



“Nowadays I am free, I go to school, I jump”

Mid-way evaluation report for:

FDYV-NBXV-ZK: Developing a replicable package for creating “menstruation friendly schools in Uganda”

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1. Key Findings and Conclusions:

We found:

- Statistically significant improvements in girls' knowledge and attitudes leading to improvements in school attendance and engagement in school (49% reduction in self-reported menstrual related absenteeism (p value= 0.003) and 5% increase in girls' scoring 1-2 in Primary Leaving Exams).
- Significant improvements in the support schools are able to offer girls in 8/10 schools.
- Evidence of change in community attitudes to menstruation leading to women and girls experiencing fewer restrictions during menstruation. In particular increased support from men and boys was identified as a key driver of change.

However:

- Significant changes in girls' overall wellbeing across all the domains of menstrual health we are measuring have not yet been realised and some of the measures need to be refined.
- Teachers knowledge has improved but has not achieved target levels.
- Although women and girls are less restricted during their periods, rules based on religious belief continue to be upheld.
- Two schools had not made any improvements to their facilities.
- Although there was evidence of community champions and local government taking increased ownership of the initiative this process was in its early stages.

2. Recommendations:

1. Shift the focus of activities for girls and boys away from education towards activities that consolidate attitude change and build confidence.
2. Intensify training for teachers and continue to work closely with teacher trainers to ensure knowledge becomes institutionalised beyond the lifetime of the project.
3. Re-focus behaviour change work with community champions on myths and restrictions that remain unchallenged. In particular, explore the role of religious belief in menstrual related social norms and explore ways to work with religious leaders to reduce harmful restrictions for women and girls during their periods.
4. Review and identify action plans to support the 2 schools who have not made changes to enable them to catch-up with the other schools.
5. Continue, intensify and prioritise work with the community to consolidate and complete social norm change, develop community support and plan for long term sustainability.
6. Intensify efforts to work with local government to institutionalise support for menstruation friendly schools.
7. Continue work with the University of Sheffield to understand and refine menstrual health measures.

3. Background:

The project pilots a package to build the capacity of Uganda schools to act in line with the Ministry of Education's call to support girls during menstruation and remove a neglected barrier to their full participation in education. The project establishes sustainable access to sanitary products, gender sensitive school facilities and puberty education alongside dismantling the menstrual taboo by engaging the community in creating a "menstruation friendly" school. We are working via the District Education Office in 10 schools over 2 years to train teachers and engage parents in achieving change. This empowers girls to engage more effectively at school through increasing their confidence, concentration, attendance and ultimately their performance.

The baseline was consistent with previous baseline work in the area and revealed a population with high levels of deprivation and disability where inadequate menstrual health and hygiene is a significant challenge for girls. Schools and parents demonstrated an awareness of the issue and some readiness to take action. However, knowledge and attitudes towards menstruation among all groups were inadequate. A focus on improving knowledge and attitudes in order to engage parents and staff in making tangible improvements for girls was recommended.

The midway evaluation aimed to:

- Assess the effect to date of project on girls, boys, teachers and their community
- Provide recommendations for improvements
- Demonstrate value of work done so far

4. Methods and Approach:

The methods of data collection and analysis were largely consistent with baseline and including completing surveys with boys, girl, parents and teachers, checklists to assess schools' provision for girls' needs during menstruation, collection of girls' attendance and performance data from the schools and a qualitative exploration of the community's behaviour and attitudes towards menstruation. Baseline and follow-up data were compared, and changes were assessed against targets agreed at the start of the project. A detailed summary of the data collection and subsequent analysis is included in Appendix 1. The following changes were made:

- The analysis of survey data from girls excluded those who had not started their periods. The baseline analysis was also adjusted to reflect this change and all figures presented in this report represent girls who have started their periods only. This was because the key change the project aims to achieve is a reduction in the barriers to engaging in education girls' experience because and during their periods.
- At baseline parents and the wider community's attitudes to menstruation were assessed using focus groups and a scoring system adapted from other programmes to initiate community level behaviour change. At the mid-point evaluation we invited a Masters student to conduct independent evaluation of the behaviour change within the community and the extent to which menstrual stigma had been dismantled. She was able to complete 26 semi-structured interviews, 4 focus groups and 4 key informant interviews with community champions, parents, teachers, pupils and Irise Uganda staff members. Her key findings are summarised in this report. This piece of work was completed because attitude change had been highlighted as a priority in the baseline report and is critical for the long-term sustainability and impact of the project.

5. Results:

5.1 Girls' Menstrual Health and Hygiene (MHH) experiences and practices

Six domains that constitute adequate MHH were developed for this project based on Irise's previous work and other research. This was to enable a more holistic measurement of girls' menstruation experiences and a more accurate estimate of the scale of the challenges girls face. In addition, the domains move the focus away from product provision towards an intervention package rooted in an understanding of the root causes of inadequate support for girls' needs during menstruation. The six domains were absorbent use and frequency of change, knowledge and attitudes, washing and drying procedures and privacy, self-reported health, education (school attendance and engagement) and psychosocial (shame, insecurity, embarrassment). The definition of adequate for each domain is summarised in Appendix 2. It is important to note that although this tools was developed in reference to existing research and uses questions from other tools designed to measure menstrual health, it has not been validated and results need to be interpreted in light of the wider qualitative and quantitative data from the project. A medical statistics Masters student at the University of Sheffield kindly investigated missing data in our baseline dataset for his dissertation and found that the

questions about Washing and Drying Procedures and Privacy and Absorbent Use and Frequency of Change had high levels of missing data, suggesting these questions were poorly understood by the girls. This tool is currently being reviewed based on his recommendations.

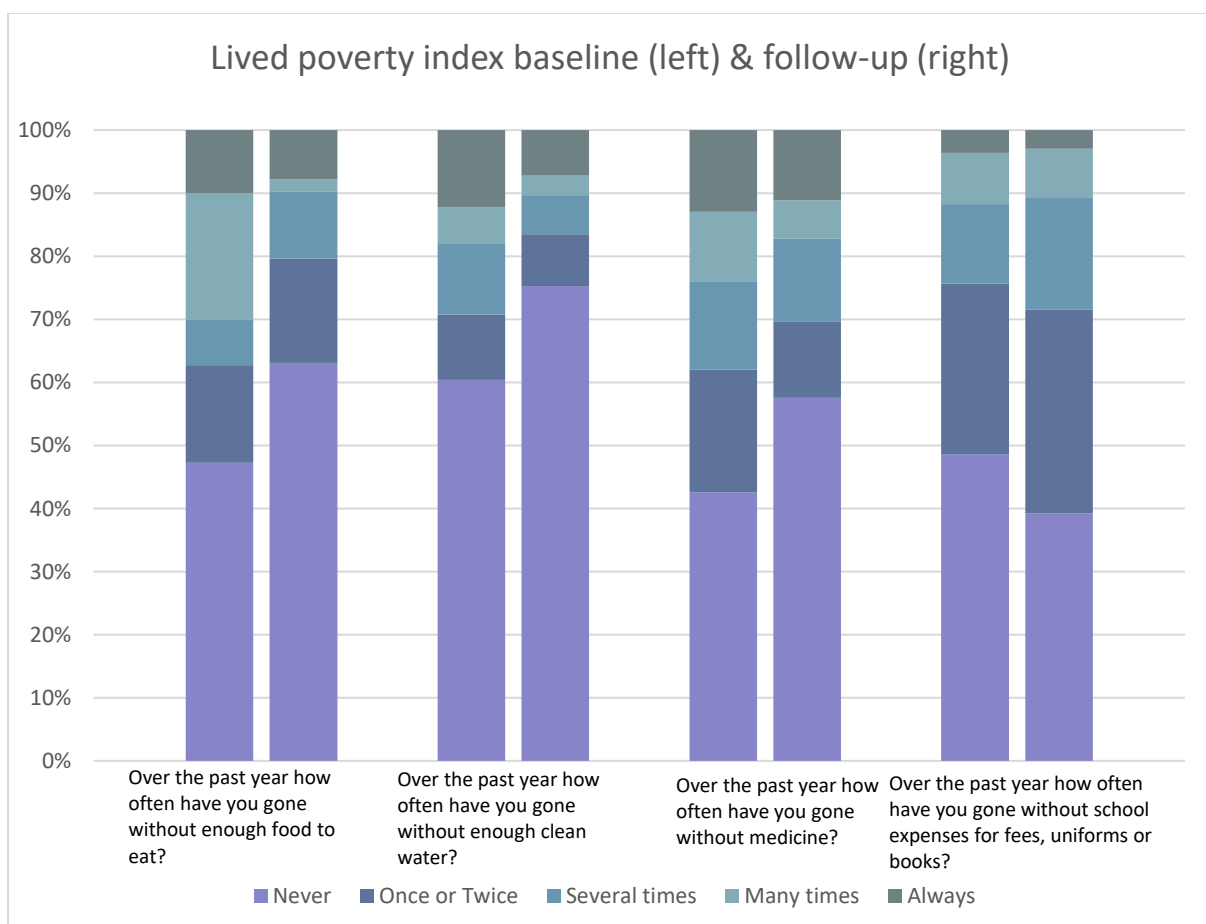
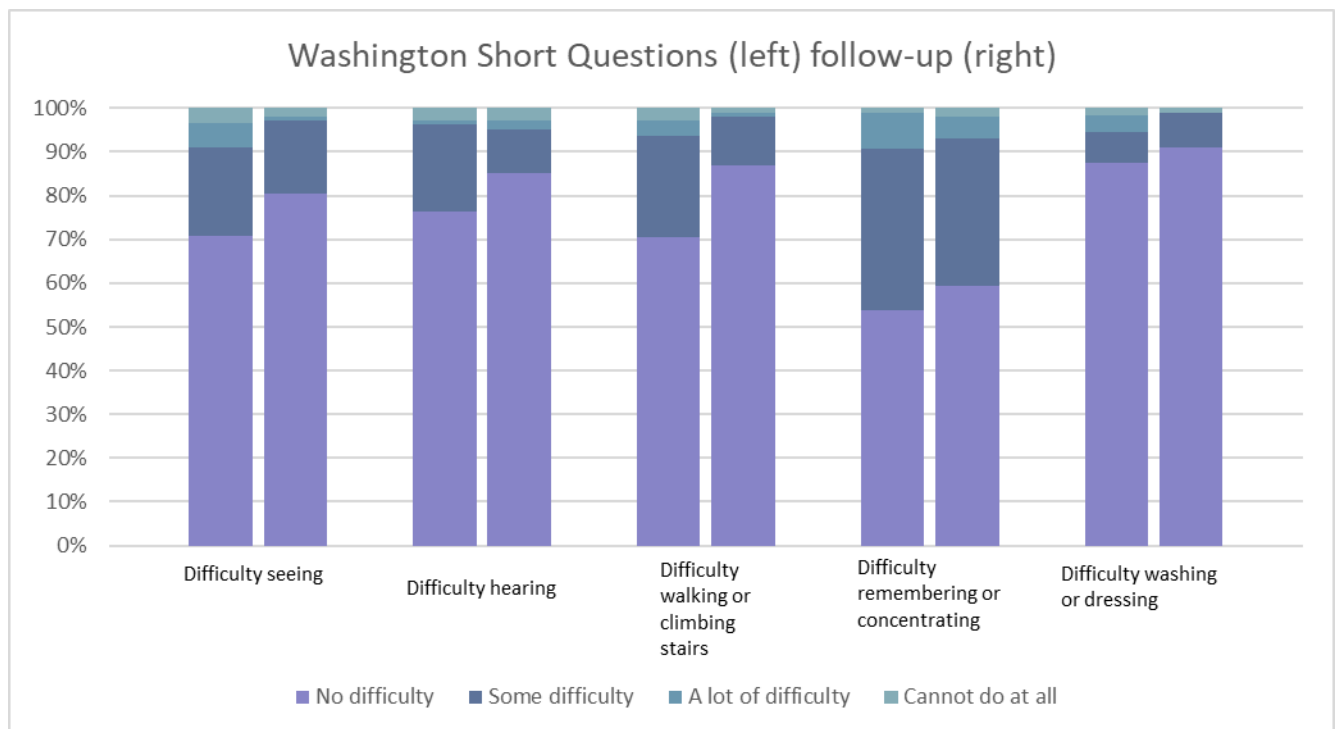
The results for each domain are summarised below:

Absorbent Use and Frequency of Change: No change.	Knowledge and Attitudes: Girls were 43% more likely to demonstrate adequate knowledge and attitudes (RR=0.57, p value= >0.05, CI= 0.7-0.5). This result met the criteria for statistical significance.	Washing and Drying Procedures and Privacy: Girls were 17% (RR=1.17, p value= 0.22) more likely not to meet the criteria for adequate washing and drying procedures and privacy. They were 20% more likely to be able to use reusable pads safely (RR=0.79, p value= 0.29) but 12% (RR=1.12, p value=0.37) less likely to have everything they needed at school. None of these results were statistically significant.
Self-reported health: No change	Education: Girls were 20% (RR=0.7, p-value=0.03, CI=0.97-0.61) more likely to meet the criteria for adequate engagement at school during their period. This means they reported not missing any school during their period and felt able to participate in class. This result was approaching statistical significance.	Psychosocial: No change

Overall the mean score across all domains increased from 2/6 to 2.5/6.

5.2 Characteristics of the target population including socioeconomic status and prevalence of disabilities.

We compared the follow-up sample to the baseline sample to confirm they were comparable. Pearson Chi squared test revealed no significant difference between responses to the majority of questions assessing socioeconomic status and prevalence of disabilities (see Appendix 3 for full results). The two samples were considered comparable. There was a statically significant difference in respondents answer to the question “Over the past year how often have you gone without enough food to eat?” (p value=0.001). This may be due to variations in the amount of food available at different times of year and the timing of the questionnaire.



5.3 Community and parents' attitudes and behaviours towards menstruation.

At baseline parents' attitudes and behaviours towards menstruation were assessed using the Readiness to Change Model. This model has been used to track community level behaviour change for other issues where stigma is a key barrier to change. At the mid-point evaluation a Masters student completed an independent evaluation investigating the extent to which menstrual stigma had been dismantled through exploring changes in community attitudes and behaviours as a result of the project. Her key findings are summarised below under six themes:

5.3.1 Speaking out; *"Now I feel like it's my responsibility to give out this information and make sure it reaches everyone"* Female community champion, aged 50

Participants described how before the project speaking about menstruation openly was difficult and shameful for most people. Many participants felt more comfortable talking about menstruation as a result of the project, often describing themselves as more or very "confident." For example, one participant explained:

"Before I was taught by Irise, I wasn't free anywhere to talk about menstruation...I had to gain the courage to undergo the training and now I'm very happy and very confident talking about menstruation...I can even talk about it with men without any shame." – Female Community Champion Age 25.

However, this newfound confidence had limitations with some participants explaining that there was still a stigma associated with talking about periods in a public place or with those who had not received education, particularly older women. One male teacher explained his reluctance to talk about it outside of a dedicated safe space:

"I still don't talk about it, I talk about it if I'm in a seminar...but when I'm in public places, I don't feel comfortable. People won't take it as something important to speak about, they will take it as something demoralising. When you are in a place where people are not aware of it, they may think you're mad, they'll say 'we were talking about something else, why are you bringing up the topic of menstruation'" – Male Teacher Age 55.

5.3.2 A Women's Issue; *"The fathers cannot be involved; you do not involve a man in any way"* Female participant Age 28.

Participants identified a change in their own and the wider community's perceptions of male responsibilities towards menstruation. They described how menstruation had previously been perceived as a women's issue and men did not feel they had any responsibility to get involved- often refusing to buy girls pads or provide money for women to do so- *"it's a woman's issue, so it's silenced"* Female KI, Age 25.

Increased awareness and involvement of men and boys was perceived as a key driver of girls' improved experiences.

One schoolgirl shared her experience:

"Before the boys received sessions in schools. If a boy knew a girl was in their period, they would tell the whole class who would laugh at you, but it's not like that now" – Female Pupil Age 12.

A schoolboy also shared that he was now able to support a girl who had stained her skirt:

"If I have my sweater and I see a girls dress is stained I give her my sweater to help them cover up" – Male Pupil Age 13.

A community champion also described these changes happening in the school she was working with:

"Recently I spoke to a girl who had come home from school with a spotted uniform after starting her period and it was actually a boy who had given her a sweater to tie around her waist. I've seen a big change with people's behaviour" – Female Community Champion Age 26.

5.3.3 Restrictions during periods; “Even me, before I thought women were dirty during menstruation”- Male community champion, aged 20

Participants shared rules and restrictions women and girls were expected to adhere to during their periods before the project started. Participants explained that these restrictions were justified by social and cultural norms and that children are brought up in a way that creates a ‘fear’ around speaking about or managing menstruation. These attitudes were perceived to have changed as a result of the project and to be noticeably more negative in areas which the project had not yet reached. Examples of restrictions were provided by numerous participants:

“Before Irise, the community had very narrow minds about menstruation. Even me, before I thought women were dirty during menstruation, I would not feel comfortable eating food made by a menstruating woman” – Male Community Champion Aged 20.

“People think if a daughter is menstruating, she’s not supposed to touch the food, they think the girls are dirty during her period. She’s dirty, she’s not even supposed to cook. If you’re Muslim you’re not supposed to enter the mosque during time of prayers. Sometimes, they even say you are not supposed to pass through gardens because it’s a curse if you pass through when you’re menstruating” – Male Community Champion Age 32.

Despite significant change several participants noted that restrictions related to religious beliefs or followed such as not attending the mosque or abstaining from sex during menstruation were still followed.

5.3.4 A reliable source of information; “If they haven’t had Irise training, they cannot answer” – Female Teacher Age 43.

Participants felt that Irise was a reliable source of information about menstruation for the school and community. Many felt that other sources of information within the community were missing or inadequate and a number of parents described learning from their own children following education sessions in schools.

“I don’t see any source of information in the community, maybe they can learn it from their friends but it is minimal...They just leave the children to find their way out...They lack information, so they leave the children to find their own way” – Female Teacher Age 42.

“I think it’s a problem, reason being these aunties always mislead girls. They have wrong information, most of them, about everything. They have their hearsays and social constructs is what they transfer to these girls, so I think it is an issue” – Female KI, Age 28.

The majority of participants felt that their involvement in the project had equipped them to teach and talk to others about periods and that the wider community was also beginning to learn that menstruation is a natural process. Participants communicated the sense that through their contact with Irise they were becoming reliable sources of information within the community.

“Me as a parent, I used to fear talking about it, Irise came and made us aware that it is very normal, so I can talk to my children. We can tell them it is normal, and they can go through it” – Female Teacher Age 40.

“Irise has done a good job to challenge these myths and sensitise the children and community so they’re equipped now, they know what they can do” – Female Teacher Age 41.

5.3.5 The support network; “Now a father will tell you ‘I can buy a sanitary pad for my girl and it is not a problem’” – Male KI Age 27.

Participants from schools described strong support networks that had been put in place to provide for girls during their periods. Support included the availability of emergency sanitary pads, spare uniforms, painkillers and wash basins, which was considered a vast improvement by those at the school, in comparison to the facilities available before the project started. Two participants described the improvements in the following way:

"If they don't have any sanitary pads to use, we provide for them. If a child insists they want to go home, we let them go. We give painkillers if the pain is too much and can get them warm water to relieve their pain" – Female Teacher Age 45.

"They give us sanitary pads if we need them or painkillers. They have spare uniforms in case our dress gets stained so we can change" – 2 Female Pupils Age 13.

Community support networks were less well understood by participants and thought to be less well developed.

"There is no support in the community, except that for some individuals, they might get individual help but the general public supporting the girls or wanting to do something to help, no that's not there" – Female Community Champion Age 25

Some believed that support had improved, particularly among parents who were now willing to provide menstrual products for their children.

"Now a father will tell you 'I can buy a sanitary pad for my girl and it is not a problem' but before they never felt comfortable going to the shop to buy a sanitary pad, they thought it was a mother's role" – Male KI Age 27.

However, others highlighted financial constraints as a key barrier to building a cohesive support network in the wider community.

"There are some families who can provide pads for their girls but some people who cannot afford them. Many parents are poor and cannot afford to buy for them" – Female Teacher Age 43.

Some participants showed an awareness of the need to develop a plan for product provision beyond the life of the project but there was not yet a coherent understanding of how this would work with suggestions ranging from Irise continuing the supply of pads to training community champions to teach people to make their own reusable products.

"In the community, there is no help, no support that is given to the girls which is why I request that if Irise could make up a project of helping champions know how to make the reusable pads we could teach the community how to make them. Buying these disposable pads can be very expensive, not everyone can afford them" – Female Community Champion Age 26.

5.3.6 Keeping girls in school; *"Before, I felt shy, I would say I'm sick during menstruation. I know now that menstruation is good, it's healthy. When you are in menstruation you can pray, you can do anything you want, you can play football and netball, whatever things you want" – Female Pupil Age 13.*

Although school absenteeism was not included in the interview or focus group frameworks participants in nine separate interviews chose to comment on the perceived positive impacts of the project on girls' school attendance.

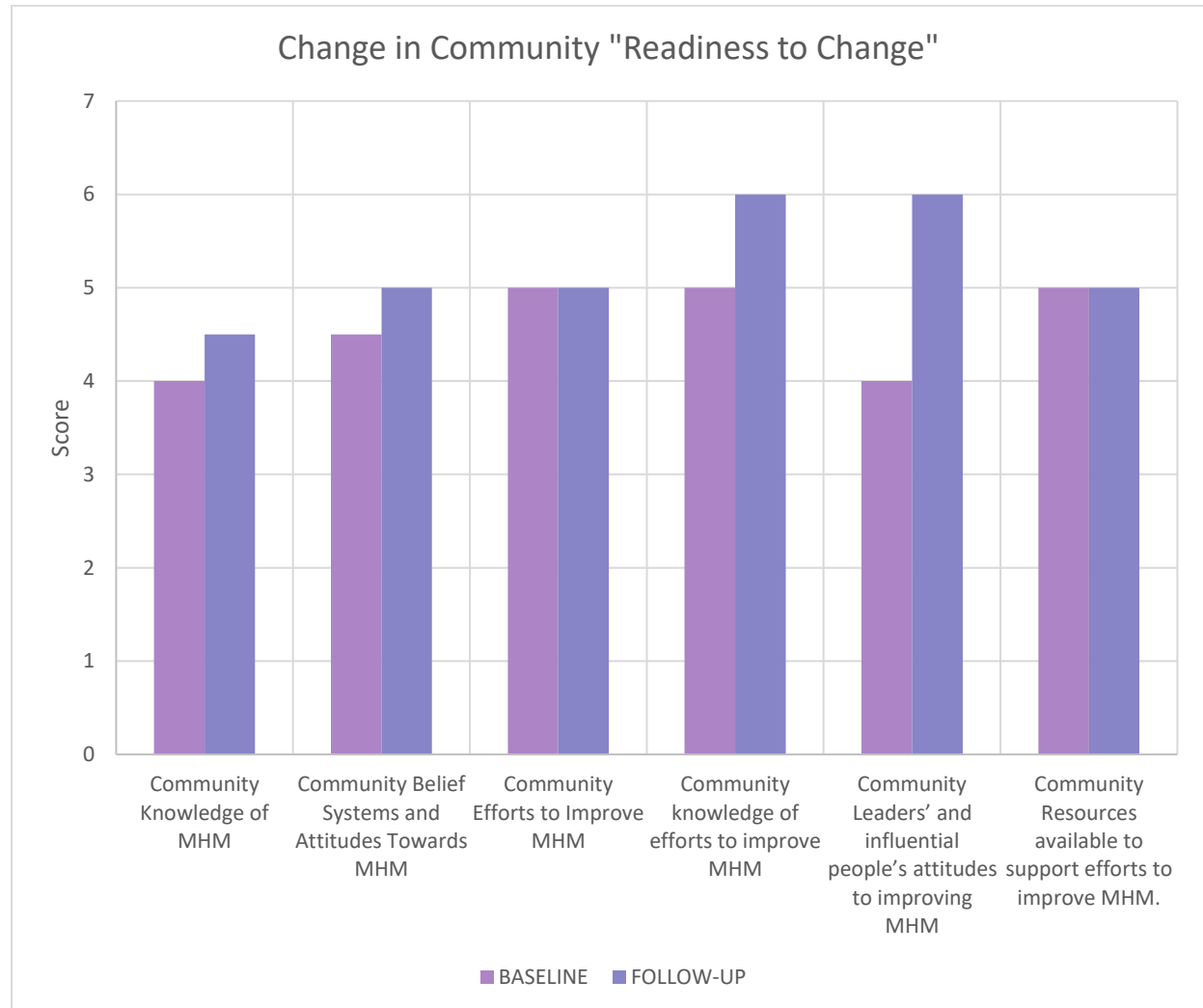
"The project has helped many of our girls stay in school because before some girls didn't have much knowledge about menstruation, so they used to stay at home when they're in menstruation" – Female Teacher Age 43.

"There were some who used to stop coming to school when they started their period, they felt that they would be shamed by the boys...the girl with the blood on her will feel shy and may even drop out of school because of the fear or being laughed at, they make you feel like not going back to school" – Female Teacher Age 40.

"Before Irise came to my community, many girls were missing classes because of menstruation but after the sensitisation in the schools and from our efforts of talking to girls, the girls can now go to school even during menstruation. Irise gives pads to those girls so that they can comfortably attend lessons" – Female Community Member Age 27.

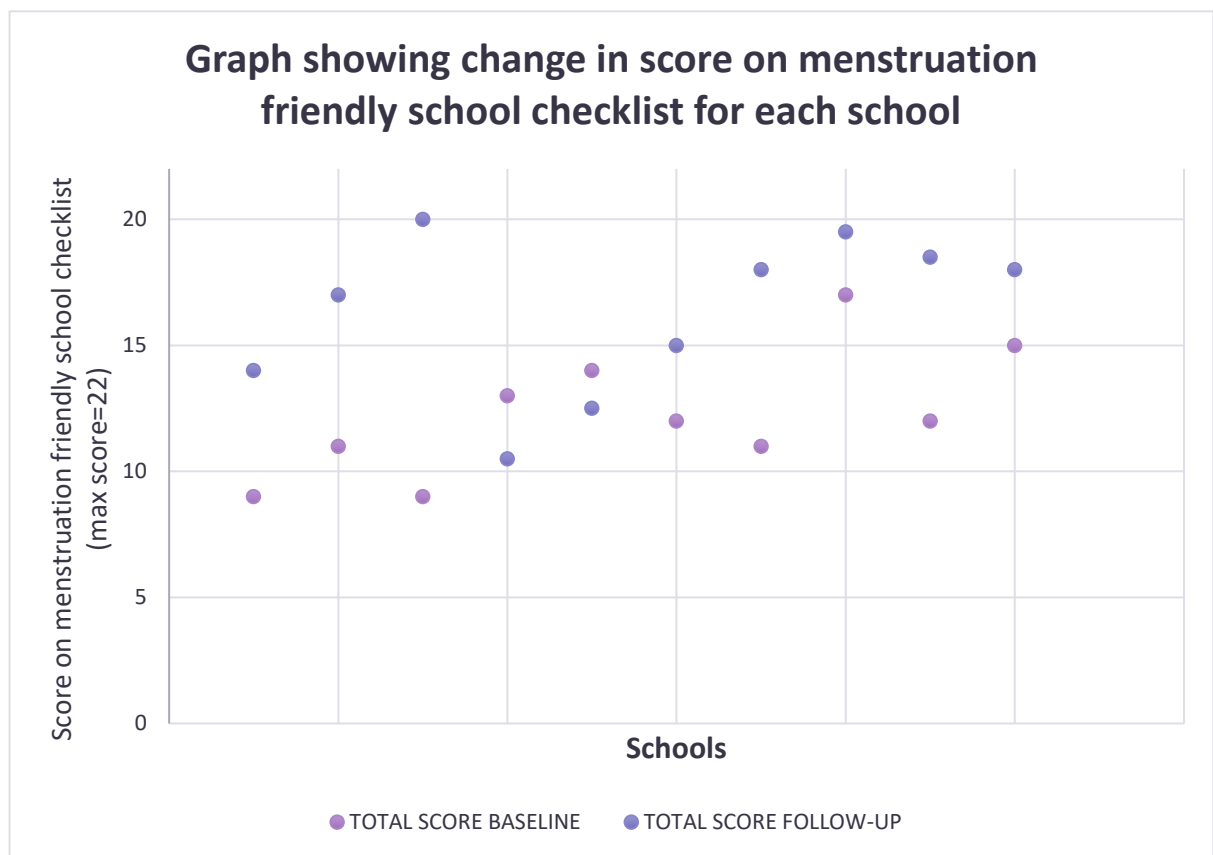
Interestingly, perceptions about which part of the intervention was responsible for this perceived positive effect varied. Participants above attributed the change to improvements in knowledge, reductions in stigma and provision of pads respectively.

Irise used this data to score the community's "Readiness to Change" using the Readiness to Change Model so that progress could be compared to baseline. The overall score had increased from 4 to 5 largely due to improvements in knowledge and attitudes and increased support for the issue from men, boys and other influential people within the community.



5.4 Support for menstruation in schools

Schools were scored using the menstruation friendly school checklist and their scores at follow-up were compared to their baseline score. A full breakdown of each school's score and how the score is calculated is provided in Appendix 4. Eight out of ten schools had made improvements with the most significant increases in score resulting from improvements in the "Gender Sensitive Facilities" component which is based on an independent assessment of school facilities by Irise project staff. Two schools did not improve; their scores had worsened slightly. The decrease was largely due to changes in schools' responses to which menstrual related policies and procedures were in place. However, neither had made significant changes on the "Gender Sensitive Facilities" component suggesting overall change within the school had been minimal. The worse scoring school reported that they have very little support from the community to help improve the facilities. Community members are using the school facilities and when the school try to control this through locking the facility doors community members break the locks and use them anyway. Irise is working with the school and local champions to raise the issue with local leaders so that a long-term resolution can be reached. The other school is facing similar but less severe challenges and a similar approach has been adopted.



5.5 Review of Logframe Indicators

Outputs:***Output 1: Improved knowledge of, and attitudes towards menstruation and puberty in girls, boys, parents and teachers.****Output Indicator 1.1 Average girls and boys score in knowledge test*

Baseline, June 2018	Average girls' knowledge score is 62%. Average boys score is 63%
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	Target	Actual
Milestone 1, April 2019	Average girls' score >65% Average boys' score >65% immediately after teaching	Average girls' score 77% at medium-term follow-up (sample of 105 girls) Average boys' score 81% at medium-term follow-up (sample of 109 boys) On track
Milestone 2, April 2020	Average girls' score >70% Average boys' score >70% immediately after teaching	
Target, June 2020	Average girls' score >75% Average boys' score >75% 3-6 months after teaching	

Output Indicator 1.2 Proportion of teachers' feeling confident to teach pupils about menstruation and puberty

Baseline, June 2018	30% (20/67) of teachers feel confident to teach about menstruation and puberty.
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	Target	Actual
Milestone 1, April 2019	>60% (30/50) of teachers feel confident to teach about menstruation and puberty after training	47% (24/51) of teachers are confident to teach after training Lower than expected improvement
Milestone 2, April 2020	>80% (40/50) of teachers feel confident to teach about menstruation and puberty immediately after top-up training	
Target, June 2020	>70% (35/50) of teachers feel confident to teach about menstruation and puberty 6-12 months after training	

Output Indicator 1.3 Proportion of teachers' demonstrating sufficient knowledge of menstruation and puberty

Baseline, June 2018	0% (0/73) of teacher pass learning test.
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	Target	Actual
Milestone 1, April 2019	>60% (30/50) teachers pass learning test immediately after training	73% (8/11) teachers trained by Irise pass practical knowledge assessment after teaching.

		<p>At medium-term follow-up 1/54 (2%) of teachers in school, including those not directly trained by Irise, have adequate knowledge to teach about menstruation and puberty.</p> <p>Milestone met, but more support needed for knowledge to be shared amongst whole school faculty.</p>
Milestone 2, April 2020	>80% (40/50) teachers pass learning test immediately after top-up training	
Target, June 2020	>70% (35/50) pass learning test several months after training	

Output Indicator 1.4: Proportion of boys demonstrating more positive attitudes to girls during menstruation

Baseline, June 2018	<p>61% (67/110) of boys would never sit next to or talk to a girl during her period.</p> <p>78% (83/107) unable/unwilling to support a friend.</p> <p>14% (16/112) would not respond in a supportive way to a girl staining her skirt.</p>
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	Target	Actual
Milestone 1, April 2019	>60% (60/100) of boys have a more positive attitude to girls during menstruation after teaching	<p>58% (63/108) would never sit next to or talk to girl during period (RR 0.96 p=0.8)</p> <p>55% (56/102) are unable/unwilling to support a friend (RR 0.71 p=0.1)</p> <p>1% (1/108) would not response in a supportive way to a girl staining her skirt (RR 0.06 p>0.05)</p> <p>On track</p>
Milestone 2, April 2020	>70% (70/100) of boys have a more positive attitude to girls during menstruation after teaching	
Target, June 2020	>80% (80/100) of boys have a more positive attitude to girls during menstruation 3-6 months after teaching	

Output Indicator 1.5:

Baseline, June 2018	Overall Score 4, equivalent to Preplanning stage in Readiness to Change Mode
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	Target	Actual
Milestone 1, April 2019	Overall Score 5, equivalent to Preparation stage in Readiness to Change Model	Overall Score 5, change due to significant increase in knowledge, change in attitude and men and boys and influential people in the community starting to support the issue.

Milestone 2, April 2020	Overall Score 6, equivalent to Initiation stage in Readiness to Change Model	
Target, June 2020	Overall Score 6/7, equivalent to Stabilisation stage in Readiness to Change Model	

Output 2: Schools are better equipped to provide for girls during menstruation.

Output Indicator 2.1: Proportion of schools with menstruation friendly school facilities present

Baseline, June 2018	Mean score on menstruation friendly school checklist is 4.5/9
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	Target	Actual
Milestone 1, April 2019	Half of schools (5/10) started to make improvements to school facilities.	8/10 schools have made improvements to school facilities. (mean score is 7/9) On track
Milestone 2, April 2020	All schools (10/10) started to make improvements to school facilities.	
Target, June 2020	All schools (10/10) score 8/9 on menstruation friendly school facilities checklist.	

Output 3: Girls teacher and parents have improved access to products.

Output Indicator 3.1 Proportion of schools committing to provide access to products long-term

Baseline, June 2018	No schools currently working with Irise entrepreneur.
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	Target	Actual
Milestone 1, April 2019	Half of schools (5/10) have begun discussions with Irise entrepreneur to provide long-term access to products	All schools (10/10) have begun discussions with Irise and 7/10 have set-up emergency access to pads.
Milestone 2, April 2020	All schools (10/10) have begun discussions with Irise entrepreneur to provide long-term access to products	
Target, June 2020	All schools (10/10) have plan for long-term provision in place	

Outcome: Improvement in adolescent girls' school engagement as they are more confident and better able to concentrate and attend lessons during their periods.

Outcome Indicator 1: Proportion of girls reporting difficulty concentrating during menstruation.

Baseline, June 2018	55% (47/85) of girls report difficulty concentrating during menstruation.
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	Target	Actual
Milestone 1, April 2019	Cumulative 15% (9/100) reduction in girls reporting difficulty concentrating during menstruation	56% (49/88) report at least some difficulty concentrating during menstruation.
Milestone 2, April 2020	Cumulative 30% (17/100) reduction in girls reporting difficulty concentrating during menstruation	
Target, June 2020	Cumulative 50% (29/100) reduction in girls reporting difficulty concentrating during menstruation	

Outcome Indicator 2: Proportion of girls reporting higher levels of confidence during menstruation.

Baseline, June 2018	54% (37/81) of girls score 2/4 or less on confidence indicator.
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	Target	Actual
Milestone 1, April 2019	>50% (50/100) of girls score 2 or greater on confidence during menstruation indicator	50% (37/74) of girls score more than 2/4 on confidence On track
Milestone 2, April 2020	>55%(55/100) of girls score 2 or greater on confidence during menstruation indicator	
Target, June 2020	>60%(60/100) of girls score 2 or greater on confidence during menstruation indicator	

Impact: Improved concentration and confidence leads to better school attendance and performance.

Impact Indicator 1: Mean average school performance on national exams

Baseline, June 2018	65% (197/304) of girls taking the exam at target schools achieved a 1-2 in PLE exams.
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	Target	Actual
Milestone 1, April 2019	>65%(>195/300) of girls at target schools achieve a 1-2 PLE exams.	70% of girls taking PLE exams scoring 1-2 (n=241/341)*
Milestone 2, April 2020	>65% (>195/300) of girls at target schools achieve a 1-2 PLE exams.	
Target, June 2020	>65% (>195/300) of girls at target schools achieve a 1-2 PLE exams.	

*Only schools where baseline data was available were included in the analysis and the trend in non-participating schools isn't yet available but is being sought by the local district education office for comparison.

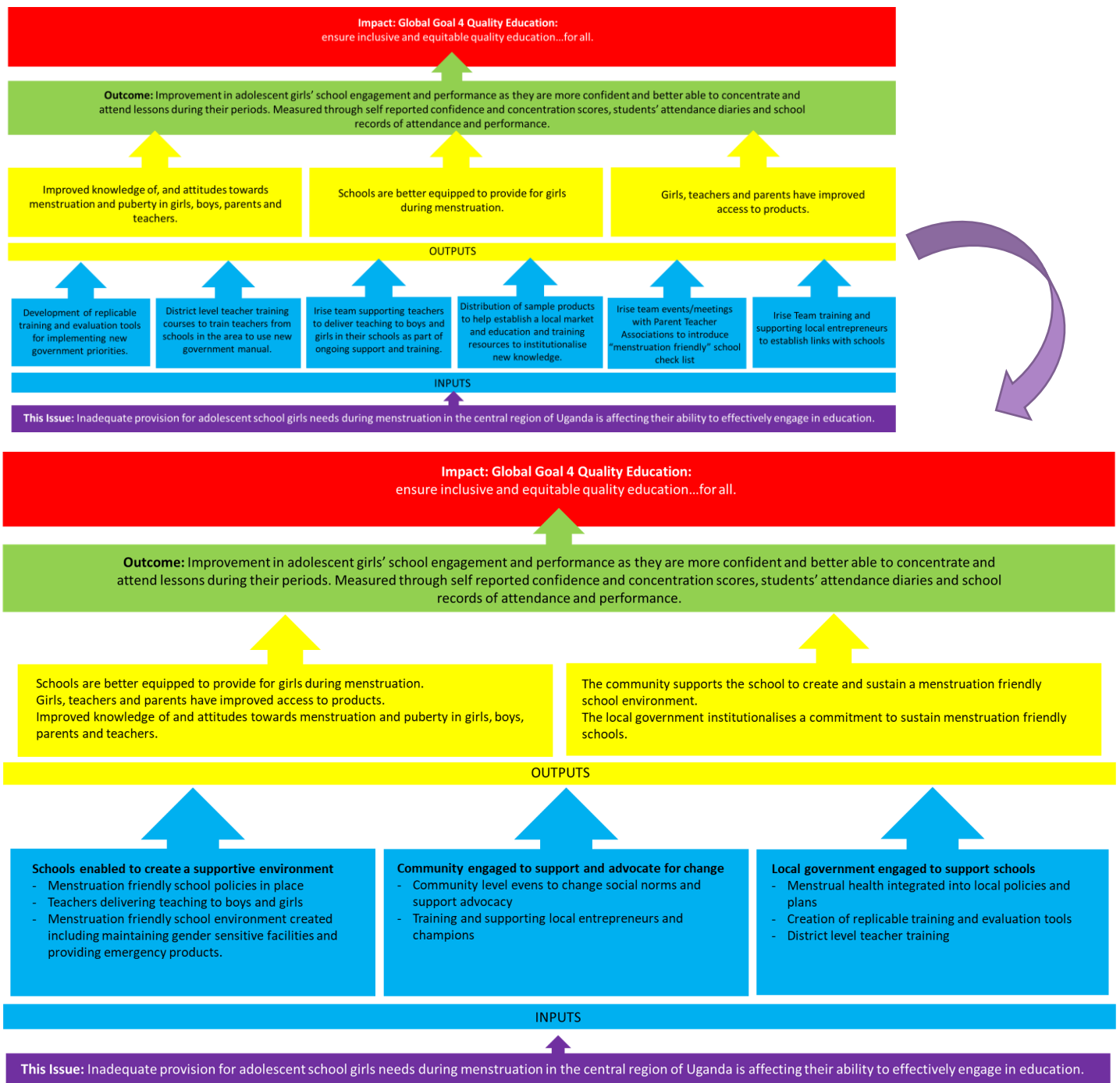
Impact Indicator 2: Mean average school attendance in girls benefitting from the intervention

Baseline, June 2018	Mean average self-reported menstrual related absenteeism of 1.17 days/month (n=89)
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	Target	Actual
Milestone 1, April 2019	Cumulative 15% reduction in mean average self-reported menstrual related absenteeism	49% reduction in mean average self-reported menstrual related absenteeism (n=90) (p value= 0.003) Significantly better than expected.
Milestone 2, April 2020	Cumulative 25% reduction in mean average self-reported menstrual related absenteeism	
Target, June 2020	Cumulative 50% reduction in mean average self-reported menstrual related absenteeism	

Different approaches to measuring menstrual related absenteeism are currently being compared in collaboration with the University of Sheffield.

6. Review of Theory of Change



A review of the evidence collected as part of this evaluation and the team's experience highlighted that change was happening through a three pronged approach; Schools were being directly enabled to create a more supportive environment for girls, communities were being engaged to support this progress and advocate for more support and local government was being engaged to support schools to make and sustain changes. The inputs have been restructured around these three prongs.

The change in social norms within the community, particularly changes in the attitudes of men and influential people were a key driver of change. Engaging local government is a key strategy for ensuring changes are sustained. These have been added as separate outputs to enable monitoring of progress of these strategies.

7. Discussion, Conclusions and Recommendations

Community involvement leading to changes in the social norms surrounding menstruation has been driving change in this project. We have achieved positive changes in key outcomes and impact measures (49% reduction in self-reported menstrual related absenteeism (p value=0.003), 5% improvement in girls scoring 1-2 on PLE exams) despite challenges seeing changes in some of the intermediary measures i.e. measures of girls' concentration and confidence. We need to work with the University of Sheffield to understand and refine measures of the pathway to impact so that this can be more effectively tracked. Overall, there needs to be a shift in project priorities towards institutionalising and sustaining change:

- In schools this means building the capacity of teachers and cementing attitude change among the school community
- In the community the process of social norm change needs to be consolidated, specifically religious leaders need to be engaged to help address restrictions perceived as rooted in religious beliefs.
- Finally, local government need to be engaged in integrating support for menstruation friendly schools into their policies and programmes.

8. Case Studies, quotes and photos



"Irise Uganda has taught us more about menstruation – it has taught us that menstruation is normal... It has helped us not be shy when we're in menstruation... It has taught us about the materials we should use in menstruation." P6 Girls



"I used to fear menstruation but now I don't!" P6 girl



"You can play, you can do anything you want [during your period]" P6 girl



"When Irise Uganda came they taught boys to stop laughing at girls so they stopped which made me feel good...I had a friend studying here and she was starting menstruation but she didn't know so us we saw and told her she's starting her menstruation and we gave her a sweater. After she went to madam who helped her then she went back home" P6 girl



"On my period, I feel good because it's normal but before we felt shy"

"We have learnt that menstruation is normal"

"They have taught us how to keep ourselves healthy and clean in menstruation and that you should not fear to come to school during menstruation" P6 girls



"We feel good, we feel so free during our period, we can do anything on our period – we can play we can do anything we want" P6 girl



"Before Irise taught me, I felt shy on my period, I would tell people I was sick because I didn't like it. Now I know that menstruation is good, it's healthy. I know that during menstruation I can still do anything I want, I can pray, I can play football, netball, whatever things you want!

Boys now know about menstruation very well, they don't laugh at girls since Irise talked to them because they know it's normal for girls.

Irise taught us that if a girl is in menstruation, we should not laugh at her. Before I used to be one of the ones laughing at girls during their menstruation.

I'd like to say thank you for giving us the education, you have taught me how to manage my menstruation, you have taught me about my health, you have taught me how we should help our friends during menstruation, you have taught me not to laugh at others in menstruation, you have even helped our boys learn that menstruation is normal and I would like to thank you a lot for that." School girl, aged 13



"I learnt that when I am on my period I shouldn't cry or get worried; I should feel confident. It's good that Irise teach the boys about menstruation, they need to learn because if I've started my menstruation and my mother is not there I can go and tell my father 'I've started my menstruation and need pads.'" School girl, aged 13



"Before you would see the whole school escorting the one child coming to see a teacher about menstruation, but now this doesn't happen. Why? Because Irise have taught our pupils how to behave, they now help their friends in class.

Before they used to fear the time when menstruation comes, they would even drop out of school.

Before Irise, children were using dirty old cloths during their period, but now the children have taken back their pads from Irise, their parents know they're supposed to buy sanitary pads for their girls.

Now when the community hear about menstruation, it is normal. It's not news to them, why? Because they're being taught by their child what menstruation is.

At school the girls are not comfortable, they are free. They know there are pads there if they need them, they can carry on doing their work"

Before Irise we did not have anything to support the girls at school, if a girl started her period and came to you (the teacher), we would tell girls to just go back home"

Female Teacher
Buwenge Township School



"I didn't even see menstruation as an issue before Irise came here. I even used to criticise it when I heard of it, I'd say ah it's minor, it's just an issue for females. My attitudes changed a lot, I know now not to criticise someone, a girl or a sister or a classmate who is menstruating, as I used to before. I'm trained now so I know how to handle it.

Menstruation is something everyone needs to learn about because it's normal, it happens in normal life to our mothers, our sisters and the girls.

Irise have done a great job in changing behaviours, it was Irise who changed my behaviour towards these girls and I hope I can change community members negative attitudes and behaviours towards girls who are menstruating.

I'm so glad to be a community champion, it's a great pleasure to be a champion for Irise, I've gained so much knowledge."

Male Community Champion, aged 20



"Before Irise came, I would fear so much in myself when I was in my period but now I am very free. When I started menstruating I feared telling anyone, I didn't know what it was, my mother had never told me, no one had ever told me that it was something normal for a woman to experience.

There are 3 reasons why menstruation used to be seen as something to mock, children took it as something shameful, children had never had any education about it and children were ignorant about."

Female Community Champion, aged 26



"Before I thought I'm not responsible to speak about, that it was only for a female to worry about, but it's a general problem that we all have to address.

I've learnt many many things from Irise, because in myself before I thought that things concerning menstruation is not my responsibility. Now I know I'm meant to help my daughter and my wife, I tell her to ask me for pads so I can get them for her.

I'm glad now that my mind has changed, I'm informed, I know what I'm supposed to do, I know how to help people going through menstruation.

I'm always excited to speak about menstrual hygiene. I can make ignorant people comfortable to learn that menstruation is normal, when someone is in menstruation you're still supposed to associated with these people."

Male community champion, aged 32

Appendix

Appendix 1: Summary of data collection and analysis

Data collection:

Tool	Method of data collection	Sample Size
Menstruation friendly school checklist	Project officers completed the school checklist through conversations with senior staff at the project schools and inspection of relevant facilities and policies.	10 schools (all schools involved in project)
Girls' Survey	The survey was completed in facilitated small groups of up to 10 girls per facilitator. Girls completed the survey privately with the facilitator working through each question with the group and addressing any questions or concerns.	total sample size= 105 girls took part in the questionnaires. 93 questionnaires eligible for analysis when questions imply having started menstruation.
Girls' attendance diaries	Given to girls to complete during July and August.	90 girls who have started their periods and have answered Q18b and Q18c.
School register data capture form	One month of attendance data (March-April 2018 ¹) captured from girls in P6.	
School performance data capture form	Request last year's results from project schools disaggregated by gender.	Data from 341 girls from schools where baseline data was available.
Boys' Survey	The survey was completed in facilitated small groups of up to 10 boys per facilitator. Girls completed the survey privately with the facilitator working through each question with the group and addressing any questions or concerns.	109 boys took part in the survey.
Teachers' Survey	The survey was completed in facilitated sessions where teachers were learning more about the project.	54 teachers took part in the survey.
Parents and Community attitudes and behaviours towards menstruation	Focus group discussions and interviews were conducted with parents, teachers, pupils, community members and Irise staff by a Masters student as part of an independent evaluation of the extent to which menstrual stigma had been addressed by the project.	26 semi-structured interviews, 4 focus group discussions and 4 key informant interviews (a detailed breakdown is included below*)

*Sampling undertaken by a Master's student as part of an independent evaluation of parents and community attitudes and behaviours towards menstruation:

Type of Data Collection	Total Number	Role/Occupation	Gender and Age Range
Semi Structured Interviews	26	8 Community Members/Champions	5 Females 3 Males Age Range: 20-65
		12 Primary School Teachers (5 from School 1, 4 from School 2, 3 from School 3)	6 Females 6 Males Age Range:29-55

¹ Time period selected to minimise influence of other causes of absenteeism e.g. during exam periods

		6 School Pupils (6 from School 3)	4 Females 2 Males Age Range: 11-15
Focus Group Discussions	3	FG1: Community Members/Champions	7 Females 5 Males Age Range: 20-64
		FG2: School Pupils (School 1)	5 Males 4 Females Age Range: 12-15
		FG3: School Pupils (School 2)	8 Females Age Range: 12-15
Key Informant Interviews	4	Irise Staff Members	1 Male 3 Females Age Range: 25-28

Analysis:

The analysis plan for each data set is summarised in the table below:

Tool	Analysis
Menstruation friendly school checklist	Questions reflect 9 key components of a menstruation friendly school and were combined to produce a score out of 9.
Girls' Survey data	Measuring MHH- Questions were grouped into different MHH domains designed to capture a holistic understanding of adequate MHH. Criteria were developed to define what constituted adequate MHH in each domain. Each girl was scored as adequate or inadequate in each domain and then the domains were combined into an overarching score to give the proportion of girls with adequate MHH. Self-reported absenteeism- Girls' average self-reported menstrual related absenteeism was calculated using a question on the survey. Confidence and concentration- questions were converted into a score out of 4 with a score of >2 considered adequate. Knowledge- mean average score on knowledge questions calculated. A score of >80% of key knowledge statements classed as adequate. Attitudes- questions were converted into a score.
School register data	Mean absenteeism calculated. Proportion of girls missing any school calculated.
School performance data	Proportion of girls scoring greater than a 1 or a 2 in PLE exams.
Boys' Survey data	Knowledge- mean average score on knowledge questions calculated. Attitudes- questions were converted into a score.
Teachers' Survey data	Confidence- proportion of teachers who report feeling confident Knowledge- pass mark set at >80%, proportion of teachers passing knowledge questions calculated. Attitudes- questions were converted into a score
Community and Parents Community Readiness to Change data	A thematic analysis of focus groups and interviews was completed using NVIVO software.

Appendix 2: Domains of adequate Menstrual Health and Hygiene

Absorbent use, Frequency of absorbent change	Knowledge and attitudes
<ul style="list-style-type: none"> - Adequate absorbent use means that girls' are able to access purpose built products at least some of the time and are not using products considered potentially harmful (natural materials e.g. leaves, mattress, toilet paper) - Adequate provision means that products are usually obtained from parents/caregivers rather than peers or boyfriends. - Adequate frequency of absorbent change means girls are changing at least 3-4 times a day. 	<ul style="list-style-type: none"> - Adequate knowledge means that girls score >80% on key knowledge statements² - Adequate attitudes mean that girls give responses to attitude scenarios that would not harm themselves or others.
Washing and drying procedures and privacy	Self-reported health
<ul style="list-style-type: none"> - Adequate washing and drying means that girls nearly always have enough soap and water to wash during their periods. - When using reusable products, adequate means always washing and drying appropriately³ 	<ul style="list-style-type: none"> - Adequate means that girls are not reporting health-related symptoms during menstruation⁴ (skin irritation/rashes in pelvic area, bad smell/odour, depression)
Education (school attendance and engagement)	Psychosocial (shame, insecurity, embarrassment)
<ul style="list-style-type: none"> - Adequate means usually able to participate in class and answer the teacher's questions during menstruation.⁵ - Adequate means not missing any school because of menstruation. 	<ul style="list-style-type: none"> - Adequate⁶ means that girls usually feel comfortable and confident during menstruation and are able to talk to peers and caregivers about menstruation. - Adequate means that girls are not reporting fear of staining or absorbent falling out the underwear or embarrassment⁷.

² Question 14 a)-f). Question designed to test key knowledge gaps identified in baseline work and validated in Ugandan context in previous work.

³ Washing with soap and water, drying outside, using when dry

⁴ Any health-related symptom in response to question 20 (apart from a)) is inadequate

⁵ Score greater than 2/4 on concentration indicator (Question 13) is adequate

⁶ A score of greater than 2/4 on confidence indicator (Question 12) is adequate

⁷ Answering 2 or more of c), e) or f) to Q20 is inadequate

Appendix 3: Tables of results for comparison of baseline and follow-up samples

Lived Poverty Index

Question	Chi squared test	P value
Over the past year how often have you gone without enough food to eat?	18.8	0.001
Over the past year how often have you gone without enough clean water?	5.48	0.242
Over the past year how often have you gone without medicine?	5.75	0.218
Over the past year how often have you gone without school expenses for fees, uniforms or books?	2.55	0.635

Washington Short Questions

Questions	Chi squared test	P value
Difficulty seeing	4.61	0.203
Difficulty hearing	4.48	0.214
Difficulty walking or climbing stairs	8.69	0.034
Difficulty remembering or concentrating	1.76	0.623
Difficulty washing or dressing	4	0.261

Appendix 4: The components and breakdown of results of the menstruation friendly school checklist

Component	Scores
Menstruation School Policies	A score of 2 means that the school has written documents describing how they want to support girls during their period. A score of 1 means the school can demonstrate plans to put these documents in place.
Provision of Emergency Pads	A score of 2 means that the school is providing emergency pads. A score of 1 means that the school can demonstrate plans to provide emergency pads.
Establishing long term provision of products	A score of 2 means that the school is working with parents to provide pupils with sanitary products. A score of 1 means that the school can demonstrate plans to work with parents to provide pupils with sanitary products.
Process for disposal of products	A score of 1 means that the school has a preferred process for disposal of sanitary products. A score of 2 means that this process is usually followed.
Working with parents to improve facilities for adolescent girls	A score of 2 means that the school is working with parents to improve facilities. A score of 1 means that the school can demonstrate plans to work with parents to improve facilities.
Separate toilets for girls and boys	A score of 1 means that the school has separate toilets for girls and boys.
Staff member assigned to support girls during menstruation	A score of 2 means that school has a nominated staff member responsible for supporting girls during menstruation. A score of 1 means that the school can demonstrate plans to introduce this.
Gender Sensitive facilities	A score of 9 means that on inspection the school has clearly marked toilets for boys and girls, a place/instructions about how to dispose of sanitary products, toilets are clean & light with locking doors and there is access to water, soap and toilet paper. (each component scores 1)

Results by school at baseline:

Component/School	BPPS	BPS	BTMPS	MCEPS	HPS	LSPS	DNPS	BWPPS	GPS	WWEPS
Menstruation School Policies	2	2	1	2	2	2	1	2	2	2
Provision of Emergency Pads	2	2	2	2	2	2	2	2	1	2
Establishing long term provision of products	2	2	2	2	2	2	0	0	2	2
Process for disposal of products	0	0	0	0	0	0	0	2	0	0
Working with parents to improve facilities for adolescent girls	0	1	1	1	1	0	0	0	0	0
Separate toilets for girls and boys	1	1	1	1	1	1	1	1	0	1
Staff member assigned to support girls during menstruation	0	0	0	0	0	0	2	2	2	2
Gender Sensitive facilities	2	3	2	5	6	5	5	8	5	6
TOTAL SCORE (out of 22)	9	11	9	13	14	12	11	17	12	15

Results by school at follow-up:

Component/School	BPPS	BPS	BTMPS	MCEPS	HPS	LSPS	DNPS	BWPPS	GPS	WWEPS
Menstruation School Policies	2	2	2	1	1	2	2	2	2	2
Provision of Emergency Pads	2	2	2	2	2	2	2	2	1	2
Establishing long term provision of products	0	2	2	0	0	2	2	2	2	2
Process for disposal of products	0	0	0	0	0	0	0	2	2	2
Working with parents to improve facilities for adolescent girls	0	2	2	0	0	1	0	0	1	0
Separate toilets for girls and boys	1	1	1	1	1	1	1	1	1	1
Staff member assigned to support girls during menstruation	2	2	2	2	2	1	2	2	2	2
Gender Sensitive facilities	7	6	9	4.5	6.5	6	8	9	7.5	7
TOTAL SCORE (out of 22)	14	17	20	10.5	12.5	15	18	19.5	18.5	18

	TOTAL SCORE BASELINE	TOTAL SCORE FOLLOW-UP
BPPS	9	14
BPS	11	17
BTMPS	9	20
MCEPS	13	10.5
HPS	14	12.5
LSPS	12	15
DNPS	11	18
BWPPS	17	19.5
GPS	12	18.5
WWEPS	15	18

Appendix 5: Calculating the Community Readiness to Change Score

Score at baseline and meaning:

Dimension	Average Score out of 9 at baseline	Meaning of Score
A: Community Knowledge of MHM	4	Some Community members know about the education and health impacts but information is lacking.
B: Community Belief Systems and Attitudes Towards MHM	4.5	Community members are concerned about MHM and are beginning to reflect modest support efforts to improve MHM.
C: Community Efforts to Improve MHM	5	Efforts to improve MHM and support girls are being planned by community members.
D: Community knowledge of efforts to improve MHM	5	Some community members have basic knowledge about initiatives to improve MHM.
E: Community Leaders' and influential people's attitudes to improving MHM	4	Community leaders and influential people are trying to get efforts started to improve MHM.
F: Community Resources available to support efforts to improve MHM.	5	Some community members are actively investigating how to get resources and make sure girls' needs are prioritised.

Score at follow-up and meaning:

Dimension	Score out of 9 at follow-up	Meaning of Score
A: Community Knowledge of MHM	4.5	Some community members know about the education and health impacts but information is lacking/ Community knows that support for MHM is inadequate and general information is available.
B: Community Belief Systems and Attitudes Towards MHM	5	The community are concerned about MHM and community members are beginning to reflect modest support efforts to improve MHM.
C: Community Efforts to Improve MHM	5	Efforts to improve MHM are being planned.
D: Community knowledge of efforts to improve MHM	6	An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community
E: Community Leaders' and influential people's attitudes to improving MHM	6	Community leaders and influential people are active and supportive of efforts to improve MHM.
F: Community Resources available to support efforts to improve MHM.	5	Some members of the community are actively investigating how to get resources.

Combined on the readiness to change scale below:

No awareness	Denial/ resistance	Vague awareness	Preplanning	Preparation	Initiation	Stabilisation	Expansion	Community ownership
Increasing knowledge of MHM			Changing attitudes and initiating behaviour change concerning MHM			Supporting behaviour change to improve MHM		

At baseline parents were starting to change attitudes and initiate behaviour change on menstrual health (mean score= 4)

At mid-way evaluation parents and the community were mobilising, knowledge had increased, attitudes had changed and influential people were starting to champion the cause in the community. (mean score= 5)