

Irise Briefing

Building the capacity of small charities to deliver effective, community-led menstrual health programmes in East Africa



Irise International

Background

In late 2020, Irise International commissioned an external report on the capacity building needs of small charities based in East Africa to deliver effective, community-led menstrual health projects. This report, titled 'Building the capacity of small charities to deliver effective, community-led menstrual health programmes in East Africa: Phase 1: Defining the Gap' authored by menstrual health expert Dr Amita Bhakta, built upon a desk-based study of contemporary evidence surrounding menstrual health interventions, 26 survey responses submitted by staff at grassroots organisations working on menstrual health in East Africa, discussions with stakeholders, and interviews with experts.

The capacity building needs of small charities to deliver effective, community-lead menstrual health interventions were identified through understanding the problems these organisations seek to address and the barriers they face in doing so. The report situates these challenges in relation to what menstrual health experts deem best practice, depicting an overall picture of what needs to be done to support grassroots organisations delivering effective and equitable interventions in East Africa.

This briefing provides an overview of the Defining the Gap report, focusing on the capacity building needs of small charities. It positions these challenges in relation to what experts' think is key to delivering strong menstrual health programming which promotes the health and well-being of women, girls, and people who menstruate. Insights from those attending the First East and Southern Africa Regional Symposium: Improving Menstrual Health Management for Adolescent Girls and Women¹ in Johannesburg, South Africa in May 2018 are drawn upon to provide a comprehensive picture of what support grassroots organisations need moving forward to deliver effective and equitable interventions.

1. The Experiences of Small Charities Working on Menstrual Health in East Africa

The Defining the Gap report found that there is an extensive network of charities and grassroots groups working to address menstrual health in East Africa.

Organisations seek to address a range of challenges related to menstrual health including:

- Lack of knowledge about menstruation among girls
- Taboos around menstruation
- Ending child marriage
- School attendance and drop out
- Teenage pregnancy
- Girls engaging in risky sexual activities in exchange for pads
- Lack of access to effective menstrual products

1.1 What does 'impactful programming' mean to grassroots charities working on menstrual health in East Africa?

For the grassroots charities included in the Defining the Gap research, impactful menstrual health programming has the following characteristics:

- Women and girls at its centre
- Intervention informed by research/tailored to the local context
- Schools effectively targeted
- Strong partnerships with local stakeholders
- Adequate resources
- Reusable pad production and uptake encouraged
- Successful and sustained community engagement
- Boys and men successfully engaged
- Involved parents
- Stigma and education levels in the community identified early on

1.2 What support do grassroots organisations feel they need to deliver impactful interventions?

Grassroot organisations face a wide range of obstacles that threaten the successful delivery of the programmes they envisage. They feel they could benefit from more support in the following areas:

Capital, funding, and scaling up projects

Access to funding is a key barrier to sustainable programming which effectively reaches target populations.

Access to WASH

Differing access to WASH facilities in target populations makes it difficult to prioritise which menstrual management materials should be included in intervention design. A lack of consistent access to clean water (which prohibits the safe use of reusable menstrual materials) is a particular concern for small charities.

Meeting demand for menstrual products

Small scale projects face high demand for menstrual materials from wider communities, which they cannot fulfil.

Implementing longer term solutions for menstrual hygiene programmes

Lack of access to supportive infrastructure in schools and the stigmatization of menstruation means that charities find it difficult to enact sustainable change through longer-term interventions.

Access to monitoring and evaluation data

Capturing adequate data for monitoring and evaluation is a challenge which inhibits the quality of future iterations of interventions.

Effectively engaging boys

Small charities are struggling to successfully engage boys in a way which complements engagement with girls in school-based programming.

Navigating the impact of COVID-19 on programmes

COVID-19 restrictions have significantly limited the ability of some small charities to deliver their programmes. The number of people attending project activities has also widely declined. Some charities have temporarily adapted the focus of programming to emergency response.

Access to infrastructure such as transport and electricity

Inadequate transportation makes travelling to project locations difficult for staff, which impedes engagement with hard-to-reach populations.

How to navigate cultural barriers

Staff at small charities do not feel that they have the appropriate experience or support to overcome cultural barriers/rigidities which hinder the effective delivery of programmes. These barriers include stigma, language barriers, attitudes towards women and girls, and unfavourable government policies.

Community engagement

Effectively engaging communities, and subsequently sustaining this engagement after project activities, are key challenges.

Training personnel on the ground

Providing appropriate training in project activities, including monitoring and evaluation, is a challenge for some organisations.

Marketing

Due to their size, small charities need support creating cohesive branding and marketing both themselves and their programmes effectively to funders.

1.3 Is there expert consensus on what works in menstrual health programming?

There is a gap between grassroots menstrual health programming in East Africa and what menstrual health experts consider best practice.

A key takeaway from the Defining the Gap report is that grassroots organisations in East Africa are placing more emphasis on product provision in menstrual health interventions than what is deemed appropriate by experts. Charities included in the Defining the Gap research emphasised the provision of physical items such as soap and menstrual pads as most important, whereas experts encourage a broadening of interest from 'menstrual hygiene management', which focuses on the practical and material management of menstruation (i.e. product provision and WASH facilities), to considerations of menstrual health and wellbeing.

However, the Defining the Gap report moves to explain there is not an overarching expert consensus on what this broadening of focus looks like in practice. Experts included in the research explain that the evidence does not yet exist to determine whether a menstrual health intervention must be multi-component to achieve meaningful change. Although practitioners continue to assess how menstrual health can be addressed comprehensively, evidence does not yet exist to say that addressing one or two pathways is ineffective. Most crucial is that interventions must be designed in consultation with women and girls to understand what they perceive as a good menstrual health solution.

Broadly, the report (pages 22 – 23) outlines what experts think strong menstrual health programming looks like across the following areas:

Product development and distribution

- Designed in consultation with women and girls to be context-specific and provide individual choice between menstrual materials.

Educational interventions

- Communicates basic knowledge about menstruation as a healthy, natural process through a life course approach, in addition to detailed, practical information about the experience of menstruation.

WASH interventions

- Context appropriate, disability-friendly, facilities which support safe menstrual management practices.

Health care interventions

- Provide knowledge on how to identify abnormal menstrual experiences, guidance on pain management, and are integrated into existing sexual and reproductive health services.

Building a movement

- Coordination between groups working on menstrual health (e.g. researchers, programmers, advocates)

Raising awareness about menstrual health and challenging cultural norms

- Community engagement in dismantling the menstrual taboo key to reducing stigma and improving the experiences of those who menstruate

Advocacy and policy

- Reaching governments and other stakeholders key to scaling up impact

Research

- Continued efforts to strengthen the evidence base on what we know works (related to strong monitoring and evaluation procedures) can improve menstrual health programming

Measurement

The *Defining the Gap* report highlights the importance of choosing robust baseline criteria and indicators for measuring progress in menstrual health programming. Very few small and grassroots organisations included in the research perceived adequate measures as a barrier to effective programming but fewer still reported systematic assessment of progress over the medium and long term.

There is consensus in the wider menstrual health sector that there are insufficient validated measures for capturing menstrual health at baseline and for monitoring progress. At the First East and Southern Africa Regional Symposium,² experts in attendance prioritised a need to develop global, regional, and national menstrual health indicators to support the linking of practice to research. The Defining the Gap report cautiously highlights the promise of the recently developed Menstrual Needs Practice Scale³ and in 2020 UNICEF⁴ published guidance on monitoring menstrual health and hygiene in the WASH and education sectors. The Defining the Gap report warns against cherry picking questions from these resources and highlights that small and grassroots organisations with limited capacity would benefit from support in developing practical monitoring and evaluation packages in light of the current scarcity of validated measures.

1.4 The capacity building needs of small and grassroots charities

As a result of analysis, the Defining the Gap report outlines the capacity building needs of small charities working on menstrual health in East Africa to be in:



Appropriate and effective menstrual product development and distribution



Developing comprehensive education interventions



Delivering appropriate WASH solutions according to women and girls



Knowing when healthcare interventions are appropriate and when to implement



Building a movement to support positive menstrual health



Raising awareness about menstrual health



Expanding advocacy and the development of policies



Conducting research on group-specific menstrual health needs (e.g. for those with disabilities)

References

1. UNFPA and the Department of Women in the Presidency of the Republic of South Africa, "First East and Southern Africa Regional Symposium" (Johannesburg, South Africa, 2018), <https://esaro.unfpa.org/en/publications/first-east-and-southern-africa-regional-symposium-improving-menstrual-health-management>.
2. UNFPA and the Department of Women in the Presidency of the Republic of South Africa, "First East and Southern Africa Regional Symposium" (Johannesburg, South Africa, 2018), <https://esaro.unfpa.org/en/publications/first-east-and-southern-africa-regional-symposium-improving-menstrual-health-management>. (p25)
3. J Hennegan et al., "Menstrual Practice Measures," Menstrual Practice Measures .org, 2020, <https://www.menstrualpracticemeasures.org/mpns-36/>.
4. UNICEF, "Monitoring Menstrual Health and Hygiene (VI)" (New York, NY, 2020), <https://www.unicef.org/media/68446/file/Mitigating-the-impacts-of-COVID19-on-menstrual-health-and-hygiene-Brief.pdf>.