	39
Kyangwali	13	07	56
Totals	**87**	**30**	**247**

Qualitative participants per location

Qualitative Section (Key Participants)
Rhino Camp
1. 2 FGDs (teachers and SMCs) = 2 schools
2. 1 FGD with male learners that have participated in MHM material-making or training
3. KII (DEO, VEC Member, and HT)
4. KII (Education Partners, OPM, and UNHCR)
5. Observation and photography in all schools (MHM Facilities)
Kyangwali
1. FGDs (teachers and SMCs) = 2 schools
2. 1 FGD with male learners that have participated in MHM material-making or training
3. KII (DEO, VEC Member, and HT);
4. KII (Education Partners, OPM, and UNHCR;
5. Observation and photography in all schools (MHM Facilities)
Nakivale
1. 2 FGDs (teachers and SMCs) = 2 schools
2. 1 FGD with male learners that have participated in MHM material-making or training
3. KII (DEO, VEC Member, and HT)
4. KII (Education Partners, OPM, and UNHCR)
5. Observation and photography in all schools (MHM Facilities)
Oruchinga
1. 2 FGDs (teachers and SMCs) = 2 schools
2. 1 FGD with male learners that have participated in MHM-material making or training
3. KII (DEO, VEC Member, and HT)
4. KII (Education Partners, OPM, and UNHCR
5. Observation and photography in all schools (MHM Facilities)

Study Sampling:

For this, One School will be represented by 8 learners for each of the targeted locations. In determining this appropriate sampling size, there shall be a consideration of ±5 percent as the sampling error range. Considering this normal distribution, 95% risk levels, these shall be considered holding the sample values within the standard deviation of the true sampled learner populations.

This study holds fewer variables indicating a homogenous population with a smaller sample size for each location implying that each location will use a simple random sampling for the respondents (<=200 and fewer sampled respondents per each location) with prior consideration of elimination of bias, and sampling errors with the narrative of provision of data for all the respondents in the sampled population.

Qualitatively the study used purposive sampling and snowballing sampling strategy.

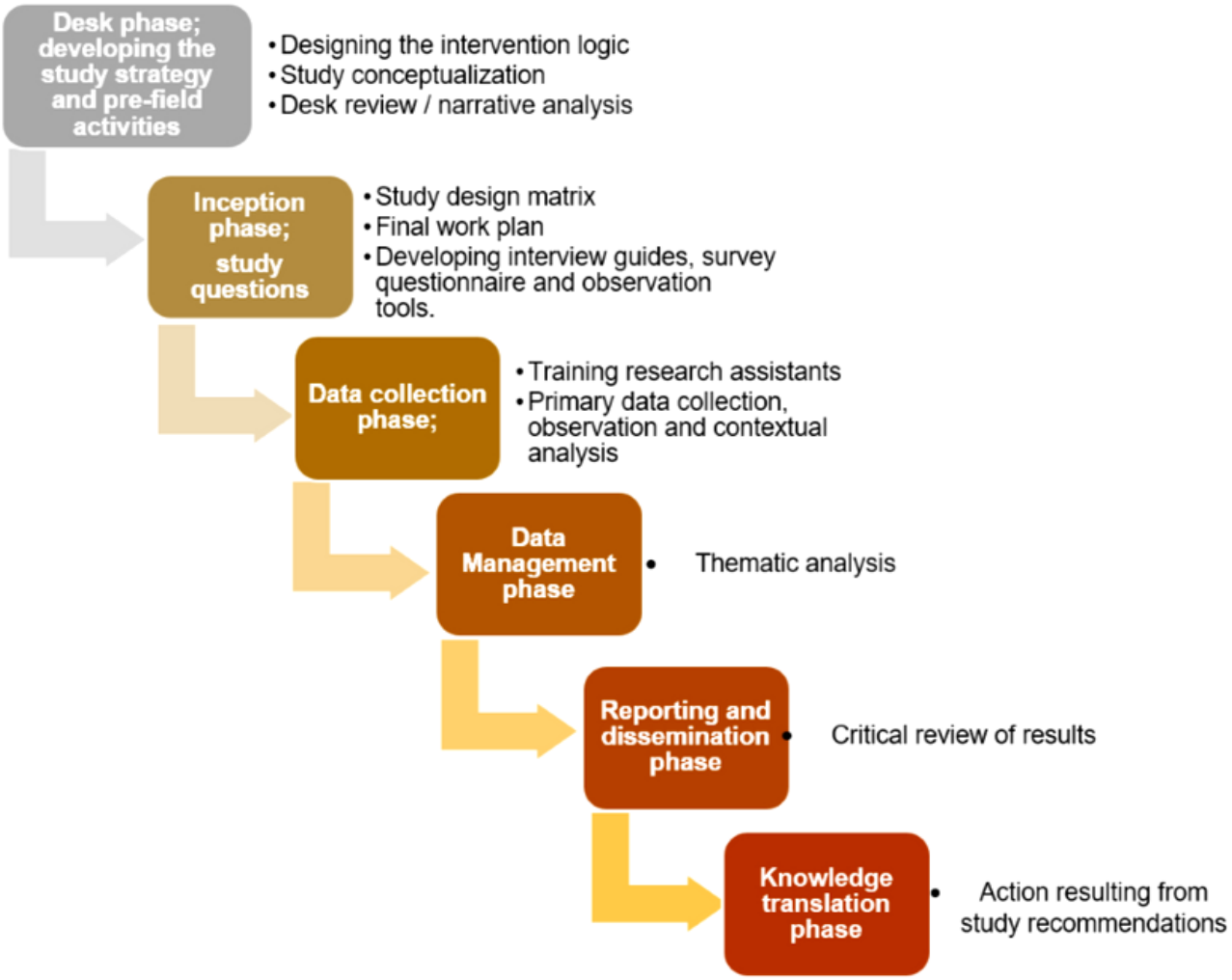
Study Aim:

To improve learning outcomes and enhance transition through inclusive learner growth and inclusive quality education for all Persons of Concern (PoCs).

Study Objectives:

1. To assess the availability of Menstrual Health Management (MHM) capacity building opportunities.
2. To examine the level of access to MHM material for primary learners
3. To assess the role of parents, boys and the community in supporting and addressing MHM issues.
4. To assess the role of stakeholders and their opinions on MHM
5. To identify the outstanding needs in infrastructure and other factors for MHM support.

Study process:



LITERATURE REVIEW:

Menstrual hygiene management is a major health issue affecting women and girls of reproductive age globally. And it affects 52 percent of the female population of reproductive age. The transition into reproductive age for some primary school girls is often met with few adequate sanitary facilities at school, fear, anxiety, lack of access to feminine hygiene products, cultural attitudes that create taboos around menstruation and lack of knowledge about menstruation changes in their bodies (J-PAL,2021).

School-aged girls in marginalized communities face many barriers to menstrual health management which negatively impacts their education and ability to stay in school. In Uganda, the government is prioritizing the improvement of menstrual health management among girls and women. For example, the launch of the menstrual hygiene charter in 2015 in which the government and civil society organizations committed they would work together to promote menstrual health management. Systematic reviews show a lack of rigorous evidence for the effect of poor menstrual health management on health and social outcomes (Miiro et al.2018).

Barriers of Menstrual Health Management in schools

Many barriers/ challenges exist that prevent Menstrual Health Management in schools and hinder girls' access to equitable education, undermine their well-being, prevent dignity and empowerment. These challenges include.

- Many young girls in primary schools are often faced with physical menstrual complications including backpain, headache, irritability, stomach pain, cramps and genital skin itching which hinder their learning and concentration in class.
- Once a girl starts menstruating, she needs adequate water to maintain her external hygiene such as washing hands, stained school uniforms, drinking to stay hydrated. Lack of adequate water supply can affect her schooling and harmful coping strategies leading to teenage motherhood (WIU,2022).
- Inadequate access to sanitary facilities like toilets can lead to urinary tract infections or reproductive tract infections and the well-being of primary school learners.
- Poor knowledge and understanding of menstruation among primary school girls are associated with stress, school dropouts, fear, anxiety, and poor academic performance. These girls are faced with lack of knowledge about changes in their bodies. As a result, when such changes occur, they get confused and some of them hide in fear.

- Feminine hygiene products like sanitary pads, tampons, menstrual cups, sea sponges among others are designed to manage a woman's menstrual cycle. Research has found that the lack of access to menstrual hygiene management products can result in girls being absent from school for up to five days each month, which is almost a quarter of their learning time (GOAL,2019).
- Cultural attitudes that create taboos around menstruation differ from culture to culture. Some cultures find menstruation as something to be celebrated whereas other cultures associate to practices that isolate the girl child from social gatherings, avoiding religious places, not touching male members of the family and a girl is required to purify herself on the fourth day of her period to be considered clean. Such cultural practices and taboos hinder the girl from actively participating in her education.
- In Uganda, one of the critical factors that undermine menstrual hygiene management is limited knowledge and support from men and boys, which appear to be informed by lack of knowledge and social norms embedded in gender relations. This contributes to poor school performance and attendance.

Windle International Uganda's response to Menstrual Health Management related barriers that primary school girls face.

Windle International Uganda is working to respond to related challenges that primary school learners face during Menstrual Health Management. Windle International Uganda acknowledges that the Sustainable Development Goals (SDGs) highlighted below are very essential in supporting safe and dignifying Menstrual Health Management. These six goals support empowerment and education of women and girls through promoting healthy menstrual Health Management.

Healthy menstrual Health Management requires access to education, sanitation (toilets, water, and soap), menstrual products and a means of proper disposal. Additionally, there are systematic factors that impact the quality of menstrual health management such as positive social norms, policies, informed professionals and health services. This study therefore, contributes to the body of knowledge documenting Menstrual Hygiene Management (MHM) programming for primary learners.

Menstrual Beads

Senior woman showing students how to make reusable pads

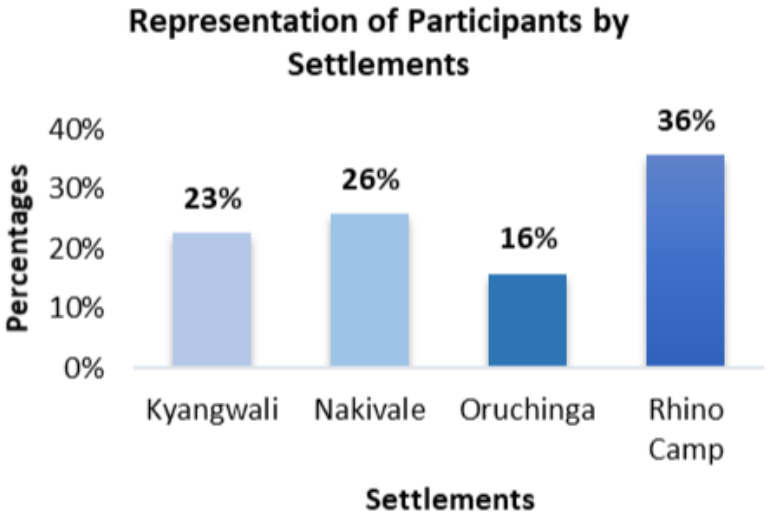
KEY FINDINGS

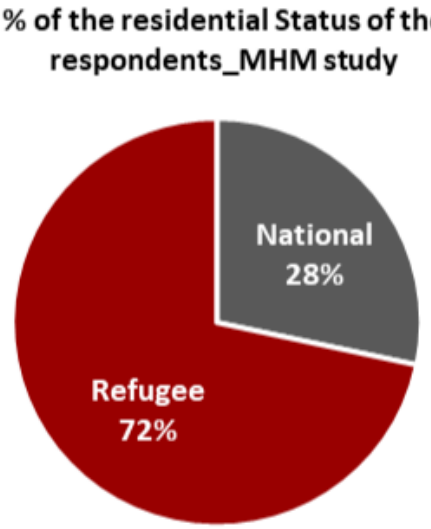
Menstruation has critical implications for girl's educational outcomes. Menstrual hygiene materials must be made available; linkages to health services must be formed; and safe latrines with water and soap, adequate sanitation and disposal mechanisms must be provided. These objectives benefit all members of the school community, including learners and staff. Furthermore, failure to meet them puts girls at risk of not having a high-quality educational experience. MHM in school includes the facilities, products, education, training, and support necessary for girls to manage their menstrual periods away from home. MHM is gaining recognition globally as a critical human rights and development problem, one that influences poverty levels and even a country's GDP. Around the world, stigmas and taboos have defined how menstruation is viewed and experienced. Now, a movement is growing, bringing the topic into the open and addressing menstruation as a normal part of being female.

This background informs the objectives of this MHM study among primary school learners conducted by WIU with funding contribution from UNHCR. The findings in this report present the lived experience of primary school learners and their social networks in terms of access to MHM materials, capacity-building opportunities, key players in MHM, infrastructure and recommendations for change.

Objective 1: To assess the availability of Menstrual Health Management (MHM) capacity-building opportunities.

This study theme presents the demographics of survey respondents, training received, opportunities for capacity building among their social networks, and recommendations to make these opportunities effective for change in the MHM programming.





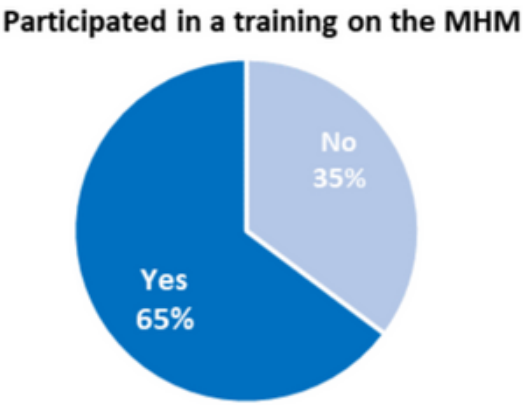
a) Survey participant's demographics

All learners who participated in the survey were female (N = 247) and were between the ages 13–19 years, with an average age of 15 years. 72% of the survey participants were refugee female learners. The average age of menarche (as self-reported) amongst female learners in our study was 15 years represented by 94.7% of those that menstruated, with learners experiencing their periods giving an average of 15.2 years. Demographic characteristics for the quantitative survey sample are provided in Table 1 below;

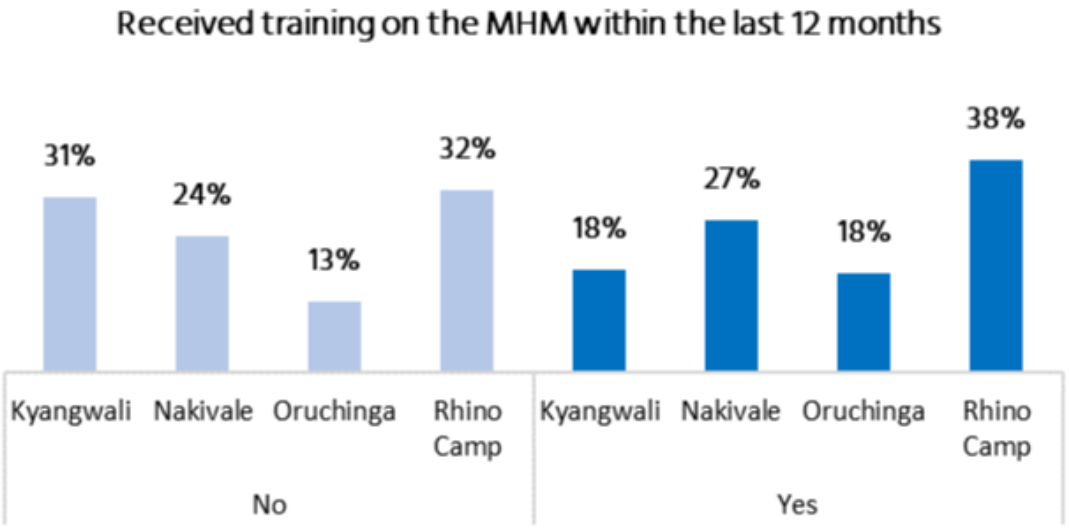
Among the girls that were actively experiencing their cycles 95% with 64.8% of the respondents reported having attended training on MHM within the last 12 months. 72.5% of the respondents had an idea of one of their peers had attended the training and 70% knew about Menstruation before experiencing their cycles.

b) MHM Capacity building opportunities

Seasonal pieces of training for girls prepared by implementing partners were cited as the most common avenue to pass on knowledge on MHM. This training passes on skills on how to make reusable materials for menstruation, especially sanitary pads. The parents and other social networks of the girls reported that they were aware they had been involved in some sort of training but did not have many details. They shared that the girls are given skills but are not left with materials to continue with making their own material during their cycles. It is recommended that partners should also leave materials to sustain the skill set and also do follow-up distribution because they never define how long the girl can use these reusable pads which makes them prone to infections.



> *"These trainings are good... however the partners do not provide more material for girls to continue making their pads... also the (trainings) are not clear when the girl should stop using the reusable pads exposing them to infection." _ **FGD SMC_Kavule primary school _Kyangwali.***

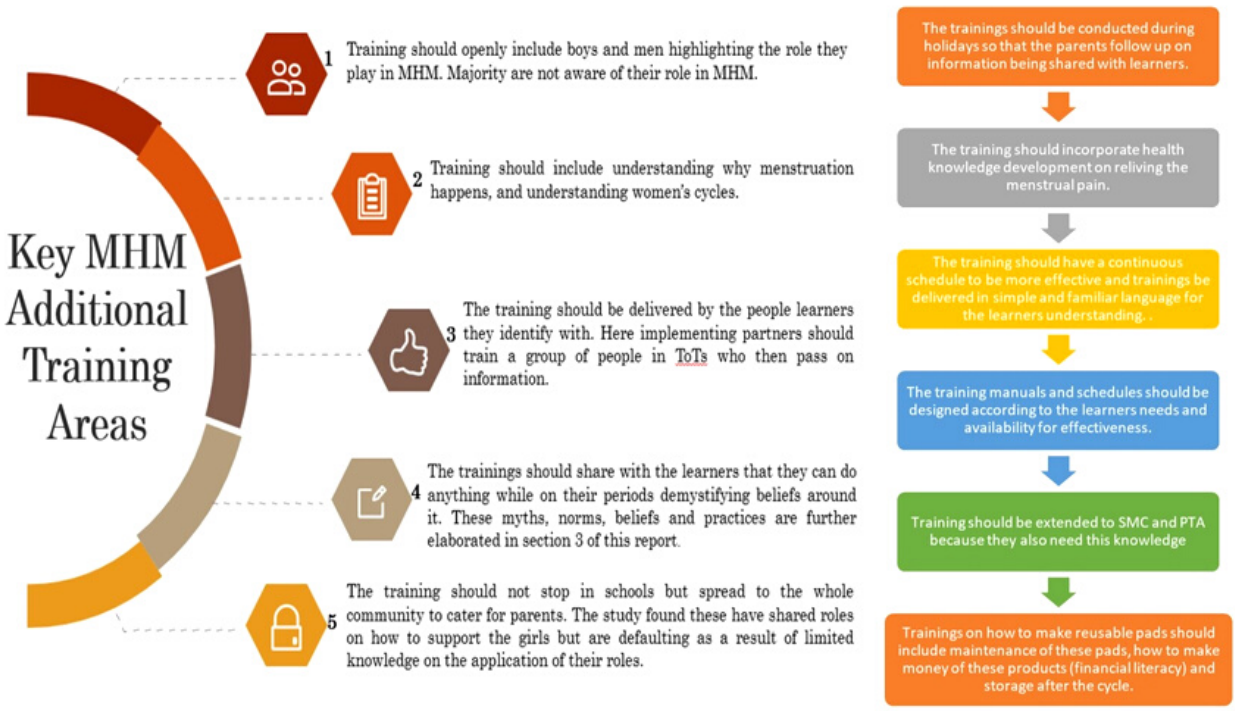


The training on MHM has a low coverage as presented in the chart below, 38% (Rhino Camp), 27% (Nakivale), Kyangwali and Oruchinga has 18% acknowledge having been trained on MHM by the partners. Considerably, the reasons that prohibit the girls from attending MHM trainings affecting their effectiveness were the parents' beliefs that when the girls attend these trainings, they receive information about preventing pregnancies which encourages them to engage in sexual activities since they know how to control the process and avoid pregnancy. There was a general perception that the girls are getting spoilt from this training so they end up stopping them from attending this training.

> *"...Other parents don't like their children being trained because they think that they will be spoiling their children, they also keep their children at home and they don't like their children to come and get trained." _* ***FGD_Teachers Kavule Primary School _ Kyangwali.***

Other factors affecting the training effectiveness were selective training. That is to say, partners have constraining resources that require them to train a few numbers of learners leaving out many of them. This affected both girls and boys because the SMC, PTA and school administration would select who goes for the training. In most cases, they select the same learners, and some of these learners have been trained several times while others have never attended any training. It is recommended that resources should be availed to cater for all learners because they all have a right to access to MHM information and knowledge. In addition, the consistent repetition of training content gets boring to learners. Yet they want learn beyond just making reusable sanitary pads like product's financial gains.

The findings noted the following Key areas for effective MHM training needs recommended by the study respondents;



Additionally, other opportunities for capacity building that the study found were the use of senior women and senior men teachers to pass on information to learners. Parents especially mothers were cited as social networks that provide information and guidance on MHM. Therefore, involving these two categories that address the challenges of knowledge gaps among learners is very pivotal.

Table showing the Respondents reporting the sources of the received information about menstruation						
Learnt about menstruation from Family Members	Learnt about menstruation from School	Learnt about menstruation from Friends	Learnt about menstruation from the Internet	Learnt about menstruation through Social Networks/ Media- E.g., Facebook, Instagram	Learnt about menstruation on TV	Learnt about menstruation from the Magazines/ Books
64%	79%	39%	0%	0%	1%	2%

The above presents a huge gap in access to information including inadequate provision on the management of menstruation such as menstrual products, clean water and soap. Young girls and women experiencing limited skills and knowledge attributed to by the inadequate MHM conditions face realities differently than those who are able to manage theirs adequately.

Schools through the Senior Woman Teacher (79%) are always the first point of referrals and consultations on the realization of menarche by the young girls and females, and the anticipation of poor MHM conditions including management may act as the direct barriers to entering school and concentration to completion leading to dropouts, and poor performance in class. Reduced ability to access painkillers and manage menstrual pain and an increase in poor menstrual practices that can eventually lead to higher rates of urogenital infections.

The missing information impacts hugely on the young girls including health related, psychosocial stress, and stigma limiting comforts in and out of the school environment. For this, the different stakeholders should strategize on benefits of the learners regarding the MHM information access including increased empowerment and self-confidence, and menstrual product subsidies while averting cases of sexual assault and GBV. The shared impacts for positive growth of the young girls in schools to perform and complete their levels of education is by building the relationships with the teachers, boys (males) and the different stakeholders to have better performance and psychosocial benefits. Menstrual information is foundational to fertility awareness and decisions as well as body literacy.

The inadequacy in knowledge was not just among the learners but among the school governing bodies, community structures among others. These categories expressed the need to benefit from the MHM trainings in order for them to support the learners better. This explains why there were no community initiatives supporting MHM. They recommend that beyond in person trainings, media can be used to share know because of its wider coverage and people pay attention to it especially community radios.

In expanding the information access for the empowerment of young girls and boys, it is important as partners in MHM to integrate programmes that leverage improvement in all sectors while capitalizing on opportunities that explore intersectional approaches. For this, integrating SRH, WASH, and education programming is clear: menstruation begins when girls reach

puberty, a critical stage at which integrated SRH and WASH programming delivered through or in coordination with programs in school (for enrolled girls) as well as out-of-school programs can address the multiple drivers of MHM outcomes. The implications of integrated programs are far-reaching, addressing the needs not only of adolescent girls but also of adult women who experience long-term consequences of inadequate MHM due to lack of information.

Objective 2: To examine the level of access to MHM material for primary learners:

Overall, the learners have access to MHM sanitary materials – this theme expounds on the materials they commonly use, the support they receive or providers of these materials; the impact of access to MHM materials to their education, and coping strategies when inaccessibility arises.

a) Common materials

Often girls use disposable or reusable pads that are predominantly provided by the implementing partners, health facilities, parents and sometimes school administration. Disposable pads were commonly used at school and reusable pads at home. This is because they had space and facilities to wash and hang the reusable pad before using them again. The SMC and PTA members reported that these are the easiest materials to access and girls have the knowledge of how to use them given the several trainings they receive.

> *"They use the disposable ones and those who don't have the money to buy these pads they use clothes and others use the reusable pads." _ **KII _RWC_ Rhino Camp***

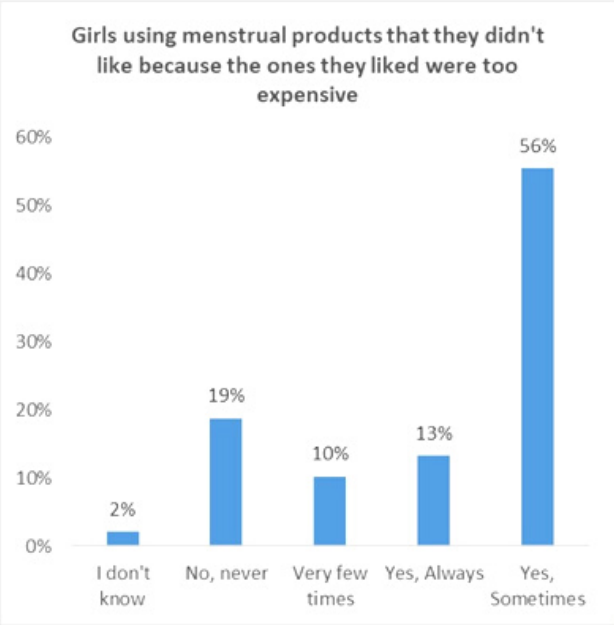
> *"By the time these things are done, we can see the improvement in the community among those girls in regards to the menstrual hygiene management because now, the people have knowledge and skill on how they can handle it right." _ **FGD _ SMC _ Rwamurunga PS _Oruchinga***

The findings denote that cloth menstrual pads- Washable and re-usable (47.8%) are the most common and easy to find Menstrual materials by school-going females in menstrual management, followed by Single-use pads (37.2%), whereas, Menstrual underwear (4.5%) and menstrual sponges (1.6%) seems to have limited access. This signifies low support for MHH, it is important to leverage the importance of extracurricular activities in schools in addressing MHM needs. Notably, laundering services and bathing in homes, schools and settlements are often overlooked, leaving young girls menstruating unable to access, use, wash and dry reusable absorbent materials or products leading to low attendance in schools attributed to the inability to be fully present in class and productive at school compromising young girl's health, well-being and economic potential to acquire the materials.

Alternatively, girls use old clothes that are usually provided by their parents. This is as a result of affordability for the reusable and disposable pads. Some of the girls who do not have access to all the above, are using water, where they keep cleaning up themselves very often. In this case, they stay at home and sometimes drop out of school.

> *"...That is actually a major challenge that the children are facing. When the pads are not there, the girls have a challenge accessing money to buy so sometimes it prevents them from coming to school. So for those who have knowledge they can be provided with maybe a towel to use but most children especially teenagers don't like using that." _* ***KII_VEC member_ Kyangwali.***

Other products that are available but not commonly used were menstrual cups and tampons. Also, some girls mentioned that they have a preference. Severally, they find themselves in situations where they do not like the pads distributed to them but they use them because they have no choice.



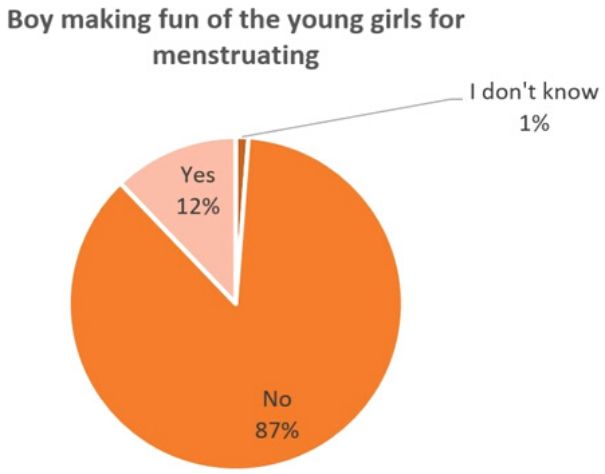
b) Impact of access on girls' education

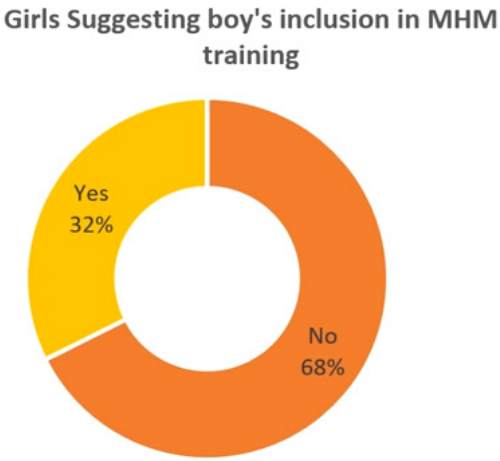
High levels of absenteeism registered among girls was equated to girls getting their menstrual periods and end up missing school because they do not have sanitary materials. This happens every other month which gets frustrating for the girls leading to school dropout. Furthermore, the girls have support from partners through school distributions which happen once every term and very late. They find themselves experiencing their periods every month without materials which gets hard and they leave school.

> *"...distribution time for the materials of the girls is decreasing, (5:32- not clear) they are not coming in time. Also, the things are getting late for distribution like the soap is delayed, so that is the reason why they drop out from school. They don't have the items in time. "_ FGD SMC Kavule _ Kyangwali*

> *"...certain teenage girls who would drop out of school because of being in periods, it can get out when she is her period as she finds that the blood is flowing out, ... so it was just a request to ask that the senior teacher still continues to teach to know and by the time something happens, there is no problem." _ FGD _Parents _Nakivale*

In addition to the above is the fear that has been wrapped around menstruation right from the communities where they come from. The women in their periods are treated in a fearful way which affects the girls and they end up not attending school due to these fears. Some of these fears were instigated further by their peers (boys) laughing at them whenever they stain their clothes during their periods as shown in the graph below.





Finding indicates that 12% of the respondents reporting to having boys make fun of the young girls during the menarche, whereas, 87% of the respondents asserted, there are no boys making fun of the young girls during menstruation. For this, it is important to build schools and the environment in holding MHH as collective efforts, including strengthening the Social behavioral change among boys at all levels of education. All the SBC initiatives including the menstrual friendly classes with sessions holding to MHM, peer attitudes and boy's engagements. These will contribute to the significant positive impacts including school attendance by girls during the menstruation, retention and completion with minimal fear of stigma and discrimination.

> *"...Yah. It has a role to play because some of these ladies and girls do fear when they start seeing those periods they fear to go to school. But when you educate them that it's a good thing and its healthy and that every woman of reproductive age experiences it. It normally positively affects their minds. This is because they understand that it cannot stop them from going to school. "_* ***KII_ Implementing Partner Oruchinga.***

c) Coping strategies to inaccessibility

With the trainings in place, girls are aware of the products they need during their menstrual cycles. When they do not have access to pads or other materials, they bath severally throughout the day. In cases where they have no access to pain killers they use hot water, warm water bottles, herbs and others are advised by their parents to stay strong and endure the pain.

The image below shows some of the strategies used to cope with menstrual pain and inaccessibility to sanitary materials.

Images by WIU 2022 MHM Study

The images above show, the herbs that are used commonly in Oruchinga to relive period pains. Locally referred to as a eshojwanyanja top left, kibwankulate top right and one that is consumed without a local name at the centre bottom. Parents were reported to be recommending these herbs compared use of pain killers. The parents believed that once a girl uses pain killers on their periods they become barren because those come with several side effects. The recommended endurance, use of herbs or hot water.

TO ASSESS THE ROLE OF PARENTS, BOYS, THE COMMUNITY AND IMPLEMENTING PARTNERS IN SUPPORTING AND ADDRESSING MHM ISSUES.

This study found that key players were aware of their roles but they were constrained by several factors like; poverty or inability to provide, community opinion and beliefs, cultural constraints and ignorance. The table 3 below shows the roles of different stakeholders and levels of awareness and applications as per the respondents.

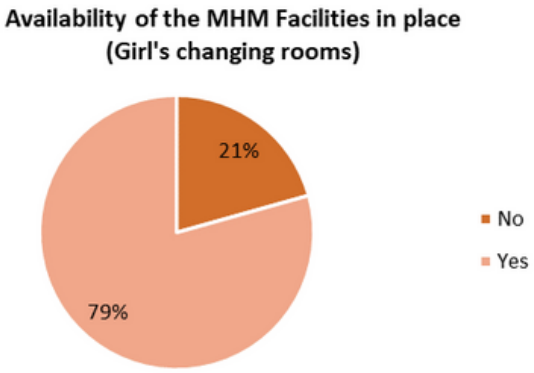
Table 3: The roles of different stakeholders and levels of awareness and applications as per the respondents.

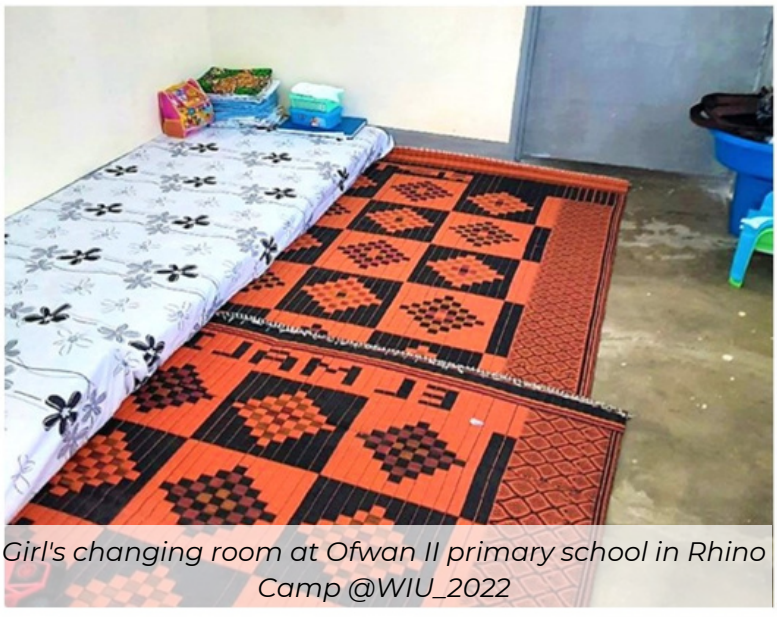
Population Category	Role	Level of awareness and application
Parents	Mothers – guide girls on how to manage their menstrual cycles in terms of using menstrual hygiene material. Fathers – these were mostly cited as the key providers of the sanitary pads for the pads. These are the girls primary care givers and MHM material providers	The mothers and fathers are aware of their roles but when it comes to application, they have left their responsibilities to schools and implementing partners Fathers in the Focus Group Discussions (FGDs) recounted that they would wish to support their daughters but they do not know else except buying products. However, they do not have the money to support this. The mothers on the other hand talk to the girls about MHM but not in depth with the assumption that they have been to at school.
Boys and brothers	Support girls with making MHM sanitary pads Support other boys learn about MHM and support the girls accordingly.	They do not have the knowledge on making these materials. This is as a result of the trainings focusing on the girls and neglecting the boys.
Community leaders	Sharing knowledge on MHM to aid proper management of cycles by the girls	They lack the knowledge and the resources to support effectively. Also, they have a lot of responsibility with in the community and believe MHM is not a priority
Implementing Partners	Provide Holistic support to ensure MHM activities are effectively delivered	They have generally supported; they have been made central champions for MHM. They have taken the primary role away from the parents. Therefore, there is need for them to empower parents and pass the power back because most activities implemented are not sustainable.
Government	Sensitizing communities and ensuring the girls have a safe space to experience their menstrual cycles without strife	There several conflicting priorities that MHM is the least of these priorities. `

TO IDENTIFY THE OUTSTANDING NEEDS IN INFRASTRUCTURE AND OTHER FACTORS FOR MHM SUPPORT.

This section of the report shares the availability of the infrastructure, awareness, utilization and factors hindering the utilization of this infrastructure. All the schools visited during this study had facilities enabling girls comfortably undergo their menstrual cycles. Namely, changing rooms/facilities with piped water, toilet paper, knickers and emergency pads. For equal utilization, these facilities were managed by the senior women teachers. These facilities were put in place by implementing partners to ensure schools have good sanitation and there is proper waste disposal.

Girl's changing Washroom with an incinerator for Menstrual waste disposal, Rhino Camp. Photo Credit: Okwera John@WIU_2022





Girl's changing room at Ofwan II primary school in Rhino Camp @WIU_2022

The findings show that there are available changing rooms for girls as represented by 79% of the respondents, whereas 21% of the respondents noted that, there are no girls' changing rooms in their schools. However, some learners and teachers reported that they were not aware of these facilities in the schools. This is attributed to partners putting up structures with limited commissioning. Some male teachers reported that they thought that these changing rooms are among the new toilets that were yet to use since the schools had several of these. Moreover, the location of these facilities are not user-friendly. Many of them are in the open so girls fear using them because the boys will know that they are on their periods and will make fun of them.

Cultural beliefs and practices around menstruation affect the utilization. For example, in some cultures burning menstrual blood is taboo, which defies the incinerators situated in these schools.

The disposal of these sanitary pads is still a challenge since a lot of myths are tied around it and the available options are not environmentally friendly as shared in the verbatim below;

> *"...after the girls had used these pads, they dump them in the latrine because you know, this is blood for a human being. But these others believe that maybe it is a place for the dead and there is evil, so for them, they can just dig an open pit and cover it with soil."_* ***FGD_ SMC_ Kavule PS _ Kyangwali***

> *"... communally disposing pads can expose one to witchcraft" _****KII implementing partner Nakivale***

Religious beliefs around menstruation also affected the disposal of MHM material and utilization of MHM infrastructure. This calls for the sensitization of communities to ensure that they all understand the reasons behind their inception. Also, the communities where these learners do not have disposal or waste management facilities which call for immediate attention for these facilities to be introduced and people are sensitized to ensure effective utilization.

KEY RECOMMENDATIONS

This section shares key priorities for effective MHM projects in refugee and host communities. It highlights the key priorities, their enablers and barriers following the perceptions of the study participants

PRIORITY	STATUS, ENABLERS AND BARRIERS
Priority 1: Integration of education and health to ensure response and sanitary material distribution.	**Status**: There are distributions happening in school but no connection to health facilities. **Enablers**: There is a great opportunity for schools to work together with health facilities to host health camps. Uganda's enabling policy guidelines and tool kits speaking in to the same. **Barriers**: The physical and operational distance between health facilities and schools. **Action(s)**: Have at least three distributions per term to cater for every girl's cycle - **Immediate** Attach fully stocked sick bays to schools to handle real time issues the learners face as result of Menstruation and other health issues while at school – **Long term**
Priority 2: Educating and intentional sensitization of community members cutting out the harmful cultural practices and beliefs on menstruation.	**Status**: Community communication and sensitization campaigns on going through avenues like community dialogues, media, IEC materials and trainings starting at school level to other community populaces. **Enablers**: There are several partners and stakeholder pushing for knowledge building and translation from community to global levels, **Barriers**: The communication is working against cultures and traditions that have been carried on from different generations yet most communications do not work towards addressing these. **Action(s):** Running consistent Social Behavioral Change Communication Campaigns (SBCC) that are tailored and specifically addressing key issues. Like ignorance, harmful cultural practices and normalizing menstrual health and hygiene discussions as a natural process. – **Immediate** Trainings should accommodate male and female sharing all the issues around menstruation. This should be including why it happens, how the process can be handled and good quality materials. – **Immediate**
Priority 3: Ensure there is access to MHM facilities for all the girls in school regardless of their nationality, age, body type or disability.	**Status**: Government with support from partners have ensured that there are WASH facilities. These are put in place to ensure that girls have safe and comfortable cycles. **Barriers**: In some schools the facilities are underutilized because of culture tailored issues and ignorance. The girls are aware of these facilities but do not know why they are there and have never used them. **Enablers**: Partners willingness to put in place more MHM WASH facilities. **Barriers**: Limited knowledge by learners and teachers as to why the facilities are in place. **Action(s):** Commissioning of the facilities and other structures should involve learners. To ensure that they fully understand why these structures are in place. – **immediate** Some structures under utilized by the learners because of their belief systems therefore before putting them in place they should be consulted to make sure they are effective when operationalized. - **immediate**
Priority 4: Putting parents as central stakeholders for MHM	**Status**: This is still a big challenge as parents have passed on their responsibility to the government and partners. **Enablers**: Parents are primary care givers to learners and once they are empowered, the can assume their role. **Barriers**: Parents are generally poor to support learners with their basic needs. **Action(s)**: Trainings on menstrual hygiene should involve parents. This will enable them support learners in making reusable sanitary towels - **Immediate**
Priority 5: Schools incorporating regular MHM training with in the schedules especially in upper primary.	**Status**: irregular trainings initiated by partners and senior women teachers are currently happening. **Enablers**: The idea of trainings is in place with room for improvement. **Barriers:** Conflicting schedules that overshadow MHM trainings **Action(s):** Have consistent MHM Trainings included in the school schedules for consistency - **Immediate** Developing a relatable universal MHM manual based on the learners' perceptions – **Long term**

CONCLUSION

MHM is now recognized globally as a definitive public health and development issue, with substantial increase in financial and human capital committed toward this topic. While progress has been made across the five priorities in some refugee settlements, and is moving towards the vision for 2024 directly or indirectly, much remains to be done. Gaps in progress cannot be filled until resources and political commitments are made to transform schools for menstruating girls. Therefore, this calls for immediate response from all the key stakeholders listed above.

For more information contact :

Hilda Namakula Masaba - *hilda.namakula@windle.org*

John Okwera Oola - *john.okwera@windle.org*

Sam Muhumuza - *sam.muhumuza@windle.org*

Windle International Uganda

Education Transforms Society

CONTACT US

P.O. Box 24230, Kampala, Uganda
Physical Address:
Plot 726 Off Mawanda Road, Nagawa Close,
Kamwokya, Kampala, Uganda
Telephone: +256 393260951 |+256 414 531142/8
E-mail: wiu.info@windle.org

www.windleuganda.org

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