

Building the capacity of small charities to deliver effective, community-led menstrual health programmes in East Africa- Phase 1: Defining the Gap

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● Executive Summary

This report discusses the capacity building needs of small charities to deliver effective community-led menstrual health projects in East Africa. Based upon a desk-based study including a review of literature, an online survey, discussions with stakeholders and email interviews with experts, this report analyses the needs of small charities working to deliver menstrual health projects across Kenya, Tanzania, Uganda, Malawi and Nigeria. The picture of capacity building needed to deliver effective menstrual health projects is illustrated through comparing the actual practice of small charities with the best practice recommended by experts and larger organisations who are working on menstrual health.

Small charities are running menstrual health-related projects to try to address a wide range of problems, including: a lack of knowledge about menstruation among girls; taboos around menstruation; child marriage; high rates of school dropout and low rates of school attendance; increases in rates of teenage pregnancy; activities which can negatively impact the sexual health of adolescent girls; and poor access to sanitary products.

To ensure that they have adequate capacity to deliver effective menstrual health projects in East Africa, small charities report that they need support with:

- Funding to effectively deliver and scale up their menstrual health projects
- Access to adequate WASH
- Supply of appropriate sanitary products to distribute to women and girls in their programmes
- Ensuring their projects are sustainable and have long-term impacts
- Navigating barriers arising due to COVID-19 and being able to deliver projects in a safe and socially distanced way
- Access to adequate infrastructure to support the logistics of implementing their projects
- Navigating cultural barriers
- Effective community engagement
- Training personnel to deliver projects
- Marketing their activities in an effective way

This study has identified a need for capacity building around the way in which small charities understand menstrual health. A comparison between the small charities' views on what is meant by 'menstrual health' and the expert definition based on the literature and email interviews with key experts identified a significant gap between the small charities' perspective and the experts, although the expert consensus remains split on this matter. Small charities see good menstrual health as ensuring access to effective menstrual hygiene management, with software approaches such as good communication. Experts are divided on what is meant by 'good' and 'bad' menstrual health, with some arguing that it is up to women and girls to define for themselves how they see this rather than to have a definition imposed upon them, whilst others argue that it should relate to their dignity, ensuring their physical wellbeing, and wider interplaying factors. The gap is wide and dependent on factors such as encouraging women's perspectives to take centre-stage and there is an ongoing debate around this discussion.

There is a gap in ensuring 'best practice' among small charities when implementing menstrual health solutions. Small charities view best practice for menstrual health as the provision of pads and infrastructure and effective community engagement. The expert consensus is split on what makes a menstrual health solution effective, but ultimately, it is about how women and girls feel as a result of a particular intervention.

Drawing on the findings of the survey of small charities and reviewing reports by larger organisations and email interviews with experts, there are several areas of capacity building needed for small charities, for:

- Appropriate and effective menstrual product development and distribution
- Making educational interventions
- Delivering appropriate WASH solutions according to what women and girls feel is appropriate
- Knowing which healthcare interventions are appropriate and when they should be implemented
- Enabling a movement to support positive menstrual health to be built
- Raising awareness about menstrual health
- Expanding advocacy and the development of policies
- Doing more research on needs for menstrual health, particularly among groups often left behind such as disabled or perimenopausal women

Meeting the immediate needs of women and girls should be the key priority in building the capacity of small charities to deliver effective menstrual health projects. Small charities need to be encouraged to gather evidence about the need for a solution and about its uptake in the contexts they are working in. More research, encouraging and advocating the use of sustainable menstrual health solutions and involving men and boys are key. Effective community engagement and building capacity to engage with menstrual work at all levels is an important part of delivering effective menstrual health projects.

1 Introduction

This report discusses how small charities need to build their capacity to deliver more effective and impactful community-led menstrual health projects. Drawing on a desk-based study including the review of policy documents and literature, records of discussions with stakeholders and the results of an online survey and interviews with experts, this report provides an in-depth analysis of the needs of small charities who are delivering menstrual health projects across Kenya, Tanzania, Uganda, Malawi, and Nigeria. The capacity building needs of small charities are identified through understanding the problems they seek to address and the barriers they face in doing so. This report provides a wider picture of the capacity building required for delivering menstrual health projects by comparing the actual practice of charities with the best practice recommended by experts and larger organisations working on menstrual health. Section 2 discusses the methodology for gathering the information for this report. Section 3 outlines the needs of small charities in delivering effective menstrual health projects in context of the problems they seek to address and the barriers they face in delivering their projects. Section 4 looks at the consensus on best practice for delivering menstrual health projects, baseline measures and monitoring, and how impact can be achieved by drawing on the experience of experts and larger organisations in order to identify gaps within small charities. Section 5 concludes the report and summarises the capacity building requirements for small charities to deliver effective menstrual health projects in East Africa.

2 Methodology

This report is based on a desk-based study. Irise International conducted an initial interview with one small charity prior to the involvement of the consultant. Reports and papers from small charities were reviewed and a survey was created using Google Forms, and sent out to a pre-selected group of small charities to understand their experiences of delivering menstrual health programmes in East Africa. Email interviews were held with two experts on menstrual health, and one expert gave their views through an informal Skype discussion. The author of this report has also included her views as an expert on menstrual health in the body of the text. The surveys and interviews were supported by a review of the literature, sourced through searches online and the consultation with experts.

3 The needs of small charities to deliver effective menstrual health projects

3.1 Small charities consulted, menstrual health projects and solutions being implemented

The following small charities were consulted on their needs for delivering effective menstrual health projects:

3.1.1 Life Concern, Malawi

Life Concern in northern Malawi was founded in 2008 to address HIV but has expanded to sexual and reproductive health and then to address menstrual health. Life Concern implemented a one-year funded project in the Rumphi district of Malawi. The Waterloo Foundation funded project aimed to support and strengthen the capacity of schools and school girls to ensure effective menstrual hygiene management, and prevent the outbreak of water and sanitation related diseases in two government primary schools, Ng'onga and Lukali in the Chisovya Traditional Authority (Life Concern, 2018). This project's activities included:

- Constructing gender-segregated latrine blocks with separate latrines for girls and menstrual hygiene facilities

- Training mothers on producing and distributing sanitary pads to promote good menstrual health and ensure that poor girls can stay in school
- Establishing school health clubs to train children on safe sanitation and hygiene, with follow-up meetings to ensure that the health clubs are functional after setting up and initial training
- Establishing School Management Committees (SMCS), comprising children, parents, teachers and other community members, who would be trained on good hygiene practices
- Supporting school management in piloting lessons on menstrual health management and local production of sanitary pads (Life Concern, 2018)

3.1.2 St Peters Malawi Education Trust, Malawi

The St Peters Malawi Education Trust work in Mtunthama where they support 3 groups sewing reusable kits and have a project distributing menstrual cups (St Peters Malawi Education Trust, survey, 2020)

3.1.3 MPS Malawi

MPS Malawi have a HIV Project in Songani, Malawi. They provide free HIV testing and counselling and a range of youth social/cultural activities. MPS Malawi piloted a sanitary kit making project last year and are trying to engage more effectively with girls by improving educational outcomes, completion of school, avoiding early marriage (Julian Watson, survey, 2020)

3.1.4 Livingstone Tanzania Trust

The Livingstone Tanzania Trust have recently completed their pilot in Northern Tanzania, aiming to improve girls knowledge and confidence in MHM and supporting schools to develop enabling environments for girls to thrive. The project targets primary schools and expects to see: a demonstrable improvement in knowledge, attitudes and practices around MHM amongst participating girls, improved WASH facilities (designed by the girls at the school in question) emergency supplies of pads maintained by the school through their own income generation activity mentor teachers ready to support girls post programme and wider school understanding to create a more supportive environment for girls - ultimately seeing changes in girls confidence in talking to others about menstruation, attending school during your period and participating in lessons as normal during your period (Sophie Wooton, Livingstone Tanzania Trust, survey, 2020).

3.1.5 African Children's Fund, Kenya and Tanzania

The African Children's Fund's programme is "Education All Month, Every Month" in the Thika area, Kenya and Mateves, Tanzania and it led by local partners. It targets approximately 450 girls per month, via partners' schools. Partners want the programme to improve the completion of primary education, to encourage secondary school enrolment and as such, to see girls presented with more opportunities into adulthood (African Children's Fund, survey, 2020).

3.1.6 Mando Maasai, Kenya

Mando Maasai run a menstrual health project as part of an educational programme, targeting 250 girls at Kimelok girls school in Kajiado West in the Ewuaso Kendong area. The project aims to reduce school dropout among girls, improve their performance and enable many girls to progress in their education (Mando Maasai, survey, 2020).

3.1.7 Hope Alive Girls Empowerment Project, Kenya

Hope Alive Girls Empowerment Project runs two projects namely Secondary School Scholarships and Pledge a Pad initiative. The project is based in Kakamega, Kenya. Their project aims at ensuring that all primary school going girls have access to regular supply of sanitary towels in order to stay in class throughout the term even during their menses and give them a better chance to excel academically

after which upon completion of primary school they award them a four year secondary school scholarship. Their activities are visiting schools on a termly basis and distributing the sanitary towels to the girls and taking them through basic life skills lessons. Their wish is to have a continuous supply of pads to the schools because currently they are forced to reduce their visits to once a year due to lack of enough funds (Hope Alive Girls Empowerment Project, survey, 2020).

3.1.8 Seed of Hope Centre, Northern Kenya

The Seed of Hope Centre in Nairobi provides girls with sanitary towels and educates them on period management and hygiene and reproductive health. It targets young people between age 15 to 24 and young mother. The programme aims to reduce teenage pregnancies, reduce girls dropping out of school and reduce infection in girls due to lack of hygiene (Seed of Hope, survey, 2020)

3.1.9 Armstrong Women Empowerment Center, Kenya

The Armstrong Women Empowerment Center in Nyando Constituency, Kisumu County, has a programme aiming to retain more girls in rural communities in school and enable them realise their self-worth in becoming better people in society. The project aims to reach 1000 vulnerable girls across primary and secondary schools. The programme's goals are to see more girls raising their voices on matters affecting them, see girls gaining confidence and see girls using their strengths in positive activities. The project aims to encourage proper hygiene and mentorships amongst peers. It is hoped the project will improve academic performance among girls, and reduce rates of pregnancy, rape and eliminate early marriage among girls (Armstrong Women Empowerment Center, survey, 2020).

3.1.10 Heart for Girls Initiative, Uganda

The Heart for Girls initiative is running the 'Girls Dates Empowerment Gide Project, in Nkokonjeru Village, Kitimbwa Subcounty Kayunga District Uganda. It targets adolescent girls from the age of 10-18yrs. The aim is to empower adolescent girls to manage their menstruation hygienically, to support community MHM systems, for example water and sanitation systems in schools and to create community awareness about MHM. Their activities include:

- Teaching girls how to make reusable sanitary pads
- Soliciting for reusable sanitary pads for the girls
- Community sensitisation about MHM using materials and creative methods like drama
- MHM sensitisation of girls
- Menstrual sensitisation of adolescent boys
- Engaging school authorities on menstrual hygiene management for example forming menstrual clubs, ensuring good sanitation facilities.

The project hopes to reduce menstrual stigma in the community, eliminate bullying of menstruating girls by adolescent boys, improve disposal of used sanitary pads by girls, help girls with better MHM using pads instead of unhygienic options like old pieces of cloth, improved MHM knowledge among pre menarche and menstruating girls, improve water and sanitation facilities in schools and eliminate MHM related taboos or restrictions in the community (Heart for Girls, survey, 2020)

3.1.11 Kids Club Kampala, Uganda

Kids Club Kampala have a project to support vulnerable girls in multiple slums in Kampala. Their project targets girls between the ages of 9 and 15 years, and provides sanitary products and counselling to 700 vulnerable girls (Kids Club Kampala, survey, 2020)

3.1.12 Plan for the Villages Organization, Kampala, Uganda

Plan for the Villages Organization runs the 'I Am A Girl' menstrual hygiene project which is implemented in four selected sub counties of Amach, Agali, Bar, and Adekokwok in Lira district. The project aims to promote menstrual hygiene through reusable pad production and hygiene promotion for girls in schools and out of schools with the focus of keeping adolescent girls in schools. The project targets adolescent girls from 13 years of age to 19 years of age and women aged 20 years to 40 years as they believe that not all women are able to buy pads during their menstruation period. The activities of the project includes:

- Training teenage mothers in tailoring to make reusable sanitary pads for distribution to girls in schools and out of schools and selected rural women.
- Training senior female teachers on how to handle menstrual hygiene with the school girls
- Training girls and women to make their own pads
- Distribution of made reusable pads to the school and out of school girls and women in the rural communities

It is hoped that the provision of reusable sanitary pads will enhance the enrolment and retention of girls in schools thus having a long term impact on an individual girls and her community development. The project will also reduce on the level of stigmatisation among the rural girls and women who may have the fear to relates with people in the communities because of shame during menstruation (Plan for the Villages Organization, survey, 2020).

3.1.13 Singiro Village Hope for Orphans, Uganda

Singiro Village Hope for Orphans is a community based organisation in Uganda working with the girl child. It is based at Singiro public school, in Lwengo, central Uganda. They help adolescent girls by teaching and encouraging the use of pads to reduce girl child drop out (Singiro Village Hope for Orphans, survey, 2020).

3.1.14 Smile Mission, Uganda

The Smile Mission are implementing the 'Her Choice' programme to improve on the conditions of girls in schools in Wakiso District. The program focuses on: girl child empowerment, sexual reproductive health and rights, and menstrual health management. The 'Her Choice' programme aims to reduce barriers to access to school by training girls on how to make sanitary pads that can be washed and reused (Smile Mission, survey, 2020).

3.1.15 Teams4U, Uganda

Teams4U has run the Develop with Dignity project since 2015 in the Kumi district of Uganda. Provision of sanitary wear is focused on upper primary school children (P5-P7) but lesson-learning and community advocacy has been targeted at senior teachers in primary schools, headteachers, PTA representatives, nurses, community health workers and religious leaders, with collaboration between the Local Education Authority and District Health Office. The charity has also set up local manufacturing of washable sanitary pads (trained via Days 4 Girls) in Mukongoro, Kumi. The changes they want to see are: higher school attendance as girls are enabled to stay in school comfortably through their periods without shame; greater community inclusion as the community recognise periods are normal and not a sickness; eradication of period-shaming; better knowledge around MHM and Sexual Health through education, and an increase in male-guardian support towards supplying their female family members with appropriate MHM resources (Teams4U, survey, 2020).

3.1.16 Child Rescue Ministry, Uganda

The Child Rescue Ministry have launched an intervention to restore girls' dignity, especially for those who do not go to school or have dropped out of school, called Champion of Change. Through this project, they formed community girls' clubs in each village and also formed boys club with 30 members in each club. The Child Rescue Ministry conducts peer to peer training on sexual reproductive rights which includes general awareness of their body changes and how to manage it and the production of reusable sanitary pads. The Child Rescue Ministry have come up with a special brand of reusable sanitary pads called 'Champion' pads which are made by girls trained from the communities. They have set up a production centre in Lira City, Uganda where pads made by girls from community locations are finished, sterilized, packed and made accessible to community at affordable price. Their community program is located in Agali sub county, Lira district (Child Rescue Ministry, survey, 2020)

3.1.17 1K Sanitary Pad Initiative, Uganda

The 1k Sanitary Pad Campaign aims to mobilize and empower communities (boys, men, girls, women, parents/guardians, teachers, religious/cultural leaders, community leaders and key policy makers) to create a supportive environment that promotes menstruation with dignity through creating awareness, breaking the myths and misconception, period stigma, providing and making menstrual materials available and improve access to sustainable WASH services/facilities which are crucial for girls' and women's health, gender equality and mitigating the spread of other diseases. The campaign aims to promote good menstrual hygiene and health for girls and women with safety and dignity, increase school attendance and engagement in daily activities such as work and shopping, and to provide and make menstrual materials like reusable sanitary pads, quality cloths, disposable pads, period panties and menstrual cups available for marginalised, discriminated against and vulnerable group of girls and young women in hard to reach communities. The campaign also aims to increase access to WASH; map and reach out to individuals, companies and organizations who/which can help fundraise/donate to the campaign; increase media presence for the campaign; sensitise and empower communities including girls, boys, men, women, parents, teachers, religious/cultural leaders and key policy makers on the benefits of creating a supportive environment that promotes menstruation with dignity; and conduct outreach activities on the 1K Sanitary Pad Campaign in schools and communities. The project aims for 5 deliverables:

1. Reaching out to 1000 girls and young women with Menstrual Health Management commodities through training them on how to make reusable sanitary pads, liquid/bar soap making and provision of cotton knickers for sustainability.
2. All stakeholders like boys, men, girls, parents/guardians, cultural/religious leaders, key policy makers and community members sensitized and empowered to create a supportive environment that enables girls and women to menstruate with dignity.
3. 6 talk shows to create awareness on the campaign so that different stakeholders can fundraise or donate for the campaign.
4. Recordings of voices and videos of people on their views on promoting menstruation with dignity.
5. Improving access to sustainable Water, Sanitation and Hygiene (WASH) services/facilities in rural communities/schools. (1K Sanitary Pad Initiative, survey, 2020)

3.1.18 Rescue A Girl Campaign, Nigeria

The Rescue A Girl Campaign in Nigeria aims to create awareness and capacity building on menstruation hygiene and access to clean sanitary pads for young women and girls on how to increase access to proper hygiene, WASH facilities and sanitary pads. The campaign wants to improve access to education for girls even during their period. The project targets 1000 young women and girls in

communities and schools. The project's activities includes the creation of a safe discussion in the community with the use of health advocates to share information and encourage both young women and adolescent girls. The purpose of the awareness is to creating confidence on menstrual period and how to prevent themselves for sexual infection. The changes the project would like to see are access to clean sanitary pads, hygiene and WASH facilities in mostly vulnerable community and schools (Rescue A Girl Campaign, survey, 2020)

3.1.19 FreeThePeriod, Rwanda

FreeThePeriod is a grassroots initiative based in Rwanda. Their aim is to end period poverty in Rwanda. They provide free period products to schools, prisons, and hospitals in different areas across Rwanda. In 2019, they successful campaigned for the removal of VAT on period products (FreeThePeriod, survey, 2020).

3.1.20 Talent Innovation Foundation, location unknown

The project aims to promote the use of reusable sanitary pads because it is cheaper (Talent Innovation Foundation, survey, 2020).

3.1.21 The Menstrual Movement, Concord, North Carolina USA

The Menstrual Movement is based in Concord, NC but has expanded to establish two other chapters in Durham, NC and Mumbai, India. Their aim is to mitigate menstrual inequality and promote menstrual health at both local and global levels. Their target audience are those menstruators who have been afflicted with period poverty, whether that be due to unaffordability of products or a cultural stigma/shame. Their activities include preparing menstrual education workshops for young girls at a low-income school, raising funds towards the implementation of a sanitary pad machine in a village in India, running drives for menstrual/hygiene products that go to local homeless and women's shelters, and encourage local legislation to make menstrual products more accessible in schools. The Menstrual Movement would like to see menstruators feel more empowered to take control of their periods, a higher percentage of menstruators who can afford products, and a lower percentage of school-dropouts and menstrual-related deaths (The Menstrual Movement, survey, 2020).

3.1.22 Grassroots Initiative, Uganda

Grassroots Initiative in the rural Serere District in eastern Uganda are running a project called "Unlocking every girls potential through a journey" The target audience is 80% girls from the rural community of Teso region. Men and boys will be involved in the project. The aim of the project is to support and address girl child challenges associated to menstrual health management. The project will be integrated with a practical approach focussed at skill development through making of reusable sanitary products for themselves and for income. The beneficiaries will also be empowered with knowledge in making of soap. This will improve household livelihoods. (Grassroots Initiative, survey, 2020)

3.1.23 Alliance for Sustainable Health and Wealth in Africa, Uganda

Alliance for Sustainable Health and Wealth in Africa is running a MHM project by the Buyengo women group located in Dabani sub county. They are targeting adolescent girls from the age of 10 years to 19 years old to improve on their menstrual hygiene management practices and reduce menstruation related stigma in the community. By making reusable sanitary pads to improve on girls' menstrual hygiene, they aim to increase girl child school attendance and retention through their educational journey (Alliance for Sustainable Health and Wealth in Africa, survey, 2020).

3.1.24 Tai Tanzania

Tai Tanzania is implementing a menstrual health hygiene project called 'Jali Project' which is aimed at improving the health and wellbeing of menstruators found in underprivileged communities in Tanzania. In doing so, Tai Tanzania uses storytelling through 3D animation video in addressing different issues relating to menstrual health hygiene. Currently the project is being implemented in Dar es Salaam, Tanzania, with the target audience being adolescent girls and the community at large. (Tai Tanzania, survey, 2020)

3.1.25 Up With Community

Up With Community is running the IWE project which is simply I as a woman and I We as women help each other during menstrual periods. It explores how we overcome challenges in schools where no boreholes and emergency pads are for female teachers and girls students and many students are missing classes. Positive results will formulate IWE clubs in many schools and have menstrual hygiene desks which will help girls students and females teachers to get emergency pads in schools and how to make reusable pads for improving menstrual hygiene in schools and in their community (Up With Community, survey, 2020).

3.1.26 Others

Some names of organisations were not clear. One person fed back that she wanted to set up a programme but has been hindered by financial barriers and is keen to support others to start up something.

3.2 Existing needs of small charities and grassroots problems in running menstrual health projects

The small charities consulted have a range of issues they are trying to address. This section provides insights into small charities' views of the problems they seek to address, and the barriers they face and the needs they have to deliver their menstrual health projects effectively.

3.2.1 Understandings of the problems they seek to address

Small charities are seeking to address a wide range of problems through their projects, which were identified through methods such as baseline surveys and needs assessments, or through girls confiding in younger members of staff in schools:

Lack of knowledge about menstruation among girls

- A gap analysis by Tai Tanzania identified that a lack of knowledge about menstruation among girls is a key issue to address (Tai Tanzania, survey, 2020)

Taboos around menstruation

Taboos around menstruation in the community was a key challenge to break through:

- Menstrual health is a matter for women only, and not for the public (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- Pads are difficult to access and often lacking due to taboos, and addressing cultural issues is very complex (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)

Ending child marriage

Charities were working to try to end child marriage:

- Ending child marriages is important, through following up with individuals and working with lots of girls in groups in schools (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)

- "I've always met girls out of school and when you share the reasons as to why they no longer go to school, some say they were shy. Secondly, they believe that when they go menstrual, they are mature for marriage." (Singiro Village Hope for Orphans, survey, 2020)

School attendance and dropout

Menstrual health programmes often aimed to reduce school dropout:

- Girls do not attend school when they have their periods (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- "Feedback was provided to our partners by Headteachers in Kenya and Tanzania that a major cause of school absenteeism was a lack of affordable sanitary towels. Schools were able to provide details of attendance records and numbers of girls taking end of primary school exams to prove there was an increasing problem with school attendance as girls entered adolescence." (African Children's Fund, survey, 2020)
- Dropout was a key issue to address for organisations including MPS Malawi, Armstrong Women Empowerment Center, Alliance for Sustainable Health and Wealth in Africa and the Seed of Hope Centre.

Teenage pregnancy

- Girls were dropping out of schools due to teenage pregnancies (Seed of Hope Centre, survey, 2020)

Girls engaging in risky sexual activities in exchange for pads

- Girls were found to be engaging in sexual activities with men in order to access pads (Sustainable Health and Wealth in Africa, survey, 2020)

Lack of access to effective sanitary products

A lack of access to sanitary products was a key challenge for many charities:

- "Well based on the finding and testimonies during one of our peace club training in our of our project school that is Keframa High School in Bar Lira District, we realized that young girls and women need to change their sanitary pads three times or four times daily during their menstruation period. The vast majority of girls and women in rural areas areas in East Africa uses rags usually, torn T-shirt, toilet papers and bark clothes instead of sanitary napkin napkins. Rags and these clothes are washed and reused several times . there is no private places to change and clean the rags an often no safe water and soap to wash them properly. A culture of shame and embarrassment forces them to seek for well-hidden places even in their homes to dry the rags and yet rags which are unclean and wet cause urinary and vaginal infection. The advent of commercial sanitary towels has bit generally saved the situation considering that the associated prices of the pads is not affordable according to research by Plan for the Villages Organization Uganda. Now realizing that the problem of menstrual hygiene management are countering the government and other stakeholders to promote universal education for girls , Plan for the Villages Organization Uganda is intervening by initiating a reusable sanitary pads project " I am a girl project" with the aims to increase accessibility to sanitary pads for girls in schools and in rural communities especially in Lira district, as the divide between rural and urban schools is huge in terms of income and gender disparity." (Plan for the Villages Organization, Uganda, survey, 2020)
- Lack of money to buy pads and girls using rags and newspaper (Nyakecho Petra, survey, 2020)

3.2.2 Barriers and support needed to effectively deliver projects with impact

Small charities raised a wide range of areas where they felt they required more support in order to deliver their projects:

Capital, funding and scaling up projects

Access to funding was a key factor for small charities in the way in which they were able to run their menstrual health projects:

- Life Concern in Malawi reported problems in longer term funding to sustain community groups through their programme to have continued production of reusable pads. Whilst they gave them sewing machines to make pads and fertiliser to grow maize and sell for funding, the maize did not grow well and funding was not available as a result. There were challenges in getting the community to market reusable pads, and older women were less interested in buying these products because they had their own free ways of managing their periods, and so funding fell short (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- Kids Club Kampala (survey, 2020) also raised problems with access to funding to sustain their projects
- “The biggest challenges always for instance for this particular project is funds. Due to the pandemic of COVID-19 prices of pads making materials have risen compared to in the past and it has made production low. The organization has the expertise but it is [...] becoming a challenge to maintain them due to low pay too.” (Plan for the Villages Organization, survey, 2020)
- Mobilising resources to support girls on using reusable sanitary pads is challenging (Armstrong Women Empowerment Center, survey, 2020)
- “Obviously funding for scoping exercises is often hard to achieve, but understanding the contextual issues is pivotal to the success of any intervention. Creating the right relationships with government offices also takes time. Other challenges were sourcing a good sanitary product and creating simplified low-tech resources to help advocacy and education (as many of the teachers didn't have the expected level of education to understand some of the terms behind the menstrual cycle etc.). One challenge we are still trying to achieve is establishing relationships with Universities to coordinate publishable research as the lead-times around ethics review, finance and sourcing willing individuals, has been prohibitive.” (Teams4U, survey, 2020)
- “Financial challenges in the provision of WASH facilities like water tanks, purchase of training materials are the key challenges.” (Grassroots Initiative Uganda, survey, 2020)
- “As charitable organization, we strive at empowering the adolescent girls through training and educating them, on how to make reusable pads. However as an organization we have a challenge of funding that makes it hard to deliver information on menstrual hygiene. most of our trainings have been supported through community fundraisings and membership contributions. Additionally, we are unable to easily access reusable sanitary pads making materials in our local markets. We lack enough materials to supply young girls to make reusable pads.” (Alliance for Sustainable Health and Wealth, survey, 2020)

Access to WASH

Different levels of access to water, sanitation and hygiene (WASH) in areas where programmes are being implemented means that there are different priorities for ensuring good hygiene:

- “Inconsistent clean water - at home and at school - means reusable sanitary towels aren't currently an appropriate option for our Kenyan partner schools. This presents a far from ideal

environmental concern but there is currently no way around this. However, in Tanzania, the opposite applies! Culturally, it was felt disposable sanitary towels were a Western intervention designed to suppress fertility so local communities there prefer reusable towels, and have access to water for cleaning and care of reusable products.” Provision of private toilet blocks are also needed in schools. (African Children’s Fund, survey, 2020)

- Kids Club Kampala (survey, 2020) noted however that providing reusable pads is not always possible in slums due to a lack of access to WASH.

Meeting demand for sanitary products

Meeting the demand for sanitary products is a key need for small charities who can only run small scale projects, and often find women in the communities outside of the schools they are working in also want access to pads:

- “One of the changes relate to the overwhelming demand of programme activities in many other schools. However, being a small nascent charity, we can only target just a few schools at a time. This sometimes does not reflect well on those schools not targeted.” (Smile Mission, survey, 2020)
- “While giving out to girls in school, you find most other females also with great need, yet they are not enough for the whole community.” (Singiro Village Hope for Children, survey, 2020)
- “African culture [is] not friendly to share many menstrual things. We were limited with funds to expand the reusable pads projects to help many Girls. Many girls wanted our reusable pads but too bad that we were not able to supply them. The number was increasing every month requesting for the pads.” (Talent Innovation Foundation, survey, 2020)

Implementing longer term solutions for menstrual hygiene programmes

Charities were finding it challenging to implement long term solutions due to the stigma around menstruation and a lack of access to supportive infrastructure in schools:

- “Our biggest challenge is long term solution as opposed to the termly school visits. For example introducing the cup as opposed to disposable pads unfortunately this has proven to be a challenge since the schools do not have running water. Secondly due to stigmatization around menses, most of the girls shy away from using the washable pads because they are ashamed of hanging them in the open after cleaning them.” (Hope Alive Girls Empowerment Project, survey, 2020)

Access to monitoring and evaluation data

Small charities needed to access monitoring and evaluation data for their projects more readily:

- “Regular monitoring & evaluation data isn't always as readily available as we would like.” (African Children’s Fund, survey, 2020)

Effectively engaging boys

Effectively being able to engage boys in menstrual hygiene programming was a gap which small charities were finding difficult to fulfil:

- “...we are still facing challenges in designing complementary programme activities to equally engage boys in mixed schools. It usually seems discriminatory to leave boys out of programme activities and this remains a huge gap.” (Smile Mission, survey, 2020)

Navigating the impact of COVID-19 on programmes

Small charities were asked about the impact of the current ongoing COVID-19 pandemic on their ability to carry out their menstrual health programmes and their needs for effectively running them

at present. The impacts of COVID-19 were diverse and resulted in issues such as loss of funding for the work, whilst other charities faced minimal impact as the incidence of cases of COVID-19 were not as widespread. The closure of schools and planned visits being cancelled prevented small charities from delivering their projects in the way that they normally would:

- "... as our programme is schools-based, Coronavirus restrictions and closures simply mean the programme can't be delivered in its normal format, particularly in Kenya where the schools are still closed. Sanitary towels have been distributed to adolescent girls within the community but we're aware this won't capture everyone."
"...school closures have meant the programme simply can't be delivered as we would like. Though the community distribution of sanitary towels means some girls have been supported, we know there are certainly gaps and the monthly education forums have not happened. We're concerned by a reported increase in teen pregnancy which will have long-lasting implications, even when Coronavirus restrictions are lifted. We don't want to continue with community supply and we instead want to revert to school support as soon as it's possible to do so." (African Children's Fund, survey, 2020)
- "School were closed and many kids have lost time. We have to fundraise to enable us continue support the projects." (Hope Alive Girls Empowerment project, survey, 2020)
- "School closures affected the programme as girls clubs were built into school timetable. This girls club group format was also central to evaluation sessions (the only element of the programme not completed before the pandemic). We wouldn't consider changing the in school group format to individual visits to girls at their own homes as the club approach was highlighted by girls as a key positive to their experience of the programme and with an extremely small team we do not have staff capacity for an individual by individual approach" (Livingstone Tanzania Trust, survey, 2020)
- "As Tai Tanzania employs the use of Human Center Design in implementing MHM projects, adolescent girls are effectivity involved from the initial stage of the project that is story collection, production of animation and dissemination. The outbreak of Covid-19 resulted to great challenge in implementing our projects as secondary schools were closed hence resulted to failure to access adolescent girls. Since then we opted to conduct online research and interview as a means of colleting stories from our beneficiaries. We still find the need to interact with our beneficiaries as the best way to ensure effective implementation of the project." (Tai Tanzania, survey, 2020)

Some small charities have temporarily needed to adapt their work focus to meeting other pertinent community-based needs:

- "We have had to temporarily close some projects but have adapted other activities, most significantly converting our classrooms into food banks which have so far fed over 32,000 families" (Kids Club Kampala, survey, 2020)
- Singiro Village Hope for Children (survey, 2020) noted that more people in the communities were asking the charity for support with access to food rather than focussing the project solely on menstrual hygiene.
- "COVID-19 has completely halted distribution of sanitary pads to school pupils as schools have been forced to close indefinitely. We've used the time to focus on resource-creation and run some community intervention with small groups where possible. Our long-term aim would be to create contextual resources any NGO and community influencer can access, showcasing local voices and storytelling." (Teams4U, survey, 2020)

Social distancing has led to changes in the number of girls being able to attend sessions:

- “It affected the group empowerment sessions because of social distance restrictions. We have had to adapt in a way that very few girls attend the sessions.” (Heart for Girls Initiative, survey, 2020)

Funding and fundraising for menstrual health activities has become a greater concern during the pandemic:

- “As donations went down, the education we were giving is limited as movement and sharing is limited. Girls are not getting our direct assistance as before. We are adapting yes but it slowed our development in girl child. We will continue with the same project when Covid-19 fades or slows down.” (Talent Innovation Foundation, survey, 2020)
- “COVID-19 has affected our work greatly because we cannot hold in person fundraisers for many of our projects. Although those kind of fundraisers can be costly, we found that they were also the most engaging and we received lots of support from donors through them. We have adapted to the COVID-19 situation by shifting our fundraisers and campaigns to a virtual design. By doing this, we were still able to make an impact but donor engagement was less. I would prefer in person fundraisers than virtual fundraisers.” (The Menstrual Movement, survey, 2020)

Budgets for menstrual health projects ran by small charities had to be re-examined in light of changes due to social distancing, and the need for more technology to maintain government guidelines which led to extra expenses:

- “COVID-19 has affected us a lot in terms of community sensitization and mobilization for training of the project beneficiaries as there was ban on public gathering, it was expensive as most of the meetings has to be done on tele-conference and Zoom. Adaptation was made through adjusting on the project budget because other service providers became very expensive too. It is hard to tell whether it will continue or not but the adjustments has made it a success and we have accepted to live and work in the situation as we were also co-opted into the district COVID-19 task force which allows us to reach the communities while observing the standard operating procedures set by the Ministry of Health. The schools which were closed have reopened and this will make the school projects to move on too.” (Plan for the Villages Organization, survey, 2020)

Charities raised problems with:

- Sourcing and paying for PPE such as masks (Armstrong Women Empowerment Center, survey, 2020)
- Unexpected costs for new measures such as radio talk shows (Child Rescue Ministry, survey, 2020; Alliance for Sustainable Health and Wealth in Africa, survey, 2020)
- Quarantining girls who are involved in the supply chain for producing pads in residential centres to reduce the spread of infection, which then disrupted the supply chain for pads (Child Rescue Ministry, survey, 2020)

Other small charities have been minimally impacted by COVID-19, because the prevalence of cases are minimal in countries such as Malawi, or the projects being implemented are at a much smaller scale. Remote working has been possible for the Seed of Hope Centre (survey, 2020) who have managed to reach the target audiences for their projects through WhatsApp, SMS and drop-off points for learning notes, and have also provided counselling support over the phone for reproductive and mental health. No longer being able to work in schools has led to organisations such as the Armstrong Women Empowerment Center looking for alternative spaces in which to hold their programmes.

Tracking the progress of girls from previous programmes has also been a key issue. Projects have needed to adapt to COVID-19 restrictions in different ways, notably through methods such as home visits to provide sanitary pads to girls who were no longer attending school and to provide door-to-door training:

- “The pandemic prevented us from donating to schools because schools were shut down. Unfortunately, this meant that we could not reach the students we used to reach. Instead, we went into the communities that those students come from, and delivered the pads to them” (FreeThePeriod, survey, 2020)
- “Since periods don't stop for pandemic, access to menstrual health management commodities is key and during this period of COVID19 the target number of my program reduced since public gatherings were banned and I'd to do a door to door training with Standard Operations Procedures put in place by ministry of Health Uganda to stop the spread of COVID19 followed and this was the adaptation we had to make and also reduce on the number of group members to 15 only. This campaign aims at reaching all the regions in Uganda that's Northern, Eastern, Central and Western where we started with the Eastern Region (Kayunga District) with Menstrual Hygiene and Management commodities.” (1k Sanitary Pad Initiative, survey, 2020)

Charities such as the Smile Mission are trying to restart their programmes under social distancing guidelines provided by the Ugandan Ministry of Health.

Access to infrastructure such as transport and electricity

A lack of access to infrastructure to travel to programme locations makes the logistics of running projects a greater challenge:

- “No dedicated vehicle by our partner NGO. Staff & volunteers reliant on public transport or boda bodas, which can compromise safety or make the logistics more difficult than they need to be with multiple trips to the same schools etc. In bad weather, some schools can't be reached without an appropriate vehicle so they simply miss out on their allocation.” (African Children's Fund, survey, 2020)
- “Lack of electricity in this area to showcase movies on health and reproduction sessions.” (Mando Maasai, survey, 2020)

How to navigate cultural barriers

Small charities require greater support in overcoming cultural barriers, such as language or long-standing attitudes about women and girls in the local communities in order to effectively deliver their projects:

- “We have done the ground work in terms of local relations. Other challenges are cultural - the local tribe have low expectations of female education.” (MPS Malawi, survey, 2020)
- “Due to culture, most people feel it is a taboo to talk about periods, girls and women shy off they are not free to discussion on menstruation” (Seed of Hope Centre, survey, 2020)
- “Less interest from adolescent boys in menstrual issues; Menstrual Hygiene Management restrictions and deeply anchored societal norms; Menstrual stigma in the communities who consider it a taboo topic” (Heart for Girls Initiative, survey, 2020)
- “Our biggest challenge is countering cultural rigidity, negative cultural norms where girls are made too vulnerable due their body changes and men complaining that menstrual hygiene management is expensive in disguise of having their daughters get into early marriages. we small charities get limitation of having small funding that can't allow us access mass media

where we can use to influence opinion again, our scope of operation is narrowed like us we can only operate effectively in one sub-county yet needs for outreach is huge.” (Child Rescue Ministry, survey, 2020)

- “Some of the biggest challenges we face regard stigma. Policy makers are still uneasy when it comes to discussing this issue publicly. Stigma also prevents us from introducing more sustainable period products like the period cup.” (FreeThePeriod, survey, 2020)
- “The unfavourable government policies around menstruation and also the culture and religion has hindered our menstrual health management program in that people still believe that girls during their menstrual cycle are unclean and shouldn't take part in any important activities in the community.” (1k Sanitary Pad Initiative, survey, 2020)
- “Talking about menstrual health issues is not a normal thing in the context of Tanzania as this has for long time been viewed as an issue only for women and hence needs to be addressed privately among women. While implementing the project, addressing this issue was a challenge as many adolescent girls felt the discomfort in the beginning to open in sharing their experience and a challenge on menstruation and also boys were sort of reluctant in the beginning as they viewed that issues relating to menstrual are for women alone and that they are not supposed to be talking about that.” (Maboya, survey, 2020)

Community engagement

- Community engagement has been a big challenge. Beyond the agreement of young people to participate in engagement activities, the challenge is finding a way to work more strategically with the communities so that they recognise MHM as an issue, and finding strategies with the community and not just the schools to tackle these issues (Livingstone Tanzania Trust, survey, 2020)

Training personnel on the ground

- It was raised by the St Peters Malawi Education Trust (survey, 2020) that there was a greater need for training personnel running the projects to have a better understanding of accountability and providing reliable feedback on a regular basis.

Marketing

Due to their small size, small charities need greater support in marketing their organisations and in turn, accessing funds:

- “The biggest challenges we have faced is marketing our organisation. Since we are a small charity based out of school, marketing our events and campaigns to the larger community has been an issue. As a result, we are gathering less funds and engaging a lower percentage of the community than we could.” (The Menstrual Movement, survey, 2020)

3.2.3 Summary: The needs of small charities in delivering effective menstrual health projects

Key points:

- Small charities are running menstrual health-related projects to try to address a wide range of problems, including:
 - A lack of knowledge about menstruation among girls
 - Taboos around menstruation
 - Child marriage
 - High rates of school dropout and low rates of school attendance
 - Increases in rates of teenage pregnancy
 - Activities which can negatively impact the sexual health of adolescent girls
 - Poor access to sanitary products

- In order to build their capacity to deliver impact from their projects, small charities need support with:
 - Funding to effectively deliver and scale up their menstrual health projects
 - Access to adequate WASH
 - Supply of appropriate sanitary products to distribute to women and girls in their programmes
 - Ensuring their projects are sustainable and have long-term impacts
 - Navigating barriers arising due to COVID-19 and being able to deliver projects in a safe and socially distanced way
 - Access to adequate infrastructure to support the logistics of implementing their projects
 - Navigating cultural barriers
 - Effective community engagement
 - Training personnel to deliver projects
 - Marketing their activities in an effective way

4 Defining the gap: Building consensus on best practice for menstrual health from a small charity and expert perspective

4.1 Experts consulted

The following experts were consulted along with the charities and a review of the literature to define the gap and understand best practice:

- Dr Sarah House, engineer and author of *Menstrual Hygiene Matters*
- Dr Amita Bhakta, consultant who recently completed her PhD exploring the WASH needs of perimenopausal women
- Brian Reed, engineer and expert on gender issues
- An academic working on the Menstrual Health Collective

4.2 How menstrual health should be defined

The small charities consulted for this project overwhelmingly stated that menstrual health is about the provision of sanitary products, with some software approaches such as hygiene promotion involved. Menstrual hygiene management and access and knowledge about effective products were what small charities regarded as important for ensuring good menstrual health:

“Since we work with school going girls, and most of them come from poor background, affording sanitary pads is a big problem. First they need regular supply of sanitary pads. They also need intense lessons on menstrual Hygiene Management and the various available options of menstrual hygiene management products since majority of the girls here know of the pads alone. Lastly the need for running water.” (Hope Alive Girls Empowerment Project, survey, 2020)

“We know many families living in poverty simply cannot afford to buy sanitary products for their adolescent daughters, and feeding their families has to take priority. As such, many girls have no protection while menstruating and miss one week in four of their schooling. They fall so far behind they often drop out completely. Menstruation is still seen as a hugely taboo subject and isn't regularly talked about within families or communities. Girls need physical items (sanitary towels, underwear) but also psychosocial support in the form of communication forums or confidential channels so they can understand what is happening to

their bodies and what behaviour is appropriate surrounding that.” (African Children’s Fund, survey, 2020)

“Access to free/affordable sanitary products and information about how to access these, support, information and empowerment to keep themselves safe and make good choices even when desperate e.g. selling sex for sanitary items” (Kids Club Kampala, survey, 2020)

“Sanitary pads” (Plan for the Villages Organization, survey, 2020)

Charities emphasised the provision of physical items such as soap and pads as most important, with some arguing that these products should be made free (FreeThePeriod, survey, 2020). There was also however some acknowledgement of the need for other approaches such as communication forums, psychosocial support, creating awareness about good menstrual and sexual health, teaching girls how to make pads and about the basics of menstruation and how to manage it. Charities also saw changing preconceived ideas about menstruation based on local beliefs and taboos as being important. The provision of WASH facilities in schools was another key component of what is believed to be ‘good’ menstrual health. Some stated that the involvement of men and boys as ‘champions’ was important for ensuring the good menstrual health of women and girls, as well as peer to peer learning. One charity also argued that encouraging exercise and drinking water ‘speeds up’ the menstrual cycle.

A review of the literature suggests there is a degree of dissatisfaction with a focus on menstrual hygiene management, which is focussed on the mechanisms of management of menstruation, and that it should be expanded to cover menstrual health more broadly. Menstrual hygiene management (MHM) is ‘women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials’ (Sommer and Sahin, 2013: 1557). More recently, there has been a shift towards using the term ‘menstrual health and hygiene’, which:

‘Encompasses both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarised by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy’ (UNICEF, 2019: 9).

The adoption of these views reflects the need for a change in the mindset of menstrual health programming to explore wider factors which interplay between the experiences of menstruation and other aspects of women and girls’ lives such as going to school and work rather than focussing on the use of effective materials alone. The Kulczyk Foundation have recently released a report (2020), *The Bloody Problem: Period poverty, why we need to end it and how we need to do it*. The Kulczyk Foundation (2020: 5) argue that complete menstrual health and hygiene involves four components:

- Access to preferred and sufficient menstrual management materials, such as tampons or sanitary pads
- A safe and hygienic location for changing and disposing of sanitary materials as well as washing facilities
- Knowledge and understanding of menstruation as a biological process and how to manage it
- A supportive environment where menstruation is not stigmatised

Menstrual health is therefore also about the socio-cultural experiences of menstruation rather than just about effective techniques to manage it; the interplay between societal, environmental, interpersonal, personal, and biological factors are a key aspect of this understanding (Kulczyk Foundation, 2020). Other experts suggest more needs to be done about menstrual health rather than spending time trying to define it, because there will be a difference between the expert view and the view of people trying to implement projects on the ground. From a feminist perspective, it should be up to women and girls to decide what is and is not good menstrual health (Reed, 2020, pers. Comm; Bhakta, 2019). A recent study (Bhakta, 2019) explored the MHM needs of perimenopausal women in their 40s and 50s in Ghana. Bhakta finds the use of the word 'health' in relation to menstruation problematic because it risks medicalisation of it, and missing the everyday lived realities of a natural process. Perimenopausal women in her study experienced heavy and erratic menstrual periods, losing up to 80ml of blood. Cloths and pads were often inadequate in providing effective good menstrual hygiene due to poor absorbency, and ensuring menstrual 'wellbeing' rather than 'health' requires a renewed look at other supportive infrastructural measures such as user-friendly bathing and laundry facilities and the bigger picture. This understanding could only be reached by asking perimenopausal women about their needs rather than imposing a definition onto them. Bhakta feels that the experience of menstruation should be conveyed by women and girls, because there are issues that they may find problematic but difficult to raise or discuss if we impose a definition onto them. Another factor in Bhakta's study which reflected that menstruation is not a 'health' issue was that perimenopausal women would try to consult doctors about their heavy bleeding or issues with fibroids, but there was often little that the doctors could do about it, because it was a natural process (Bhakta, 2019). Reed (2020, pers. comm) argues that focusing on menstrual 'health' misses the other aspects such as shame, dignity and privacy, because they are not health issues, and the definition of MHM is broader and more inclusive than referring to 'menstrual health'.

Reaching consensus on how menstrual health should be defined is challenging, and a current review by the Global Menstrual Health Collective reflects this. One expert explained that The Terminology Action Group of the Global Menstrual Collective undertook an effort over the past year to develop a new definition of menstrual health. This included reviewing current usage, and a consultation process with a wide range of stakeholders. The final definition, and an elaboration paper that highlights the development process, and explains the components of the definition, is currently under review.

House (2020, pers. comm.) explained how in March 2019, a range of key MHH actors (Sommer *et al*, 2019), mostly academics with a few implementing organisation representatives discussed priority indicators for MHH across sectors. This was documented by Columbia University in a Green Paper. House explained that the definition adopted by Sommer *et al* (2019) has been adopted by UNESCO and quoted by UNICEF (2019) as a concept which incorporates wider, interconnecting factors. House felt that good menstrual health was when a woman or girl feels dignified, healthy with no infections or sores and that her period pains are under control, confident that she will not leak and that she will not be teased by other people, and proud of her menstrual cycle (House, 2020, pers. comm.).

4.2.1 The gap in defining menstrual health

Key points:

- Small charities understand 'good' menstrual health to be about ensuring access to MHM products with some supportive software approaches such as good communication

- The expert consensus remains split on how ‘good’ and ‘bad’ menstrual health should be defined, with some experts arguing that women and girls should define how they see menstrual health, rather than to impose a definition, whilst others relate it to aspects relating to their dignity and ensuring their physical wellbeing and wider interplaying factors
- The gap is wide and dependent on factors such as encouraging women’s perspectives to take centre-stage and there is an ongoing debate around this discussion

4.3 Effective menstrual health solutions

Small charities surveyed for this report have identified various effective menstrual health solutions for their projects such as providing pads, effective community engagement and the provision of user-friendly and gender-sensitive infrastructure. A review of the literature also suggests that there are different interpretations on what makes a menstrual health solution effective, which is also reflected by the experts who were consulted for this project.

4.3.1 Defining what makes a menstrual health solution effective

A key factor in determining whether a menstrual health solution or intervention ‘effective’ is the lack of evidence for a consensus for what this entails. One of the experts consulted said:

“We don’t know if a menstrual health intervention *has* to be multi-component to achieve meaningful gains – it is possible, based on the current evidence, that acting on only one or two pathways may offer some benefits. We have not yet assessed how more multi-component programs offer additional benefits. At the same time, it will depend on the individual components.

I think that across different programs we want to assess how menstrual health can be addressed comprehensively in its entirety – to really improve menstrual health for the population. But I don’t think there is evidence yet that addressing one or two pathways is *ineffective*, or that we aren’t most effective by integrating across other sectors (e.g., education components integrated into CSE and schools, WASH components integrated into wash programming, gender norm programming around menstruation/stigma integrated into those programmes/policy actions). How it should be delivered depends on the intervention. We are likely to need multiple levels of intervention, through different pathways to comprehensively address menstrual health (e.g., through community programs, health services, schools, and at govt’ natl. levels).” (Expert on the Menstrual Health Collective, pers.comm, 2020)

This uncertainty over whether and how different components of a solution are to be implemented was echoed by Bhakta (2019), who argues that the effectiveness of any solution simply depends on what the women and girls want. Bhakta (2019) attempted to supply sanitary pads to perimenopausal women with heavy menstrual periods, as it was her perception that this would help them. The women who were involved in the research rejected this intervention, and wanted access to soap instead for bathing and laundering their menstrual cloths. A lesson from this was that women need to be involved in defining what they perceive as a good menstrual health solution, in line with ensuring any intervention is to ensure any benefit. Another factor in this solution to consider is the generational differences, where older women reaching the menopause are less likely to adopt any other products, because they are used to using certain techniques over a longer period of time.

House (pers. comm, 2020) calls for 5 indicators to be used. For House, a menstrual health solution is effective if:

- It responds to the needs, concerns and priorities of women and girls
- It learns from women and girls themselves, and includes women and girls from different cultural groups
- It is implemented in a way that is sensitive and meets the needs of women and girls to privacy
- It treats women and girls with dignity and respect
- The results are sustainable

4.3.2 Product development and distribution

An effective menstrual health solution requires good product development and distribution for people who cannot meet their needs with current products, lack of availability of preferred products and challenges with affordability. Product distribution involves the distribution of familiar products or introducing new products, and has been found to help to reduce, but not completely eliminate, problems such as school absenteeism. Product interventions should be made in consultation with women and girls to ensure their needs are met, along with adequate sensitisation and education to give them confidence to use the products effectively. Products should be sustainable. This can however be challenging in humanitarian settings (Kulzyck Foundation, 2020). Disposable products should ideally be routinely available and affordable through programmes on a monthly basis to address issues with replacement for regular monthly use (Anjum *et al*, 2019), and women and girls should be taught about how to use them effectively (Kulzyck Foundation, 2020).

4.3.3 Educational interventions

Educational interventions should ensure that people who menstruate have the knowledge they need to manage their menstruation in a safe and appropriate way, and to recognise when medical attention is needed, and the intervention should help to address any cultural stigma and myths around menstruation (Hennegan *et al*, 2017; Shannon *et al*, 2020).

4.3.4 WASH interventions

WASH interventions should ensure that women and girls can change their products as frequently as is needed, wash their hands and bodies, dispose of materials in a safe way, and participate in public life knowing when and where they can change their materials. Interventions should make special considerations for disability, be private, well-lit, and have access to water and soap for cleaning reusable materials, and should be implemented in homes, communities, schools and workplaces. For interventions to be effective, a consideration of which materials are being used is required and the way in which women and girls might dispose of these, such as incineration or burying, and be culturally sensitive to taboos and ensuring that women and girls do not face stigma if other people come to know that they are menstruating (Sommer *et al*, 2013; UNICEF, 2019). WASH interventions should be safe to use and ensure privacy, and should include a gender sensitive component (WaterAid, WSUP and UNICEF, 2018).

4.3.5 Health care interventions

Health systems do not often meet the needs of women and girls, but is increasingly being viewed as part of the process of providing good MHH. Effective health care interventions include raising awareness for women about what levels of pain, discomfort and abnormal bleeding to endure, access to effective period pain management and knowing when it is appropriate to seek medical attention (Sommer *et al*, 2017; Armour *et al*, 2019; Bhakta, 2019). Clinical care training should provide guidance for providers on how to treat menstrual pain and bleeding irregularities (Kulczyk Foundation, 2020), especially for less discussed areas such as perimenopausal bleeding when problems such as uterine fibroids arise (Bhakta, 2019). Menstrual health interventions should be integrated into sexual and reproductive healthcare such as through contraceptive consultations and healthcare visits to enable

women and girls to raise any problems and access a range of products. Health care interventions should also aim to reach transgender men and gender-nonconforming people (Kulczyk Foundation, 2020).

4.3.6 Building a movement

Part delivering effective menstrual health solutions is building a movement. The growth in organisations such as the Menstrual Health Hub is helping to gather data and build links between researchers and programmers and advocates. Enabling these groups to co-ordinate and strengthen the movement and leverage collective action and plug research gaps (Kulczyk Foundation, 2020).

4.3.7 Raising awareness about menstrual health and challenging cultural norms

Awareness raising about menstrual health is rooted in challenging cultural norms about how menstruation is perceived and fighting existing stigma. This can range from participation in high-level activities such as Menstrual Hygiene Day, to grassroots campaigns to target specific communities (Kulczyk Foundation, 2020).

4.3.8 Advocacy and policy

Policy change at a government level is key to scaling up menstrual health programmes. Getting governments to take up MHH and bring it into different parts of programmes can allow programmes to be more wide reaching. Current advocacy includes urging governments to provide free products, creating budgets for menstrual hygiene programming, mandating for MHM to be part of WASH strategies, and dropping ‘tampon taxes’ on menstrual products (Kulczyk Foundation, 2020).

4.3.9 Research

Effective and cost-effective menstrual health solutions can be reached through strengthening the quality and practice of research, which can aid the improvement of menstrual health interventions being implemented by small charities, and negate the problems they are experiencing as discussed in Section 3.2.2. Recent research on targeting menstrual hygiene programmes to specific groups also needs to be recognised further and built upon. Wilbur *et al* (2017) completed research on addressing the barriers to menstrual hygiene that adolescent girls and young people with disabilities face in Nepal, which identified their physical barriers to effective menstrual hygiene which need to be addressed through work done by small charities. These included slippery bathroom floors and fiddly door locks, which were conveyed to the team through PhotoVoice (participatory photography) as an effective method of engagement (Wilbur *et al*, 2017). Bhakta’s (2019) feminist approach involved oral history interviews, PhotoVoice and participatory mapping with perimenopausal women in Ghana, identifying new areas of concern such as heavy menstrual bleeding on an irregular basis as women approached the menopause to address, through the provision of user-friendly bathing and laundry facilities and covered drainage to conceal blood-stained wastewater. Further research on menstrual health should consider groups who are often left behind e.g. by physical/intellectual ability or life stage, in order to deliver solutions to meet the needs of all.

4.3.10 The gap in ensuring ‘best practice’ among small charities to deliver effective menstrual health solutions

Key points

- Small charities largely feel that ‘best practice’ for menstrual health is about the provision of pads, infrastructure and effective community engagement
- It is important to recognise that there is a lack of consensus among experts about what exactly makes a menstrual health solution effective, but that this is ultimately about how women and girls feel as a result of a particular intervention

- Capacity needs to be built among small charities for:
 - Appropriate and effective menstrual product development and distribution
 - Making educational interventions
 - Delivering appropriate WASH solutions according to what women and girls feel is appropriate
 - Knowing which healthcare interventions are appropriate and when they should be implemented
 - Enabling a movement to support positive menstrual health to be built
 - Raising awareness about menstrual health
 - Expanding advocacy and the development of policies
 - Doing more research on needs for menstrual health, particularly among groups often left behind such as disabled or perimenopausal women

4.4 Baseline criteria and indicators for measuring menstrual health and the impact of related interventions

Experts have different views on baseline criteria and indicators for measuring progress in menstrual health. Chandra-Mouli and Patel (2017) note that data aggregation and comparisons on menstrual health is challenging because vague measures are often used to describe girls' menstrual experiences.

The consensus is that there are insufficient tested measures for testing menstrual health at a baseline, but that measures should be about women and girls' experiences. Hennegan *et al* (2020a) have recently devised the [Menstrual Needs Practice Scale](#) which is a useful and comprehensive assessment of menstrual hygiene management needs for women and girls through a series of 36 questions. These questions ask about a woman or girl's last menstrual period, and asks them about the frequency of various actions or how often they felt a certain way or felt they could do things such as washing their hands, or disposing of menstrual materials. These measures require further complementation with other measures around behaviour, menstrual practices and observations around sanitation provisions at a baseline and endline level, but these measures are not yet available. These measures would require adaptation to the menstrual project and the research questions, with care being taken to avoid cherry picking. This would also mean that depending on the focus of the project, the baseline indicators will vary, but the MPNS is a start to try to establish some form of measures (Hennegan *et al*, 2020a).

A recent systematic review (Hennegan *et al*, 2020b) of menstrual health measures provides a comprehensive overview of different criteria which have been used to measure progress in the delivery and impact of menstrual health projects:

- Menstrual health and hygiene practices (e.g. Hennegan *et al*, 2016a; Hennegan *et al*, 2016b; Nyothach *et al*, 2015; Oduor *et al*, 2015; Van Eijk *et al*, 2018)
- Knowledge of menstrual health and puberty (e.g. Abedian *et al*, 2011, El-Mowafy *et al*, 2014; Setyowati *et al*, 2019)
- Menstrual attitudes, beliefs, norms and restrictions (e.g. Hennegan, 2016a)
- Intervention acceptability and product preferences (e.g. Van Eijk *et al*, 2018)
- Menstrual characteristics such as pain and symptoms (e.g. Benschaul- Tolonen *et al*, 2019)
- Education outcomes (e.g. Hennegan *et al*, 2016b)
- Physical health or discomfort (e.g. Beksinska *et al*, 2015; Juma *et al*, 2017)
- Psychosocial and wellbeing outcomes (e.g. Hennegan *et al*, 2016b)
- WASH conditions and access (Alexander *et al*, 2018)

- Sexual risk behaviours and peer product use (Oster *et al*, 2012)

As per their views on defining ‘menstrual health’ from a feminist perspective, both Reed and Bhakta argue that the baseline measures for menstrual health has to ultimately be led by the women and girls. Bhakta’s (2019) research exemplified many variations and individual experiences of menstrual irregularities during the perimenopause, with some women facing many menstruation-related challenges whilst others faced none at all, and hence it is difficult to create a measurable ‘baseline’ indicator. Reed (pers. comm, 2020) argues that if a baseline measure is necessary, projects need to simply ask the women and girls one question, as a ‘golden indicator’: “Are you content with the facilities that are available?”. The reality of these experiences is the measurement of the impact of a menstrual health intervention. The challenge is if professionals begin to explain to people what they could have, for example having access to pads, their expectation rises and their satisfaction goes down at the endline measure when they have not got what they were expecting (Reed, pers. comm, 2020).

Reed (2020, pers. comm.) suggests that if baseline and endline measures are needed, sanitary surveys could be a way forward to measure at the start and the end of a menstrual health project. Reed argues that the survey should focus on aspects solely to do with menstrual hygiene, with 10-15 yes/no questions to ask women and girls, e.g. ‘Do you have somewhere acceptable to launder pads? (y/n)’ ‘Do you have somewhere to dispose of pads? (y/n)’. These questions should be kept very simple and accompanied by pictures to help women and girls to work out their answers. Using this method can help to identify the actions which need to be taken in a menstrual health project, and also informs the women and girls whether they do have somewhere which is adequate to meet their menstrual health needs.

[Tools to understand girls’ experiences of menstruation](#) in schools have been developed by UNICEF (2013) through their WASH in Schools programme. These tools provide a set of useful criteria which can be used to assess the impact of a menstrual health project, through different sets of questions for girls, boys and mothers. The questions for girls focus on topics relating to:

- Their background and questions about schools
- Their knowledge about what menstruation is, what they call it and their experiences of it, and whether this understanding has changed over time since they first heard of it
- Their personal experiences of menstruation
- Their behaviours during menstruation

Tools such as these can be used to determine whether a menstrual health project has had impact, by asking these questions at the baseline and the endline of an intervention.

4.5 Delivering impact from menstrual health projects

4.5.1 The small charity view

Small charities were asked through the survey to make three recommendations for others who are about to start a menstrual health project in order to deliver impact, based on hindsight from their experiences. The small charities made different suggestions for delivering impact from menstrual health projects

Put women and girls at the centre

- Put women and girls at the forefront of every project (Singiro Village Hope for Orphans, survey, 2020; 1k Sanitary Pad Initiative, survey, 2020)
- Understand the needs of women and girls beforehand and their situation on aspects such as access to WASH (Nyakecho Petra, survey, 2020)

Tailor the solution to the context

- Make sure the solution fits the community before you start (African Children's Fund, survey, 2020; The Menstrual Movement, survey, 2020)
- Build relations with in-country advocates to ensure that the solution fits the context (Teams4U, survey, 2020)

Target schools in an effective way

- Reach out to young girls in primary schools (Seed of Hope Centre, survey, 2020)
- Create clubs in schools for peer to peer learning (Child Rescue Ministry, survey, 2020)
- Use education forums to design the project and do not just look at the supply of sanitary towels in isolation (African Children's Fund, survey, 2020)

Build strong partnerships

- Create strong partnerships with actors such as government, funders and the private sector to ensure sustainability (Smile Mission, survey, 2020)
- Seek enough support from different organisations (Armstrong Women Empowerment Center, survey, 2020)
- Work with partners to develop appropriate reporting measures from the outset of the project (African Children's Fund, survey, 2020)

Have enough resources

- Always ensure that you have enough resources for a smooth flow of activities in order to ensure that you have measurable outcomes, and only target a few schools at a time to make it comfortable (Hope Alive Girls Empowerment Project, survey, 2020; Livingstone Tanzania Trust, survey, 2020)
- Find committed funding before starting the project (Kids Club Kampala, survey, 2020; Plan for the Villages Organization, survey, 2020; Mando Maasai, survey, 2020; Up With Community, survey, 2020) Explore charging parents of school children small fees to keep the production of reusable pads going (Smile Mission, survey, 2020)
- Start with existing resources available to you e.g. the Grow and Know series (Livingstone Tanzania Trust, survey, 2020; Armstrong Women Empowerment Center, survey, 2020)
- Training curriculum and resources on menstrual health (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- Using tools and guides for menstrual health, posters for girls and simple explanations is important for delivering impact (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)

Encourage reusable pad production and use

- Choose the right materials for the pads which does not harm users (Kids Club Kampala, survey, 2020)
- Monitor how women and girls are using and washing pads to avoid the risk of infection through using unclean and wet reusable pads (Plan for the Villages Organization, survey, 2020)
- Teach communities how to make reusable pads (Livingstone Tanzania Trust, survey, 2020)
- Have standards for reusable pads (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- Identify local producers for reusable sanitary pads (Mando Maasai, survey, 2020)
- "Get the sewing machines and materials to make many to help many girls. Anybody must be open to share to girls and even the community on how to use the reusable pads and teach

them to teach others. Supply two types of pads to girls they are heavy and light so that they [are] free to attend school” (Talent Innovation Foundation, survey, 2020)

- Producing pads in the office for distribution (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- Demand for pads is far greater than supply. Whilst it is a new intervention, marketing it well to other organisations and empowering and incentivising the mothers and the community is important (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)

Effective community engagement and buy-in

- More can be achieved from the programme if you work in collaboration with the community and strengthen existing community structures rather than creating your own (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- “Community buy in - our programme would have benefited from better ways of working with and for the community (rather than only focussing on the school), we found a huge amount of nervousness about the idea of being the one to raise the issue of MHM at all levels which made planned sessions difficult to arrange/deliver. A wider community approach, maybe identifying MHM champions from within the community could work better.” (Livingstone Tanzania Trust, survey, 2020)
- Following the principle of “Nothing for us without us” is important and it is important to work directly with girls through girls’ committees, rather than letting older people dictate the process (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- Provide services in rural communities which commonly do not have access to services (Mando Maasai, survey, 2020)
- Have good relations with local key authority figures (MPS Malawi, survey, 2020)
- Have inspiring staff to lead the project and be passionate about it (MPS Malawi, survey, 2020; Alliance for Sustainable Health and Wealth in Africa, survey, 2020)
- Encourage community ownership of the project from the start (St Peters Malawi Education Trust, survey, 2020)
- Involve the community in designing the initiative (Heart for Girls Initiative, survey, 2020)
- Create more community awareness to challenge stigma which may affect the implementation of solutions (Heart for Girls Initiative, survey, 2020)

Engage boys and men

- “We provided educational workshops for boys which was a good strategy but having some sessions where MHM was discussed openly in rooms with both girls and boys might have gone further in normalising MHM. We also found some male adults although supportive of girls taking part in educational sessions didn't see the importance of engaging with MHM themselves” (Livingstone Tanzania Trust, survey, 2020)
- Identify strategic ways to bring boys on board in the project (Smile Mission, survey, 2020)

Involve parents

- Encourage parents to take the lead in project implementation (Armstrong Women Empowerment Center, survey, 2020)

Identify levels of stigma and education on MHM

- Identify myths, local stigmas and levels of education on MHM before starting (Teams4U, survey, 2020; Child Rescue Ministry, survey, 2020)

Do research and target policy makers

- Always seek to learn and do research (Alliance for Sustainable Health and Wealth in Africa, survey, 2020)
- Include someone with experience to help you to frame your research questions and analyse data (Teams4U, survey, 2020)
- Focus on changing policy to fight issues such as period poverty, through laws, budgets, incentives and committees (FreeThePeriod, survey, 2020)
- Use social media platforms to disseminate the results of the project (Maboya, survey, 2020)
- Handling the programme in the education sector rather than in communities through engaging girls in schools and mother groups, to link up with girls and encourage them to produce pads and form a centralised production and distribution system (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- Charter at a national level on menstrual health (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- Menstruation friendly policies (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)
- Policy framework using examples from other countries to help to push for change (Life Concern, Malawi, Pers. Comm with Irise International 03/07/2020)

4.5.2 The expert view: How impact can be achieved

A recent report, *A Bloody Problem: Period poverty, why we need to end it and how to do it* by the Kulczyk Foundation (2020) demonstrates a series of lessons learned from larger scale organisations on achieving impact through their menstrual health programmes. This section draws on examples from some organisations on how they have achieved impact:

- **Days for Girls** have been able to achieve impact through being active in product manufacture and distribution (free and through sales). Their projects have extensive reach, including in countries which have little investment in MHH. Product distribution is targeted towards meeting the immediate needs of women and girls for effective MHH with confidence and dignity. They are testing and exploring the formation of locally owned and sustainable supply chain, and trying to generate demand for menstrual products to improve the market and access to menstrual products. Days for Girls have involved men and boys in education activities and anti-stigma efforts to create an enabling environment for people who menstruate.
- **Irise International** have delivered impact in their projects through committing to using evidence to inform the design of their programmes and public dissemination of evaluation research, in order to improve the evidence base of effective MHH interventions, for example through a planned randomised control trial. Irise design and develop programmes with individuals at different levels to implement projects at scale and with impact, addressing multiple aspects of incomplete MHH. Irise draw on learning from low-income and high-income countries to understand commonalities.
- **Population Services International (PSI)** have focussed on integrating MHH into sexual and reproductive health work. They have developed new strategies for MHH through a programme drawing on qualitative and quantitative research, market research and human-centred design. PSI are experienced in assessing the impact and cost of impacts, and in shaping the markets and implementing mass communication techniques. PSI work in settings with and without MHH work which increases coverage and learning of how programmes work in different settings

- **Sesame Workshop** have a programme informed by a collaborative design process and formative research to tackle known issues and ensure cultural relevance. Sesame Workshop targets a younger audience to tackle stigma and ensure effective WASH facilities are in place before menarche is reached. They have conducted extensive formative research and created effective learning programmes and communication techniques for children, and approach the problem of incomplete MHH from an educational and early-childhood development perspective.
- **Simavi** are clearly focussed on MHH work and advocacy on a global scale and committed to designing their programmes by drawing on evidence and sharing research about the impact of programmes in the field. They work at multiple levels to design and implement programmes at scale with great impact, aiming to address factors affecting incomplete MHH, leverage government buy-in and improving facilities.
- **Womena** use evidence to design their programmes and share research to understand the impact of programmes. They are working at multiple levels to design and implement programmes at scale and are trying to understand whether greater uptake of menstrual cups can be leveraged through education and market based solutions to achieve sustainable menstrual product solutions.

4.5.3 The gap in delivering impact from menstrual health projects

Key points

Based on the experiences of small charities and of larger organisations and expert views on what is needed, the gaps for building capacity to deliver impact from menstrual health projects are:

- Encouraging baseline and endline measures to be about women and girls' perceptions of the impact of interventions
- Meeting the immediate needs of women and girls in the project
- Gathering and using evidence about a need for a solution and its uptake
- Encouraging more research about the issues to be addressed through a project
- Advocating for a more widespread use of sustainable solutions
- Involving more men and boys
- Increasing uptake of creative engagement and communication techniques
- Enabling work on menstrual health projects to be done at all levels

5 Conclusion: The Gap in capacity building needed to enable small charities to deliver effective, community-led menstrual health projects in East Africa

This report has drawn on a desk-based study to identify the gap in enabling small charities to deliver effective, community-led menstrual health solutions in the East African region. It has identified this gap through exploring the needs of small charities and grassroots organisations and by assessing what should be seen as 'best practice'. Small charities identified that they required support with funding to scale up their projects, access to WASH, supply of appropriate sanitary products for distribution, ensuring projects are sustainable and have long-term impact, support in delivering socially-distanced projects due to COVID-19, access to infrastructure for logistics, support to navigate cultural barriers, effective community engagement, training of personnel to deliver projects, and effective marketing of their activities.

Consulting experts and the literature provides key recommendations for delivering with and monitoring the impact of menstrual health projects, in order to build the capacity of small charities. Small charities need to be encouraged and enabled to listen to and take the views of women and girls into account in the design and implementation of projects. Capacity building should focus on ensuring the immediate needs of women and girls are met first and foremost, and explore how evidence can be gathered about the need for a solution and the progress in uptake. More research, advocating the use of sustainable solutions and exploring how to involve men and boys is also key. Effective community engagement and building capacity to engage with menstrual work at all levels is an important part of delivering effective menstrual health projects.

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