

THE SYMPOSIUM FOR
**MENSTRUAL HEALTH
AND HYGIENE**
in West and Central Africa

REPORT 



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BACKGROUND

Menstrual health and hygiene (MHH) is integral to the realization of girls' and women's rights and is recognized as a component of, and even a condition for, equality between women and men. In order to manage their menstrual experiences safely and with dignity, it is imperative that women and girls have access to reliable, accurate and comprehensive information, adequate health facilities, protective materials of their choice and emotionally and physically supportive school and family environments.

However, we know that in many contexts, particularly in West and Central Africa (WCA), women do not have access to this information and infrastructure, and are deprived of certain basic human rights (relating to education, health, work, water, or more generally to their dignity) because of their menstruation - a physiological event which is as natural as it is normal.

It is in this context, and in order to start a systematic collaboration on MHH in West and Central Africa, that UNICEF and UNFPA, in the framework of the French Muskoka Fund and in partnership with UNESCO, have organized this regional symposium. The transversal nature of this topic calls for the mobilization of all actors in the region so that they can work together to intensify their work in the field of MHH by designing, implementing, and evaluating holistic and multi-sectoral interventions.



More than one thousand (1,000) people from 91 countries participated.

This symposium is a continuation of the initiatives undertaken since October 2020. An [initial virtual](#) conference was organized on October 11, 2020 on the occasion of the International Day of the Girl Child. The objective was to present an overview and highlight the situation faced by adolescent girls and women in the region in relation to menstruation. Following the conference, a large digital communication campaign (#Soyonsréglos - Let's Talk Period) was launched to fight against taboos and encourage an open discussion on the subject. The digital campaign continued for 8 months, culminating in the regional symposium.

Entirely virtual due to the COVID-19 pandemic, the symposium took place from May 25-27, 2021 in advance of World Menstrual Hygiene Day. It offered the first space for dialogue, reflection and sharing for actors working on MHH in the region. **More than one thousand (1,000) people from 91 countries participated.** In addition to the significant involvement of West and Central African countries, East and Southern Africa were also represented. Other countries that participated include France, Canada, the United States, Mexico, Haiti, and several Asian countries.

A symposium that is part of a broader agenda...

Ms. Assiatou Baldé, Minister for Youth & Youth Employment of the Republic of Guinea, introduced the session dedicated entirely to adolescents and youth. While recalling the commitment and ambitions that Guinea has for young people, "builders of Africa today and tomorrow", she recalled that menstrual health and hygiene are fully in line with the roadmap of the African Union regarding "harnessing the demographic dividend through investments in youth".

The intervention of Dr. Julitta Onabanjo (link to speech), UNFPA Regional Director for Southern Africa, provided a link to the symposium held in 2018 in this region, which had led to the Johannesburg Call to Action and the creation of an African Coalition on Menstrual Health Management. She also insisted on the collaborations to be built within the African continent on this topic, in the perspective of setting up "a pan-African coalition on menstrual health".

Her Excellency Stéphanie Seydoux (link to speech), Ambassador for Global Health at the French Ministry for Europe and Foreign Affairs (MEAE), recalled that menstrual health is a concern for all girls and women around the world. In France, awareness of the challenges related to this issue was late but gave rise to a government commitment to fight against period poverty in its territory, as well as within the framework of its development policy through The French Muskoka Fund and the AFD.

"We must no longer accept the rejection and humiliation suffered by women" (Stephanie Seydoux)

Finally, Her Excellency Delphine O, Ambassador and Secretary General of the Generation Equality Forum (GEF), emphasized that MHH is fully in keeping with the objectives of the GEF, and in particular those of the "Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights". Indeed, barriers to menstrual health impede the realization of women's and girls' human rights. Delphine O also made the link to the Global Strategy for Women's, Children's, and Adolescents' Health, for which information and education for girls and women is a key element.



The symposium was able to mobilize a wide range of actors, including non-governmental organizations, technical and financial partners, governments, UN agencies, faith-based organizations, the press, the private sector, and research organizations.

This report summarizes the recommendations from the various sessions, the main discussion points, and the lessons learned during the three-day symposium.

The full sessions can be replayed by going to the [Let's Talk Period website](#).

PROGRAMME

The three days of the symposium were structured along the following lines:

1. **Plenary sessions** to discuss global and transversal issues
2. More targeted **thematic sessions**, organized in 4 interdependent blocks allowing participants to share their insights around:
 - Multi-sectoral collaboration (including the integration of MHH into the health, education, and public policy sectors),

- Funding and partnerships,
- Key programmatic approaches and interventions, including:
 - Accompanying changes in behavior and social norms related to menstruation,
 - Improving access to appropriate sanitary products and protection
 - Improving access to appropriate facilities and services
- Research and monitoring/evaluation.

3. **Special sessions** dedicated to topics of particular interest, such as "MHH in humanitarian contexts", "MHH for disabled people", "quality standards for menstrual hygiene products", as well as a round table between social enterprises and investors in MHH to connect supply and demand of services.
4. **Virtual spaces to visit:** a resource center, an exhibition hall for social enterprises, an 'abstract' room, and a networking room.

OBJECTIVES OF THE SYMPOSIUM

Based on the situational analysis presented in October 2020, this symposium was intended to be more operational, with a view to sharing, strengthening, and encouraging activities carried out regarding MHH in the region. More specifically, the objectives were:

- To create a space for strategic reflection and sharing of knowledge and experiences among the various stakeholders on MHH in West and Central Africa;
- To facilitate partnerships and synergies at different levels and between different sectors.
- To agree on common guiding principles and priorities for advancing MHH in the region.

Definition

“ Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle. ”

Global Menstrual Collective Terminology Action Group, 2021





SESSION – 01

The transversal and multi-sectoral nature of menstrual health and hygiene (MHH)

Moderator:

- ▶ Archana Patkar, Senior Program Coordinator - UNAIDS

Panelists:

- ▶ Tsedey Tamir, WASH Project Officer, UNICEF West, and Central Africa Regional Office
- ▶ Yeboua Ban, Advisor to the Directorate of Mutuality and Service Projects in Schools (DMOSS), Ministry of Education, Côte d'Ivoire
- ▶ Dienaba Wane Ndiaye, Country Program Coordinator, UN Women, Senegal
- ▶ Dr. Yves MONGBO, in charge of Child, Adolescent, and Elderly Health (SEAJPA), West African Health Organization (WAHO)

The situation faced by girls and women in the region, including the various barriers that interplay to impede a safe and dignified experience of menstruation, calls for a multi-sectoral approach to MHH. Indeed, the improvement of menstrual health and hygiene requires interventions at different levels and in different sectors; and the approach today advocated by all actors is that of multi-sectoral and integrated collaboration, which, alone, can have a great impact on the lives of girls and women.

The experiences shared during this first session highlighted the challenges, but above all the advantages of multi-sectorality, as well as the way in which this approach could be operationalized to allow for large-scale change in the field of MHH.

Summary of key points

Example of Côte d'Ivoire: a true intersectoral collaboration has allowed the development of a [national guide on menstrual health and hygiene](#). The content of this reference document was jointly developed by the Ministries of Education and Health, civil society organizations, UNFPA and youth representatives. Carried out in synergy by several entities, it not only draws on the experience and technical skills of each sector, but also helps to strengthen the inclusion of MHH within these different sectors. In the field of education, for example, the guide is currently being translated into teaching aids that will support the work of teachers in schools.

Next steps: In the area of health, the guide can be used to create informational leaflets for girls and women visiting health facilities. Similarly, the family and youth sectors can use this reference document as a basis for developing activity sheets for working with adolescents.

Example of Senegal: Thanks to the joint "Gender, Hygiene and Sanitation" program (UN Women, WSSCC)¹, the country has succeeded in strengthening the consideration of menstrual hygiene in public policies and local government budgets. Under this program, the multi-sectoral approach was operationalized through the joint training of government officials working in different key ministries. Once they were made aware of the issue, they were able to act as agents of change and bring the issue to the attention of each department, thereby encouraging its consideration in various sectors.

The multi-sectoral approach to MHH is also promoted by **the West African Health Organization (WAHO)**, which has made

menstrual health a priority issue. Since 2016, within the framework of the SWEDD initiative², WAHO has built up a pool of instructors on the topic and developed a training curriculum made available to several countries.

Next steps: The updating of this curriculum is planned in the near future and must be accompanied by high-level advocacy in the countries, so that the political commitment necessary for multi-sectoral collaboration is a reality throughout the sub-region. However, this advocacy should not only concern the health sector, but also all other sectors in order to create the synergy necessary for a holistic consideration of MHH. Yves Mongbo (in charge of maternal and child health within WAHO) also stressed that **the high-level missions of the WAHO General Directorate, the Assembly of Ministers of Health, or the ECOWAS forum on best practices in health represent advocacy spaces to be taken hold of.**



¹ The Joint Program on Gender, Hygiene and Sanitation was implemented by WSSCC and UN Women in West and Central Africa. This program aimed to support governments in formulating inclusive policies based on research findings, in favor of women's and girls' human rights to water and sanitation.

² The SWEDD initiative, "The Sahel Women's Empowerment and Demographic Dividend" aims at accelerating the demographic transition, triggering the demographic dividend and reducing gender inequalities in the Sahel region. It is being implemented with support from the World Bank, and technical support from UNFPA and WAHO.

Special session: Menstrual health in emergency settings

Moderators:

- Adrian Dongus, Intersectoral MHM in Emergencies Consultant for the UNHCR-UNFPA
- Noemi Dalmonte, Regional Advisor on Gender-Based Violence for West and Central Africa - UNFPA

Panelists:

- Danielle Jurman, Humanitarian Supply Analyst, Response and Technical Support Unit (RTSU), Humanitarian Office-UNFPA
- Helena Goro, Program Coordinator- Netherlands Red Cross - Côte d'Ivoire
- Caitlin Gruer, Head of the Gender, Adolescent Transitions & Environment (GATE) Program- Columbia University
- Anita Akumiah, GBV Sub-Group Coordinator - DRC - UNFPA
- Brigitte Isseta Ilboudo, Regional WASH Sub-Cluster Coordinator- Burkina Faso - UNICEF
- Mariam Modibo Tandina, National Coordinator- International Youth Alliance for Family Planning (IYAFP)- Mali

By creating a space for exchange between different humanitarian actors and people from across academia, this session provided an excellent overview of the general challenges and lessons learned for ensuring menstrual health in humanitarian settings. In addition, the session addressed the specific challenges of menstrual health in the context of the Ebola epidemic.



Summary of key points

Women and girls still excluded from discussions

The discussion revealed that despite improvements in the area of MHH, women and girls are still excluded from the discussion. However, in order to create appropriate MHH programs, it is essential that women and girls, including in emergency contexts, are consulted throughout the program design and implementation process. The success of the Red Cross initiative in Côte d'Ivoire to improve MHH in schools, based on extensive consultation with girls in the intervention area prior to the project, is a good example. The consultation of women and girls is highlighted in the [toolkit on menstrual hygiene management in emergency situations](#), and is mentioned in the UNAIDS Handbook as one of the four "Cs" of effective programming, along with Coordination, Culture and Communication.

Coordination is essential

Menstrual health and hygiene programs in emergencies involve interventions in various sectors including water, sanitation, and hygiene (WASH), protection, reproductive health, education, non-food items (NFIs) and shelter. Coordination between the various humanitarian actors working in the field is therefore a key element for effective programming.

At the global level, some initiatives have been taken to improve coordination (see box below).

Emerging initiative: In recent years, a great deal of work has been carried out in the humanitarian sector in order to provide the best possible response to certain challenges that are regularly encountered. In 2019, UNFPA and UNHCR signed a joint commitment to improve the operationalization of cross-sectoral MHH programming in emergencies. As part of this commitment, UNFPA and UNHCR have co-established the Global Task Force on MHH in Emergencies. This working group brings together stakeholders from the sexual and reproductive health, water, sanitation and hygiene, education, and protection sectors. In line with the recommendations of the [menstrual hygiene management toolkit for emergencies](#), this group aims to improve the implementation of interventions through coordinated programming/planning around MHH. The collaborative work of UNFPA, UNICEF and UNHCR to develop a common specification for menstrual products is a good example of the work being done to improve inter-sectoral coordination.

Menstrual waste disposal: an often-overlooked factor in emergency situations

It is essential that the impact of menstrual waste be considered in the design phase of a program and during supplying. The Columbia University Compendium on [managing menstrual waste in emergency situations](#) is a useful resource

on this topic. Interestingly, menstrual waste management and disposal works well in Ebola settings, according to a study that led to a [guidance note on MHH management in Ebola settings](#).

Preparing for the challenges posed at each stage of a crisis can improve supply management resilience. Indeed, there are various challenges related to the supply of MHH products in humanitarian contexts, such as duplication or omission in distributions, lack of product knowledge among beneficiaries, or a general lack of priority given to menstrual products. Many of these problems can be mitigated through preparation and coordination, such as assessing menstrual product preferences, sharing information on the advantages and disadvantages of different products, and implementing market-strengthening interventions.

As part of the emergency response, addressing menstrual health must go beyond the distribution of materials. Although the distribution of menstrual products is an essential component of MHH programs, it is important to remember that (1) menstrual management facilities (such as toilets and waste management system), (2) information about MHH, and (3) addressing harmful social norms, are also fundamental components of comprehensive MHH programming. And all these aspects must be considered because menstrual management is a question of autonomy, protection, and bodily dignity.

Moving forward

In order to move forward with menstrual health in emergencies, a number of shortcomings remain to be addressed. A key factor in this is to continue to strengthen coordination between sectors. It is also important to work on the best possible preparation, taking into account the different aspects of menstrual health, throughout the different phases of an emergency. Greater use should be made of methods to improve consultation with the people concerned. In general, menstruation should be prioritized for emergency response.

Special session: MHH for disabled girls and women

Moderators:

- Rajah Sy, Director of Special Olympics - Senegal

Panelists:

- Megan Tucker, Disability Inclusive Water, Sanitation and Hygiene Consultant, UNICEF
- Moctar Sow, National Association for the Physically Handicapped (ANHM) in Senegal, Louga section
- Madjiguene Gueye, Regional President of disabled women in Louga
- Akwasi Sarpong, The Ulti-leaf Foundation, Ghana
- Barbara Ngeah Achwe, Vision for Action, Cameroun
- Yatma Fall, President of the Senegalese Federation of Associations of People with Disabilities

The session dedicated to the menstrual health of disabled women and girls brought together national and international experts and representatives of the disability movement. It highlighted the particular challenges faced by women and girls with disabilities during menstruation and the need for greater inclusion of women and girls with disabilities at all stages of menstrual health programs.

Summary of key points

Girls with disabilities face a double stigma.

During their menstruation, women and girls with disabilities face a double stigma. Misconceptions and taboos about people with disabilities and menstruation prevent young people from meeting all their needs, including access to social support, knowledge and skills, facilities, services and protective equipment. Girls with disabilities are also often overlooked in menstrual health programs. Speakers at the session stressed that

it is crucial that governments, UN organizations, NGOs and other stakeholders involved in menstrual health consult with organizations of people with disabilities, health professionals and parents, as well as girls themselves, to identify barriers and develop and implement inclusive programs.

Special and inclusive schools should be integrated into MHH interventions

Girls with disabilities have fewer opportunities to attend school. To achieve these goals, it is important to ensure that special and inclusive schools are integrated into MHH interventions. It is also essential to involve boys in MHH activities in order to strengthen social support for girls with disabilities. Stakeholders can also improve access to knowledge and skills for girls by developing educational materials on menstrual health in different formats (audio, Braille, sign language) and adapting them for youth with intellectual disabilities.

More and better WASH facilities

The lack of adequate WASH facilities (e.g., ramps, sinks of appropriate height) is a major barrier to the empowerment and well-being of girls with disabilities. In order to be able to design facilities and services that are both gender-sensitive and appropriate for people with disabilities, it is essential to include them to make their contribution, including assessing their accessibility. The same applies to the development of suitable menstrual material.

Moving forward

The discussion on menstrual health for girls and women with disabilities highlighted the importance of systematically including disability in programs and policies. Promising improvements have been made at the global, regional and national levels, but major gaps remain, including:

- A lack of data and statistics on menstrual health and hygiene for young people with disabilities - there is a need to start collecting data on these issues.
- A lack of inclusion at all levels, also leading to limited visibility of the issues.

1.I. Strengthen the integration of menstrual health into sexual and reproductive health services

Moderator:

- Dr Fatim Tall, Medical Officer, Reproductive, Maternal and Neonatal Health - WHO

Panelists:

- Dr Ouattara Seydou, Coordinator of the Programme National Santé Scolaire et Universitaire, santé des Adolescents et Jeunes (PNSSU-SAJ), Ministry of Health, Côte d'Ivoire
- Prof. Marleen Temmerman, MD, OB/GYN, MPH, PHD, Aga Khan University, Nairobi, Kenya
- Prof. Namory Keita, President of the African Society of Obstetricians and Gynecologists (SAGO)
- Prof. Joseph Vyankadondera, Advisor on the Strengthening of Health Systems and Knowledge Management, UNFPA Regional Office for West and Central Africa
- Odette Hekster, Director General, PSI-Europe
- Emily Hoppes, Senior Technical Manager, Product Development and Introduction, Global Health, Population and Nutrition - FHI 360

In West and Central Africa, most studies show that girls and women have very little recourse to medical care for their menstrual disorders. At the same time, it appears that health professionals do not readily address this issue with patients. In view of this situation, all the speakers in this session were keen to recall the fundamental role of menstrual health within sexual and reproductive health (SRH) and proposed ways to strengthen its consideration and integration into health systems (health facilities and community health).

As Professor Joseph Vyankadondera (UNFPA) pointed out, the menstrual cycle (including the absence, irregularity or abundance of bleeding) tells us a great deal about girls' and women's SRH and their health in general. **It can be considered as an indicator of good health, allowing also to detect certain pathologies in the short and long term.**

In her speech, Professor Marleen Temmerman recalled that 75% of teenagers suffer from menstrual problems. This may include delayed periods, irregular cycles, severe pain or heavy bleeding. These disorders are common and should not be ignored. They may be indicative of an underlying pathology that can have a significant impact on the quality of life of the girls. However, only about 10-17% of teenagers seek help, and a third use alternative medicine.

Odette Hekster (PSI-Europe) also presented **MHH as an entry point, an essential prism for observing and understanding the SRH of girls and women and their journey from menarche to menopause.** Some women see menstruation as a natural part of their lives, that allows them to ensure that they are not pregnant. Others want a contraceptive to reduce bleeding. But others fear that contraception will change their bleeding, causing them to lose their fertility. **Women have different experiences of menstruation and this affects their decisions about family planning methods.**

Recommendations for strengthening the integration of MHH into health systems

The integration of MHH into sexual and reproductive health services can take place at different levels of health systems (hospitals,

health centers, school nurse's offices, community health). The various stakeholders also recommended that menstruation be integrated in a holistic manner, in relation to different circumstances of care:

- » As part of the counselling sessions on reproductive health and more specifically on family planning. In particular, it is important to explain to users that menstrual changes induced by contraceptive methods are not synonymous with pathology or infertility.
- » As part of prenatal consultations
- » In postpartum care, including information and advice related to bleeding and menstrual cycle variations
- » In services for people living with HIV
- » In abortion/post-abortion counselling
- » Emphasis should also be placed on supporting self-management (helping girls and women to track their menstrual cycle, understand their fertility periods and increase the likelihood of conceiving at the desired time).
- » Finally, MHH must be integrated into the framework of community health and more specifically into information campaigns and communication actions for social and behavioral change.

Health providers also need to be better trained and supported to address menstrual health and to provide appropriate and tailored contraceptive counseling (including contraceptive-induced menstrual changes) to adolescents and women.

Note: In 2019, PSI Europe developed a "[Technical brief to guide the integration of menstrual health and sexual and reproductive health](#)".

Professor Namory Keita, President of the African Society of Obstetricians and Gynecologists (SAGO), said that SAGO could play a role in strengthening the integration of MHH into health systems and ensure that active members of national societies could be involved. He recommended that SAGO build on its relationships with universities and health schools to develop a pool of instructors, who could in turn train providers to further integrate MHH into SRH services.

Menstrual changes induced by contraception.

Several speakers emphasized the links between menstrual health and contraceptive use. Emily Hoppes (FHI 360) spoke specifically about the menstrual changes brought on by contraception. Indeed, these changes can have negative consequences, but also offer certain opportunities. If women are not aware of the side effects of contraception methods on menstruation, they may decide to stop using them. At the same time, contraceptives can be prescribed to reduce certain menstrual symptoms (pain, heavy bleeding). It is therefore essential to take menstruation into account when choosing contraception and to explain the changes in menstrual bleeding, especially to girls and women who are concerned about their future fertility.

To support health providers, FHI has developed a counselling tool to inform women and girls about the menstrual changes that can occur with each type of contraceptive method and to reassure them that these changes are normal: [NORMAL Counseling Tool for Menstrual Bleeding Changes](#).

In an effort to integrate this topic at all levels of health systems (from consumers, to health care providers, to education programs, to community

activities, to policy), FHI 360 has also launched a Call to Action, which provides recommendations, a research agenda, and proposals for action.

Integration of MHH into SRH services for adolescents and youth

Speakers highlighted the role that sexual and reproductive health services for adolescents and youth can play in addressing MHH.

Dr. Ouattara Seydou (Ministry of Health, Côte d'Ivoire) shared the example of Côte d'Ivoire and emphasized that **in the context of adolescent and youth sexual and reproductive health services (ASRH), all entry points are opportunities to be seized to discuss MHH. Similarly, menstrual health is an excellent entry point for addressing SRH issues** with adolescents. Odette Hekster (PSI-Europe) explained that adolescents need information about the changes that accompany menarche. Some girls don't want to talk about contraception or hygiene, but rather about the changes that come with puberty, both physically, emotionally and in relationships. PSI has identified **a need to rephrase the key messages associated with menstruation and to address MHH as a new and positive stage of life.**





1.II. Strengthening the integration of menstrual health in the education sector

Moderator:

- ▶ Houraye Mamadou-Anne, FAWE

Panelists:

- ▶ Xavier Hospital, Regional HIV and Health Education Advisor, UNESCO Regional Office for West and Central Africa
- ▶ Mary Siby, Gender Specialist, Ministry of Education, Senegal
- ▶ Ellen Gyekye, Ghana Education, School Health & Education Program Unit
- ▶ Barbara Ngeah Achwe, Vision for Action - Cameroon.
- ▶ Marlene Babio, FAWE Coordinator, Benin

Government representatives, UN experts and civil society specialists gathered for a fruitful discussion on how to reinforce menstrual health and hygiene in the education system. The discussion highlighted the need for appropriate school environments with toilets and waste disposal systems, strengthening policies to improve menstrual health, providing skills-based health education, and providing health services and materials for menstruating girls.

Summary of key points

Gaps in WASH services within the education sector remain

The session highlighted the many shortcomings of WASH within schools in countries of the West and Central Africa region. The lack of functional, sex-segregated toilets and waste management systems in many schools can have a direct effect on girls' attendance and performance in education.

The role of policy

It is crucial for governments in West and Central Africa to create policies that ensure that no student, girl or boy, is deprived of an education. In particular, the fact that menstruation is a taboo subject in many communities, including among policy makers themselves, has been identified as a barrier to the development of effective menstrual health policies in school settings.

Appropriate health education is essential.

It was reiterated that it is also crucial to provide health education that teaches all young people health and rights skills and competencies, especially in order to break the stigma surrounding menstruation in the school environment. However, working only in schools is not enough; sensitizing caregivers and communities is essential to dispel the myths and taboos surrounding menstruation. This point is also emphasized in the UNESCO brochure on [puberty education and menstrual hygiene management](#).

Strengthening links with health services

Linking easily accessible health services to schools, as well as providing menstrual supplies (sanitary pads, painkillers, underwear), are essential to enable girls to participate fully in the classroom and thus provide them with true equality of opportunity in their schooling.

Promising practice: The Town Crier initiative aims to include boys in the fight against menstrual taboos in Ghana. Within this framework, a campaign specifically aimed at boys was organized to break down "hurtful" norms and harassment situations. Before the campaign, boys thought menstruation was abnormal. During the workshop, discussions raised awareness and led the participants to support the women and girls around them during their menstruation. This practice highlights the importance and potential of including boys and men in menstrual health interventions.

Moving forward

While the discussions highlighted the commitment of different stakeholders (government actors, UN agencies and civil society) to improve the integration of menstrual health in the education sector, the key points to remember are:

- » The need for governments to take greater responsibility and action on MHH and education, including the provision of appropriate WASH services and health education, especially in school settings.
- » The need to provide skills-based education for both girls and boys to break down the stigma and misinformation around menstrual health and hygiene.



1.III. Strengthen the integration of menstrual health into public policies and national strategies

Moderator:

- Rockaya Aidara, Policy & Gender Specialist, UNCCD
- Dienaba Wane Ndiaye, Program Coordinator, UN Women Senegal.

Panelists:

- Dr. Inga Winkler, Associate Professor, Lecturer and Director of the Study of Human Rights, Columbia University
- Kitch Bawa, Sanitation Project Manager, African Minister Council on Water (AMCOW)
- Mr Neville Okwaro, WASH & GHM Technical Officer, Ministry of Health, Kenya
- Ms. Rachida Gado, Head of Division, Development of Sanitation Services, Ministry of Water Supply and Sanitation, Niger
- Mr Yao Konan, Adolescents and Youth Program Officer - UNFPA Côte d'Ivoire
- Dr. Marie Jésus Buabey, Head of the Adolescent Health Division, Ministry of Health and Social Action, Senegal

Summary of key points

In West and Central Africa, public policies still pay little attention to menstrual health and hygiene, even though this issue occupies a very important place in the lives of women and girls. In this session, speakers shared recent developments in the field, such as Kenya's public policy on menstrual health and hygiene, and the first global review of MHH policies conducted by Columbia University. Analyzing the path taken between the adoption and implementation of these policies, the speakers shared different experiences and good practices such as the Spotlight Program implemented in Niger and the national reference guide on MHH developed in Côte d'Ivoire. Participants in this session discussed policy gaps, strategies already implemented, and challenges and opportunities in the region.

The presentation of the results of the review of MHH public policies in Senegal, Kenya, India and the United States³ explored the processes, triggers, drivers and opportunities that have led to bringing menstrual health to the level of public policy. The main key points discussed were:

- » In the different countries surveyed, the dilemma most often encountered is whether to address MHH via specific entry points or through a holistic approach. These countries, through government actors, have mostly used menstrual hygiene products, facilities or targeted initiatives as entry points. This narrow approach leads to a de facto limited policy scope, while menstrual health is also about economic security, education and general health.

³ Columbia University, Sanitation & Hygiene Fund (SHF), *Menstrual Hygiene and Health: A Review of Policies in India, Kenya, Senegal, and the United States through the Lens of Human Rights* (unpublished)

- » The study highlights that the integration of MHH into public policies is mainly achieved through "tangible" entry points, such as menstrual products and sanitation facilities, which are easier about which to communicate. However, this approach risks reinforcing the stigma attached to menstruation: the danger is that it reinforces the message that women's bodies during menstruation are bodies that need to be managed or controlled.
- » It's time to move beyond the current entry points and address menstrual needs in a comprehensive way. This includes education on menstrual health and hygiene and addressing specific needs such as medical diagnosis and access to dedicated menstrual health care services.
- » The study noted a gradual shift in terminology on the part of governments. The focus is shifting from "menstrual hygiene" to "menstrual health," a shift that has yet to translate into concrete actions.

The examples of Kenya, Senegal, Côte d'Ivoire and Niger have highlighted the different strategies and ways adopted by countries to ensure that MHH is taken into account in public policies:

- » In Kenya, a policy specifically dedicated to MHH was adopted by the Ministry of Health in 2016. It is based on a three-pronged approach integrating: (1) actions to break the silence surrounding menstruation, (2) safe and hygienic management of menstruation, and (3) issues of safe disposal of menstrual products. A budget of USD 2.3 million was allocated in the first year, with an exponential increase every year. This budget includes the costs of a free sanitary products distribution program for public primary schools.
- » In Senegal, a policy review allowed for continued advocacy for MHH with policy makers, local authorities, and professionals in the health, education, environment and youth sectors. The results have also facilitated the establishment of concrete coordination mechanisms such as the inter-ministerial platform under the leadership of the Ministry of Water and Sanitation, and a multi-sectoral task force dealing specifically with MHH.

It's time to move beyond the current entry points and address menstrual needs in a comprehensive way.

- » In 2019 in Côte d'Ivoire, the Ministries of Education and Health, with the support of technical and financial partners (including the [French Muskoka Fund](#)) have initiated the development of a reference document on menstrual health and hygiene. Integrating gender and the rights-based approach, this national guide is intended for all actors in the various sectors involved in Sexual and Reproductive Health and Rights. It is currently available on the French Muskoka Fund website.
- » In Niger, the Ministry of Water Supply has set up a dedicated intersectoral committee, bringing together some fifteen structures. The main national document integrating the issue of MHH is the "Support Program for the Water, Hygiene and Sanitation sector (ProSEHA) - 2016-2030". It is accompanied by a national advocacy strategy and explicitly includes MHH through two national indicators: (1) the rate of access to menstrual hygiene equipment for pupils and (2) the rate of access to hygiene equipment for users of health facilities. In addition to ProSEHA, several national documents also integrate this issue: notably the Roadmap for the End of Open Defecation (FDAL), the Economic and Social Development Plan (PDES) and the National Hygiene and Sanitation Policy (PNHA).

A number of success factors emerge from these examples:

- » All countries have prioritized intersectoral collaboration through the establishment of coordination mechanisms at national and local levels.
- » Most of them have also embarked on processes of domesticating their MHH policies: in Kenya, three counties have initiated the domestication of the national policy and others have created steering committees at their level.
- » In Senegal, a dialogue has been launched with local authorities to consider MHH in the elaboration of budgets and sanitation policies at the local level.

Regional political bodies, such as The African Ministers' Council on Water (AMCOW), have the potential to create continental political momentum on MHH issues. AMCOW has had a gender mainstreaming policy and strategy since 2011 and is in the process of revising this policy to include MHH.

Moving forward

- » It is essential that countries move beyond narrow entry points and policy frameworks of hygiene and access to menstrual products, to a more inclusive and holistic definition and vision of MHH.
- » COVID-19 prompted governments to redirect resources for MHH in response to the epidemic. However, some have adapted: in Senegal, the government has developed a contingency plan for the availability and use of RMNH services and has initiated a resilience strategy for mobilizing resources for the provision of menstrual products.
- » The COVID-19 epidemic has underscored the need for current MHH programs to have perspectives that incorporate socio-geographic or occupational disparities: women and girls are not a homogeneous group and not all are accessible through traditional school, home and health facility programs.



Adolescents and young people at the heart of the programs. Making my period work: *why is menstruation an issue for us young feminists?*

Moderator:

- Ténin Traoré, Communication Officer, MESSI, Côte d'Ivoire

Panelists:

- Néné Fatou MARICOU, Youth Women for Action (YWA), Senegal
- Kadiatou KONATE, Young Girl Leaders of Guinea Club
- Nafissatou HASSAN ALFARI, Nigerian Branch of the Jeunes Femmes Leaders (CNJFL), Niger
- Juliette Nathalie BAKYONO, IPBF, Burkina Faso
- Mariette MONTCHOU, ROALJEF, Benin
- Chanceline MEVOWANOU, activist blogger, Jeunes Filles Actrices de Développement, Benin
- Jonas KINDAFODJI, RICMAO ASSO, Benin
- Antoine Fassou LOUA, International Youth Alliance for Family Planning (IYAFP), Guinea

This plenary session was entirely dedicated to, and facilitated by, adolescents and youth from different countries in the region to better understand the perspectives, actions and solutions proposed by young feminist activists from West Africa to promote menstrual health and wellbeing. The session also highlighted the importance of addressing menstrual health as an equality issue and promoting a rights-based approach (my body, my right, my choice?).

Finally, the discussions focused on the role and involvement of men and boys in helping women and girls cope with menstruation.

This time of exchange showed that young people in the region have already taken up the issue of menstruation. They identified their difficulties, analyzed their needs and proposed/developed appropriate solutions, some of which were shared during the exchanges.




"Menstruation should not limit girls and women in their ambitions and dreams".

 **Mariette Montcho (Benin)**

"Whatever the possibilities or wishes of civil society organizations, the objective is to have the support of governments to facilitate the implementation of activities (...) The issue of menstruation must be taken into account in the policies and strategies of our countries".

 **Nafissatou Hassan Alfari (Niger)**

"Young girls must be able to be the agents of change."

 **Nafissatou Hassan Alfari (Niger)**

"The taboo around menstruation is a social injustice."


 **Juliette Nathalie BAKYONO (Burkina Faso)**

"Menstruation should be considered as a social issue that does not only concern women or girls"

 **Nafissatou Hassan Alfari (Niger)**



"Embracing menstrual hygiene issues is also anticipating for the future and helping us to assume our future responsibilities as men, husbands and fathers."

 **Antoine Fassou LOUA, (Guinea)**

"Menstrual management contributes to the emancipation of girls: we need girls to assert themselves in their communities, defend their rights, take on leadership roles and show off. The myths and taboos surrounding menstruation are obstacles to emancipation, to the defense of girls' and women's rights and, in the long term, to achieving gender equality."

 **Chaneline Mevowanou (Benin)**



SESSION – 02

Financing and partnerships

Moderator:

- ▶ Stephanie Kim, Associate Director, Advocacy and Communications, PSI
- ▶ Odette Hekster, Executive Director, PSI
- ▶ Ina Jurga, International Menstrual Hygiene Day Coordinator/Behaviour Change Communication Officer, WASH United
- ▶ Milena Bacalja Perianes, Associate Director, Strategy, Menstrual Health Hub

Panelists:

- ▶ Eneida Licaj, Structured Finance Manager, UNICEF
- ▶ Margaux Chinal, Project Manager, French Development Agency (AFD)
- ▶ Virginie Arnaud Le Pape, Investment Officer, French Development Agency (AFD)
- ▶ Joy Anderson, Founder and President, Criterion Institute
- ▶ Elin Bergenlöv, Independent, Expert Group for Aid Studies (EBA), Sweden
- ▶ Rosette Nyanzi, Social Development Specialist, Ministry of Education, Uganda
- ▶ Brittney Dudar, Investment Manager, Grand Challenges Canada
- ▶ Antara Ganguli, Director, UN Girls' Education Initiative Secretariat (UNGEI)

Discussions on financing and partnerships included contributions from academics, activists, governments, donors and private sector partners. After an initial discussion that presented the current landscape of MHH funding, three sessions were devoted to

- (1) Public partnerships for menstrual health,
- (2) Innovative financing and
- (3) A roundtable discussion between social enterprises working on MHH and investors.

Summary of key points

Funding for MHH remains limited, fragmented and non-holistic.

- » A study recently published on [investments in MHH](#) revealed that this issue receives very modest funding and does not benefit from dedicated funds. Donors rarely fund it directly, but rather through programs on water, sanitation and hygiene (WASH), education, sexual and reproductive health

(SRH) or programs to end child marriage, among others. This makes it difficult to keep track of MHH funding. It should be noted, however, that a survey by Swedish Aid revealed that about USD 36.5 million has been channeled into MHH since 2012, mainly through the health sector. Most of the funding for MHH has been for specific contexts, mainly schools, and for menstrual products or infrastructure. **At this time, holistic funding that integrates different services/sectors to enable women and girls to properly manage their menstruation and break taboos in all settings is still rare.**



For funding for MHH, donors need data demonstrating the impact of initiatives in various sectors.

Evidence is essential to attracting investment.

In order to obtain adequate funding for MHH, donors need data demonstrating the impact of initiatives in various sectors. Service providers should also analyze interventions to determine which initiatives will have the most impact. Among the elements that could facilitate the financing of MHH by donors, the use of a simple and coherent definition of MHH and the inclusion of a specific budget line for MHH (which could thus be easily monitored) were also mentioned.

Beyond increasing investment, another key element of funding is to ensure the effectiveness of existing investments in the MHH sector. In particular, a gendered approach should be used when funding programs so that MHH is addressed as a gender issue and not just a biological issue. Reducing the MHH to a biological dimension does not make it possible to address all the challenges raised by the issue, thus reducing the effectiveness of interventions. This includes building the capacity of families, communities and service providers on the gender approach and involving girls in the design of interventions. Donors and funders can also promote a gender-based approach by: a) requesting a specific budget line for a gender expert/organization for any MHH-related program or project, b) adding a budget line for a gender audit of initiatives, and c) requesting gender balance in the program team.

CURRENT STATE OF INVESTMENT

Who is investing	Institutional Donors	Foundations/ philanthropy	Multilaterals	National Governments	Private sector		
Area of investment	Menstrual products	Knowledge and information	Social norms & practices	WASH	Research & Innovation	Policy	Health/SRH services
Progress Gaps	Medium-good	Medium	Medium	Medium	Slow-medium	Slow-medium	Slow
Area of intervention	Schools	Humanitarian Settings	Households	Workplace	Out of school	Health centers	
Progress	Good	Medium	Medium	Slow-medium	Slow-medium	Slow	

Promising practice: Uganda provides an example of how high-level political will, coupled with the production of reliable data on MHH, has helped to mobilize funding from different government departments.

Indeed, the former president pledged to ensure the availability of menstrual protection materials for women and girls in the country. However, an analysis revealing the impact of MHH in the different sectors was necessary for all actors to fully understand the issue in their respective fields. The results of this analysis paved the way for a costed multi-sectoral strategic plan, implemented by a coalition of ministries (including education, gender, health, water and environment, and finance). This plan has mobilized resources from various ministries, in addition to development partners, and addressed the issue of MHH beyond the school setting.

At the session, the following key principles were recommended for investing in MHH:

- » **Cross-sectoral investments** that (1) include WASH, education, health, and gender, among others; (2) engage all levels of implementation; and (3) foster partnerships to build capacity, knowledge, and innovation in MHH.
- » **"Leave no one behind"**, by providing MHH services to all, including homeless women and girls, migrant women, women and girls with disabilities, living in fragile or humanitarian contexts, etc.
- » **A rights-based approach**, which implies that duty bearers assume their obligations and that everyone can claim their rights to menstrual health services as part of basic human rights (right to health, dignity, water, sanitation and gender equality)
- » **Evidence-based interventions** to ensure data collection, leverage additional funding and attract additional investment; and
- » **Context-specific programs** based on the needs of the targeted individuals.



Implementing these principles requires **coordination between actors** in different sectors, and at different levels of service delivery, to advocate for additional funding for MHH and to hold governments accountable for its financing. There is also a need for champions among donor groups to bring together different ministries and strengthen the integration of MHH into their policies.

Tapping into innovative financing is one way to broaden the resource base for MHH. The financing of MHH could, for example, be based on a combination of public (governments or donors) and private funds (e.g., via social impact investors). Governments can facilitate this type of financing by lowering barriers to the participation of domestic banks, social entrepreneurs and the diaspora in MHH financing, which could generate more sustainable financing flows.

Innovative financing mobilizes additional resources through new structures or instruments to generate greater resource flows, use resources more efficiently and increase transparency in the use of resources.

Emerging initiative: In Ethiopia, the *MHH Development Impact Bonds (DIB)*, supported by the French Development Agency (AFD), aims to change the environment for MHH through a holistic program including advocacy and awareness raising, increasing the availability of menstrual products, and building WASH facilities in schools. The program is pre-financed by private investors, who will be reimbursed by the AFD only if results are achieved. This innovative funding mechanism gives service providers the freedom to experiment with certain practices and make adjustments as necessary; it increases accountability through a rigorous monitoring framework and improves service provider performance.

The private sector also has an important role to play, both as an investor and as a service provider for MHH. Social enterprises working on MHH and investors stressed the importance of selecting the right financial partners and developing win-win partnerships. Most social enterprises need flexible and patient capital until they can generate profits and thus attract



larger investments. It is important to know which partner is appropriate for which stage of growth of the business, as the source of funding varies at different stages of growth. Companies are advised to take their time in choosing a partner and avoid rushing into potentially unsuitable partnerships. Experienced investors can guide social enterprises in choosing the right partner.

A key element of the funding relationship between social enterprises and investors is the value of the **coaching, mentoring and advice provided by investors to social enterprises**, which can extend over several years. As one of the panelists said, the relationship between the investor and the social enterprise is "like a marriage" and must be carefully chosen. This was the case for *AfriPads* and its investor *The Case for Her*, as well as for *KmerPads* and its investor *FADEV*. These flexible, long-term partnerships have enabled these social enterprises to grow and access larger sources of funding.

Other lessons learned by social enterprises working on MHH include: (i) to really operate as businesses, i.e., according to market principles (the objective being to generate profits); (ii) to invest in understanding their market and their business (by carrying out market research) in order to grow; and (iii) not to hesitate to ask for help (by being as specific as possible in their request) in order to keep learning as they grow.

Moving forward

The discussion on funding and partnerships for MHH offers promising avenues for increasing resources for this underfunded topic. These include:

- » generate data on the impacts and programming of interventions to attract additional investment
- » strengthen the efficiency and quality of investments
- » exploiting innovative financing mechanisms
- » harnessing the potential of the private sector for MHH (social enterprises and investors).

Stakeholders in West and Central Africa are encouraged to keep these key principles in mind when investing in MHH as they strive to attract more funds and financing.



Promising practice: in the Pacific Islands, the [Trade Finance Vehicle \(TFV\)](#) aims to change the power dynamics in the financing ecosystem to help small MHH businesses participate more effectively in the market. The TFV has helped companies to access cheaper and more consistent materials, without putting them in debt or at risk, so that they can reduce their production costs. The key to this work is to change the power dynamics in financing relationships to allow firms to control how they participate in the market. This also highlights the value of focusing on the overall financing of enterprises, rather than on supporting specific enterprises. It is a question of considering the MHH as a real industry with significant economic activity which requires identifying the activities on which it is necessary to invest, i.e., the activities whose financing would enable it to: a) grow or, b) stabilize (make it more predictable)? For example, thanks to FVT, one company working on MHH hired more staff, another became a hub for other small producing companies working on MHH.



SESSION – 03

Programmatic approaches and interventions

3.1. Building knowledge and skills related to MHH

Moderator:

- ▶ Sandisile Tshuma, Regional Project Officer, Education for Health and Wellbeing in West and Central Africa at UNESCO

Panelists:

- ▶ Marni Sommer, Associate Professor - Sociomedical Sciences, Columbia University
- ▶ Arushi Singh, Program Specialist, UNESCO
- ▶ Ramatou Toure, Senior Child Protection Specialist, UNICEF Regional Office for West and Central Africa
- ▶ Xavier Hospital, Regional HIV and Health Education Advisor, UNESCO Regional Office for West and Central Africa

One of the key factors for good menstrual health and hygiene is access to information for women and girls. Girls must have access to scientifically accurate, age- and developmentally appropriate information, which can be provided through formal and non-formal education programs.

However, in West and Central African countries, girls do not have access to the knowledge and skills, as well as the safe and trusting environments that they have clearly identified as essential for the appropriate management of their rules. Lack of access to accurate knowledge about MHH before and after the first menstrual experiences is a major barrier for girls in the region, who have little or no knowledge about the issue before their first menstruation. Although most girls know the approximate date of their period, their knowledge of the biology of

menstruation, the average length of a cycle and the fertile period is often incomplete. In general, the information that girls receive only covers the basics of menstrual management. Mothers are often cited as their primary source of information about menstruation, yet their knowledge is often based on social and religious beliefs that perpetuate discrimination against women and girls. Teachers and the education system offer potential avenues for comprehensive menstrual learning. However, menstrual education is rarely included in the region's school curricula and even more rarely discussed in the classroom. In the few cases where it is integrated into formal education systems, the content is often introduced after girls have begun menstruating. Most teachers, the majority of whom are men, do not feel supported or responsible in discussing this issue with their students.

This section of the symposium was devoted to the latest evidence of successful practices in MHH knowledge and skill development. The discussions built on existing adolescent-focused programs and identified key strategies for ensuring access to knowledge and skills for all girls (including those not in school).

What do girls need?

Girls need two types of information:

1. **Practical information:** how to use the products; how to wash, dry and store reusable products; how to dispose of waste properly; how to manage menstrual pain and intimate hygiene during menstruation.
2. **Biological information:** basic definition of menstruation and the menstrual cycle, how the reproductive system works, emotional and physical changes that occur during puberty.

Studies suggest that key elements of quality puberty education include:

- » **Information from a trusted source:** the information should come from a reliable and informed source (e.g., a trained teacher, books, health worker, etc.). It is often assumed that parents or guardians will provide information, but they may be afraid to talk about it, feel that it is not their role, and/or lack adequate knowledge. Even teachers may feel uncomfortable and need support in addressing puberty and menstruation.
- » **Education should be provided before the onset of puberty and menstruation.**
- » **A safe and supportive learning environment:** trust and confidentiality are crucial but can be very difficult to achieve due to stigma and embarrassment in discussing MHH (including among teachers).

In addition, most programs in the region dealing with MHH knowledge and skills building have focused on producing educational materials for girls, boys, teachers and (sometimes) parents. The majority of these interventions are implemented in schools. However, the large number of out-of-school children in the region

requires the development of a complementary approach to provide equitable access to services and knowledge about MHH. Finally, the issue of menstruation is still not sufficiently addressed in health facilities/community health workers (advice, prevention, care).

What lessons can be learned from related ongoing programs?

Lessons Learned in Health and Wellbeing Education Programs

Menstrual health education is one of the areas addressed in health and wellness education, specifically through programs that countries call 'Family Life Education', 'Reproductive Health Education' or 'Integrated Sexuality Education'. In the region, UNESCO speaks of "Comprehensive Education and Information (CEI)", while recognizing the social and cultural specificities of each country.

In 2008 and again in 2016, UNESCO and several partners commissioned major reviews of the scientific literature on sexuality education. The results of this work have helped to identify effective menstrual health programs and how to support the development of positive attitudes and behaviors. They have also shown that Comprehensive Information and Education (CIE) programs in schools contribute to a decrease in the age of sexual debut, a reduction in risky behaviors, and an increase in condom and contraceptive use. These programs also promote greater self-esteem and attitudes conducive to gender equality.

To arrive at these results, the review of the scientific literature highlights several elements of programs that are most likely to have positive effects on menstrual health. These effective programs:

- » **are broad in scope,** covering a wide range of topics: it is important to address not only menstruation, but also pregnancy, STIs, gender norms, life skills and school violence.
- » **are effective, even when adapted to a different context** - this is important for countries that can, while contextualizing interventions and approaches, move faster and save money to implement effective programs.

- » **are carried out faithfully**, i.e., they address all the content originally planned. For example, one of the success factors is the training of educators to be prepared to address all topics (including taboo subjects), and to master the techniques of active learner-centered pedagogy. In adapting programs to a new country or context, therefore, it is important to resist the temptation to delete key content and messages.
- » **take into account the context of the learners**, including their school, community, family or health services they may use - this context should be addressed during the sessions and discussed.
- » **include discussions on rights**: the right to health, education, the right to protect oneself from HIV or unwanted pregnancy, harassment and discrimination. This approach also helps to develop the self-confidence and communication skills of young people.
- » **integrate the notion of gender**. This is particularly relevant to the issue of menstrual health, as we know that gender norms lead to harassment and discrimination of menstruating girls.
- » **involve the young people** themselves, which is important because the programs are about their lives, their experiences and their families.
- » **include the following elements**: community links, protective equipment, health services by trained professionals, parents and families. It is also necessary to rely on verified information.

We now know enough to develop effective programs leading to better menstrual health and wellness.

One of the elements also highlighted by the panelists is that the issue of menstrual health is not addressed early enough, as girls are menstruating at younger and younger ages. The information must then be adapted to the child's age and cognitive development. Similarly, it would be advisable not to limit the session to one year, but to ensure that the information is repeated several times.

Relevant lessons learned from the implementation of the Global Program to End Child Marriage

The Global Program to End Child Marriage has been implemented by the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) since 2016. It supports at-risk girls in making choices, empowers them to direct their own futures, strengthens the various services that enable them to do so, and helps families to demonstrate positive attitudes. It also addresses the conditions that support child marriage, advocating for laws and policies that protect girls' rights while emphasizing the importance of using sound data to inform these policies. Of the 12 countries targeted by the program, four are in West and Central Africa: Burkina Faso, Ghana, Niger and Sierra Leone.

Adolescent girls are placed at the heart of this program as agents of change and rights holders. Based on the principle of "leaving no one behind," the program targets the most vulnerable girls. These include girls living in rural areas or in disadvantaged urban communities, pregnant adolescents, girls who are out of school, have limited access to services and are therefore not heard.

Key activities of the program include life skills-based education and comprehensive sexuality education. These activities are carried out in and out of school. Although MHH was not an explicit target of the initial activities, it did appear in the results of the program, which supports adolescents by providing them with information on health services with a focus on sexual and reproductive health, including MHH.

In the life of a girl living in West and Central Africa, child marriage and menarche very often coincide. However, a number of obstacles limit programmatic collaboration between professionals working on child marriage and those working on MHH. One of the main obstacles is the double taboo surrounding these issues, which makes it very difficult to discuss with communities. Furthermore, professionals often work in silos and with the same partners, which limits intersectoral collaboration. Yet the evidence shows that programming related to child marriage would benefit from including menstrual

health. At the same time, the community-centered vision and endogenous processes that underpin programs against child marriage could also be put to use in the service of MHH.

The session highlighted the following messages, which can inspire future action:

- » Where possible, new menstrual health education interventions should build on existing programs that have proven effective, even if they are implemented in different contexts. While this may seem counter-intuitive, this approach has a potential impact on cost reduction.
- » Although they are a trusted and reliable source of information, teachers are not always comfortable and willing to discuss certain taboo subjects. This may be related to the fact that they are predominantly male, but similar dynamics have been observed with female teachers. Teachers are also under great pressure from the curriculum they must cover throughout the school year. A quick solution is to create learning materials on puberty, which children can also go through on their own or with an open-minded and willing educator.
- » Programs must meet children where they are, i.e., where they are socialized. Programs should also be integrated into the wider community, extend beyond the school and systematically target all members of the community, including teachers, parents, grandparents and service providers.
- » The integration of the MHH into regional flagship initiatives must be more systematic and proactive. This is particularly the case with the Global Program against Child Marriage, which addresses MHH and provides a platform and mechanisms that can be used to promote menstrual health.
- » Ultimately, menstrual justice is about power relationships and the commitment to transforming those relationships so that girls and women are not disadvantaged in seeking to meet their needs.

Promoting Adolescent Safe Spaces (PASS) in Ghana:

The *Promoting Adolescent Safe Spaces* (PASS) project is implemented by NORSAAC (Northern Sector Action on Awareness Centre) in the Northern, North Eastern and Savannah regions of Ghana. Developed as part of the Global Program to Accelerate Action against Child Marriage, this project has enabled many vulnerable adolescent girls to build support networks, strengthen their skills and knowledge about their rights, and learn how to access the services they need, including child protection, reproductive health and puberty education. Access to these spaces became more difficult during the COVID-19 pandemic. In order to avoid losing the gains of the initiative, the transition to virtual spaces and radio was made, thus mitigating the interruption in service delivery.





3.II. Supporting changes in behavior and social norms related to menstruation

Moderator:

- Prof. Abdou Salam FALL, Director of Research in Sociology, Université Cheikh Anta Diop (UCAD) of Dakar and Coordinator of the Research Laboratory on Economic and Social Transformations (LARTES)

Panelists:

- Sarah Memmi, DSSR Project Officer, NGO RAES, Senegal
- Sandrine Bacquaert, President of the NGO Casamasanté, Senegal
- Yaikah Joof, Country Director, Childfunds, Senegal/Guinea
- Chanceline Mevowanou, feminist activist/influencer, Benin
- Mahaman Bachir Elh Oumarou, theologian and Islamologist, President of the Alliance des Religieux de l'Afrique de l'Ouest pour la promotion de la Santé et le Développement (ARAO/SD), Niger
- Ndeye Mingue Ndiaye NDIAYE Gacko, Gender Unit Coordinator, Directorate of Planning, Research and Statistics (DPRS)/ Ministry of Health and Social Action, Senegal

We know that the social perceptions and norms associated with menstruation carry considerable weight, leading to the stigmatization of girls and women and creating behaviors that are detrimental to their health and quality of life. The testimonies and studies carried out in West and

Central Africa illustrate, even more strongly than in the other regions of the world, the persistence of taboos, the weakness of the knowledge of the girls, the women and their entourage as regards menstrual health, as well as the influence of myths and false ideas.

However, as Professor Abdou Salam FALL pointed out in his introduction to this session, social perceptions and norms are evolving, and it is possible to bring societies to rethink them. There is room for the co-construction of new norms, and the challenge lies in how to grasp the levers of social transformation. It is in this perspective that the symposium presented and discussed the different approaches and tools used in West and Central Africa to promote and support the adoption of safer behaviors in the field of MHH.

The power of education through entertainment (or Edutainment) and the use of TV series

The use of mass media and television series to support behavioral change has already been proven in various contexts. During this session, Sarah Memmi (NGO RAES) presented an innovative edutainment approach and tools on menstrual health and hygiene, based on the series *C'est la Vie!* which is broadcast in 11 countries in the region⁴.

Playful and adapted to the context, *C'est la Vie!* harnesses the power of the show's storylines and characters. The use of video allows us to capture attention and mobilize emotions, which play a major role in the adoption of our behaviors. This strategy of communication for social and behavioral change (CCSC) makes it possible to stage and then make communities react to situations they have experienced (access to care, fear, shame, ignorance, stigmatization, taboos, etc.). Community activities encourage young people and their parents to mobilize their knowledge, question their perceptions and practices, and make decisions related to their menstrual health, thus strengthening their sense of autonomy.

The *C'est la vie!* educational kit was produced with the support of the French Muskoka Fund and four United Nations agencies (UNFPA, UNICEF, WHO and UN Women). In addition to the TV series, it offers a radio adaptation, a digital ecosystem and community activities that allow for the implementation of 360° SCCC campaigns. Adapted to the regional context and already tested in the field, **CLV tools are also developed in local languages (Bambara, Wolof, Haoussa, Peulh, Malinke), which is fundamental to improve the appropriation and impact of messages.**

All these tools are available free of charge on the [digital library *C'est la Vie!*](#)

Involve all stakeholders to enhance the impact of SCCC actions

- » The strategy and tools of the *C'est la Vie!* project have been specifically designed to work **with teenagers (girls and boys), but also with their parents**, thus reinforcing the impact of the actions carried out on behavior and social norms.
- » Similarly, the importance of **involving boys and men** in MHH-related activities was widely emphasized during the discussions. In the framework of its project "Bien vivre mes règles" (*Living Well with My Period*) (Casamance-Senegal), the NGO Casamasanté implements educational activities specifically for boys. Although it is still too early to measure the impact, the president of the NGO, Sandrine Bacquaert, emphasized that boys have been very supportive of the program. Teachers have observed less embarrassment and teasing when puberty/sexuality topics are discussed, as well as a liberation of speech among adolescents regarding menstruation. But the most interesting impact, which will have to be confirmed, concerns early pregnancies. In two institutions where activities were carried out, no pregnancies were recorded after one year⁵, whereas the average was previously 8 pregnancies per month per institution. Although it is difficult to attribute this result solely to the activities of Casamasanté, it should be noted that it is the only organization to have intervened in these establishments during this period.
- » Mingué Ndiaye NDIAYE Gacko (Ministry of Health, Gender Unit, Senegal) also emphasized that the **involvement of men in MHH projects helps to lift taboos on this subject, to deconstruct certain beliefs and also to empower women. This approach promotes positive masculinity and gender equality.**
- » Finally, in his intervention, Sheikh Mahaman Bachir Elh Oumarou (President of the Alliance des Religieux de l'Afrique de l'Ouest pour la promotion de la Santé et le Développement/ARAO) insisted on the involvement of opinion leaders (heads

⁴ Burkina Faso, Guinea, Côte d'Ivoire, Niger, Nigeria, Democratic Republic of Congo, Togo, Benin, Mali, Chad and Senegal

⁵ The program started in February 2020

of neighborhoods, heads of families or grandparents) and **the role that religious leaders can play in changing social norms regarding menstruation** (particularly through preaching and sermons, or within the framework of Koranic schools). Indeed, within the framework of national and sub-regional networks of religious associations (intra- and inter-faith networks), the development of religious arguments has favored the evolution of positions. After an initial stage of refusal, a consensus has been reached that now makes it easier to talk about subjects such as menstruation and to fight against the taboos and stigma associated with it.

"We must allow young girls to have access to knowledge about their bodies, because today it is no longer possible to talk about abstinence without talking to young people about their bodies".

Cheikh Bachir Elh Oumarou, theologian and Islamologist, President of ARAO/SD, Niger

Using social networks and influencers

Based on the example of the digital communication campaign #Soyonsréglos, the session highlighted how social networks can be used to fight against taboos and discrimination related to menstruation and encourage the adoption of behaviors favorable to menstrual health: disseminating reliable and verified information, relying on influencers who, while sharing their experiences, play the role of "models" to young people; soliciting emotions via the broadcasting of web-series or even organizing challenges to encourage young people to take action (Link to video+++).

Chaneline Mevowanou (young Beninese activist) spoke about the role of influencers, who are now recognized as opinion leaders among young people. Having actively participated in and relayed the #Soyonsréglos digital campaign, she emphasized the impact of this campaign on the attitudes and habits of her digital community. Indeed, many people spontaneously spoke out to share their reality and deconstruct certain myths; young boys agreed to take part in the challenges and went to buy protective equipment; others agreed to take part in sanitary napkin making workshops.

"In terms of impact, we (influencers) manage to engage people in action to motivate behavior change"

Chaneline Mevowanou

This session highlighted the following messages:

- Social norms are not fixed. It is possible to get societies to deconstruct them in order to co-construct new norms for the realization of women's and girls' rights
- In order to change behaviors and social norms in a sustainable way, it is essential to combine different approaches and tools, but also to target and involve different groups simultaneously (youth, parents, girls/boys, men, religious/traditional leaders, teachers, influencers, etc.)
- In West and Central Africa, a number of communication tools for social and behavioral change on menstrual health already exist. Adapted to the context and to specific targets, some exist in local languages and have already been tested.



3.III. Improving access to menstrual health and hygiene facilities and services

Moderator:

- Dr. Virginia Kamowa, Global Menstrual Collective, Co-founder and Coordinator

Panelists:

- Priya Nath, Rights, Inclusion and Equality Advisor, WaterAid
- Emile Niessougou, WASH Specialist, WaterAid, Burkina Faso
- Tsedey Tamir, WASH Project Officer, UNICEF West and Central Africa Regional Office

Based on the most recent data, this session discussed the current state of facilities and services for MHH in West and Central Africa, and presented the latest global guidelines on facilities for people with disabilities, including a case study from Burkina Faso.

Highlights

● The realities of the region:

Less than 50% of the population has access to basic water, sanitation and hygiene services. Because of this situation, girls and women who

menstruate face difficulties in accessing water and appropriate spaces/infrastructures for safe and private changing. These challenges affect all environments, including homes, markets and schools. In the majority of studies, existing WASH services in homes and public spaces are described as inadequate, lacking privacy, security and cleanliness. Facilities are sometimes located far from home, forcing girls to travel considerable distances, sometimes exposing them to violence. In addition, these facilities are often dirty and dilapidated, which discourages girls from using them, especially when they are not segregated by sex.

Facilities in schools are equally poorly equipped, with limited access to water, soap and lockable doors for privacy. Sometimes school toilets are locked and require permission, which can discourage girls from using school facilities. In addition, even where schools have access to water, handwashing facilities are not always available, and rarely have soap, although this is a key component of good menstrual health and hygiene practices.

Most of the formative study results show that current facility to student ratios prevent girls from having access to clean and functional toilets to manage their menstrual periods in a timely manner. Although countries set their own minimum standards for facility to student ratios, the current ratios are inadequate to meet the needs of menstruating girls.

The studies noted the even greater lack of MHH facilities and services in non-school settings such as health facilities, workplaces, public spaces (e.g., markets) or prisons.

- **The need for women-friendly community and public toilets**

Lack of access to sanitation disproportionately affects women and girls due to several factors:

- » **Biology and physiology of women and girls:** women and girls cannot urinate as easily as men (they need more space, privacy and time) and this becomes even more difficult during menstruation. Women are also more affected by urinary incontinence.
- » **Socio-cultural roles, responsibilities and restrictions:** social expectations and taboos influence girls' and women's behaviors, such as not being able to urinate in a yard or on a secluded path (as men can). Women and girls are also at greater risk of sexual violence and harassment. They are also the main providers of care for children, the sick, the disabled and the elderly, key populations that have specific needs in terms of infrastructure (accessibility, etc.).

There is therefore a need for public and community toilets that are more suitable for women and girls. In this context, WaterAid, in collaboration

with UNICEF and WSUP⁶, has developed a guide for urban planners and policy makers on "[Public and community toilets for women and girls](#)". This guide is intended for managers and officials responsible for funding, planning, designing, regulating, monitoring or managing these facilities. It provides a better understanding of the needs of women and girls for public and community toilets. It provides guidance on how to take these needs into account in urban planning and implementation at the local level.

The guide presents six general requirements for which it provides essential and desirable context-specific features. These general requirements are fundamental for all users. However, by focusing on the specific needs of women and girls, the guide maximizes the benefits for them and minimizes the disadvantages, while addressing the needs of the male audience and a wide range of other users, such as the elderly and disabled. To meet the needs of women and girls, public and community toilets should:

- » Be safe and private (ensure complete security and privacy)
- » Enable menstrual hygiene management and other hygiene measures (access to water, soap, menstrual products, a trash can, a shelf to put her things on)
- » Be accessible to all users (including people with disabilities)
- » Be affordable and available when needed
- » Be well maintained and well managed
- » Meet the demands of caregivers and parents

Authorities should provide a city-wide network of public and community toilets suitable for women and girls. It is then recommended that a participatory evaluation be conducted throughout the urban area to analyze: 1) public spaces and informal settlements lacking public and community toilets; and 2) the capacity of existing infrastructure to meet the needs of women and girls. Planners can then use the results to develop strategies for city-wide coverage, including the provision of new sex-sensitive toilets and the upgrading and renovation of non-compliant toilets.

⁶ *Water & Sanitation for the Urban Poor*

City-level assessments in Nepal and Tanzania have yielded the following lessons:

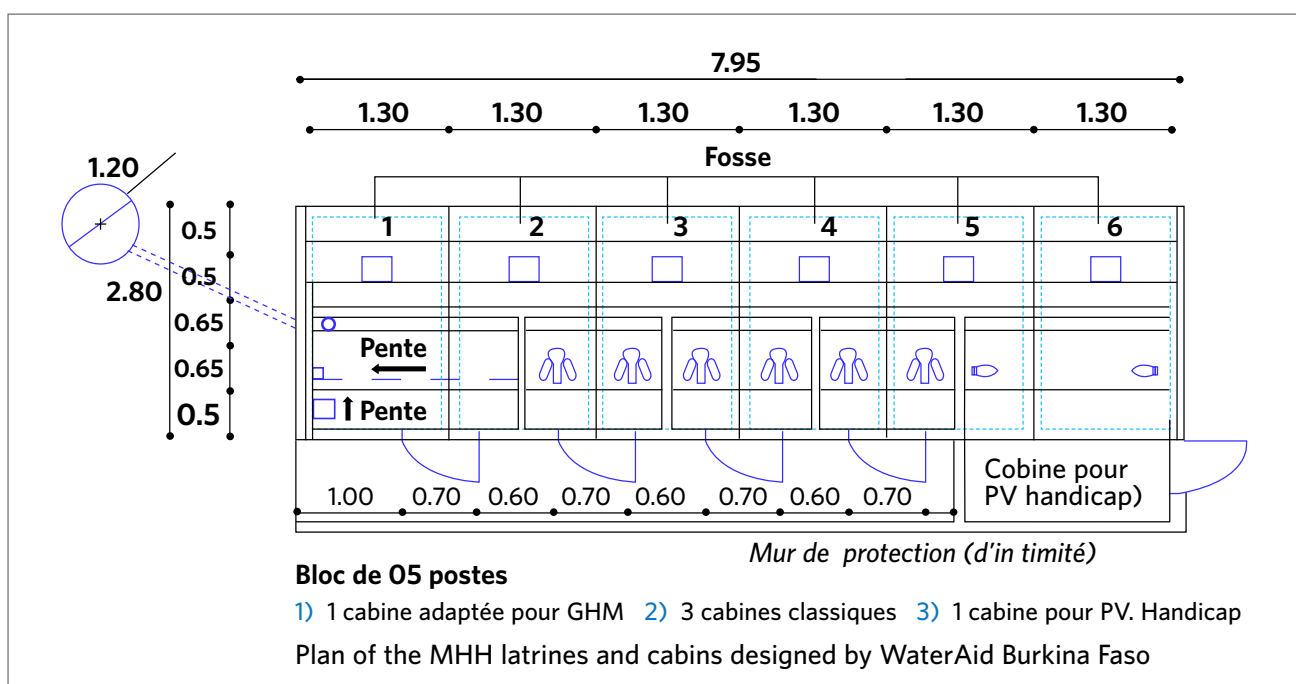
- » All the evaluations identified problems with cleanliness, with varying causes.
- » All the assessments made recommendations to strengthen the government's role in setting higher standards for girl- and woman-friendly toilets.
- » Water supply problems are a major issue
- » Accessibility must also include wheelchair users.
- » There are no facilities for changing or breastfeeding babies.

WaterAid Burkina Faso case study:

In 2013 and 2014, WaterAid, in collaboration with UNICEF and the Direction de la Promotion de l'Education Inclusive des Filles et du Genre (DPEIEFG), conducted surveys in schools in the Eastern and Northern regions of Burkina Faso on MHH-specific issues. In 2016/2017, WaterAid received funding to improve menstrual hygiene management in 50 pilot facilities. During the implementation of this project, a baseline study was conducted in the intervention institutions and communities to assess the existing situation and to understand the knowledge and practices of the communities. In this context, focus groups were organized with the girls to determine the type of toilet best suited to their needs.

The results of this study led to the establishment of a unit to support the design of facilities and equipment to promote menstrual health and hygiene in schools. WaterAid then designed and tested a dedicated MHH cabin (attached to the girls' latrine block) in the Sahel, Houet and Cascades regions.

The feedback from the beneficiaries on this cabin is very positive (clean, pleasant to use, avoids stigmatization, takes into account dignity and intimacy, reduces school absenteeism during menstruation). WaterAid is now pursuing the scaling up of this prototype and is engaged in advocacy: (i) with the General Directorate of Sanitation (Ministry of Water and Sanitation) for the integration of the cabin in the technological package of institutional works; and (ii) with the DPEIEFG for the integration of MHH in school curricula.



Moving forward

MHH represents a starting point for a broader discussion on the varying and evolving needs of women and girls for adequate WASH facilities.

With the support of their partners, governments need to establish and ensure compliance with minimum standards for MHH-friendly WASH facilities and services, suitable for people with disabilities in all settings, while increasing budgets for the operation and maintenance of facilities to support their sustainability. Where national guidelines do not exist, international guidelines can be used as a reference.

Countries are encouraged to conduct city-wide participatory assessments to analyze (i) public spaces and informal settlements lacking public and community toilets; and (ii) the extent to which existing toilets meet the specific needs of girls and women. These analyses can then be used to develop strategies to achieve broader coverage. Finally, we need to broaden the scope of what we mean by "disability-friendly facilities" in operations, which is not limited to wheelchair accommodation.





3.IV. Improve access to appropriate, quality sanitary products and protection

Moderator:

- Dr. Virginia Kamowa, Co-founder and Coordinator of the *Global Menstrual Collective*

Panelists:

Roundtable on lessons learned to improve access to protective equipment:

- Masséni Diomande, Medical Coordinator, Médecins du Monde (MDM), Côte d'Ivoire
- Marina Gning, CEO, ApiAfrique
- Elisabeth Zambelis, Fondatrice, Just-a-Cup

Roundtable discussion for feedback from adolescents and young people:

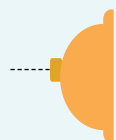
- Sandrine Naguertiga, Digital Communication Specialist, UNICEF, Chad
- Maimouna Thioune, member of the association Parole aux jeunes, Senegal
- Octavie Bacourine, member of the association Parole aux jeunes, Senegal
- Pamela Badje, Junior data analyst, U-report, UNICEF, Chad
- Epiphane Dionrang, Initiative #YALIROSE, co-initiator of the "Street Slam" concept and of the "Verses and Proses" workshops, project manager of INKHAZ, Chad
- Maïmouna Abdelhamid, General practitioner, co-founder of the start-up Kadja Health, Chad

The keynote address presented in this session shared some key points about access to menstrual protective materials:

- » It is important to differentiate between menstrual protection materials and menstrual hygiene products, as both are necessary and must be accessible. Menstrual materials are used to absorb menstrual flow (cloths, reusable and disposable pads, menstrual cups, tampons, menstrual underwear), while hygiene products refer to support items for MHH in general (soap, underwear, trash cans, etc.)
- » The most common types of material used in the region are reusable cloths (loincloths, clothes), tissues, or absorbent cotton that are washed and reused. Girls and women also express a preference for disposable materials (more comfortable, safer and maintenance-free), but these are often too expensive and difficult to access, especially in rural areas.
- » No one type of menstrual material is popular with all girls or women in all circumstances; all protective materials have aspects that girls and women may like and dislike for different reasons.
- » When choosing the protective materials to be distributed, various elements must be taken into account: culture and context (including beliefs and practices), health risks, economic and financial aspects, use and maintenance of products in the context, and disposal. The [guide developed by UNICEF](#) on this issue provides more details and practical advice on how to collect this information.
- » There are several models for the provision of materials, ranging from direct distribution to models based on strengthening and regulating markets for menstrual materials. The table below outlines some activities that can be implemented to improve access to menstrual materials:
- » **The main obstacles to access to menstrual materials** identified in the framework of the formative research carried out in West and Central Africa, and which must be addressed by the various actors, are the following:
 - Lack of information on available options,
 - The unavailability of protective materials,
 - The cost of materials and supplies,
 - Cultural and social acceptability of certain materials (e.g., tampons and menstrual cups) and waste disposal practices,
 - Lack of access to free hygiene products (soap, private washing and drying facilities, water, etc.)
 - Limited information and options for waste management and environmental sustainability considerations.

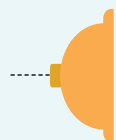
Examples of activities to improve access to sanitary protection

Understanding preferences and availability



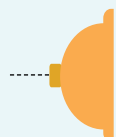
- Usage and preference assessment
- Evaluation of product availability
- Evaluation of products and interventions

Improving supply



- Development of national standards for menstrual products
- Supporting businesses to meet people's needs and preferences
- Making products more affordable, for example by removing taxes

Direct provision/distribution of services to school



- Provide protective materials (especially in the health care facilities and in humanitarian settings)
- Supporting waste management and disposal

» **The session was then devoted to two round tables:**

The first roundtable shared key lessons learned from the social enterprises ApiAfrique and Just a Cup, as well as the MDM program in Côte d'Ivoire, which promote and distribute different types of protective equipment. Among the key elements of the exchanges, we can mention the following:

- In Côte d'Ivoire, Médecins du Monde proposed to young girls to use menstrual cups (more economical in the long term and requiring less water and maintenance) and observed a good acceptance rate (only 3 girls out of 50 refused to use the cup). However, the program has been confronted with the reluctance of girls to use an internal protection that could alter their hymen. After discussion with the youth, it was decided that only girls who were already sexually active would be included in the program.
- In Senegal, the company ApiAfrique manufactures and promotes reusable materials that are locally manufactured, environmentally friendly (no waste) and safe for health (organic cotton). According to users' feedback, these products have helped to reduce certain irritations, improve comfort and make them more independent over time.
- In Zimbabwe, the company Just a Cup has tested the distribution of menstrual panties because this product addresses two major problems: the difficulties of drying washable pads and access to underwear. The test distribution was a success and generated significant demand. Two challenges remain: the need to have access to water to clean the panties properly and stock management as this product implies offering different sizes.
- **But the major challenge of access to protective materials is to offer affordable quality products.** If social enterprises want to offer good working conditions to their employees and use quality raw materials, they cannot go below a certain cost and many users cannot afford them. To address this problem, ApiAfrique needs to find third party payers, to enter into partnerships with donors, who will pay for part of the product. They are also sometimes women living in Dakar who buy sanitary pads for their families living in rural areas.

- Free product distribution is a good way to raise awareness of new types of products, but it can also inhibit willingness to pay for them; free distributions should be combined with making products available in markets.

In the second panel, adolescent girls and young women from Chad and Senegal shared their experiences with the different types of sanitary materials, the difficulties they faced in accessing these products, and the strategies they used to address this issue with their parents and other adults. **According to the young panelists, the main obstacles to accessing protection are (1) a lack of financial means and (2) the shame of talking about this subject with those around them, whether their parents (to ask them to buy protection) or salespeople in shops.** The girls also reported the anxiety, stress and shame they feel when menstruating, as the subject is still largely taboo. They also raised concerns about virginity when using internal products such as tampons or menstrual cups. Finally, they pointed out the lack of water and soap, especially in non-urban areas.

Moving forward

- » Menstrual materials should be culturally accepted, safe, affordable, available, environmentally friendly (if possible) and easy to wash, dry and dispose of.
- » Efforts to improve access to protective supplies and equipment should be integrated with other interventions targeting knowledge and skills, MHH facilities and services, and improved social support.
- » It is essential to consult with girls, women and all menstruating individuals to understand the different types of menstrual materials available to them, which ones they use most often and which ones they prefer in a specific context, and the common practices around their use.
- » Girls and women have different needs and preferences, which may change depending on their environment (school, home, work, public places): the aim is not to promote a single solution, but to provide a range of options to enable girls and women to make informed choices.
- » As stakeholders we need to think about sustainable service delivery models for menstrual products that go beyond direct distribution and are more market driven.

Special Session: Quality Standards for Menstrual Products

Moderators:

- Haley Millet, Advocacy Manager, Days for Girls

Eastern and Southern African countries such as Kenya, Uganda, Tanzania, Ethiopia and South Africa have led the way in developing standards for disposable and reusable menstrual health products. Countries in West and Central Africa are now also moving in this direction, with Ghana leading the advocacy efforts in the region.

The objectives of this session were to support the actors and actresses of the region to:

- » Better understand the landscape of menstrual product standards in Africa.
- » Communicate the role that standards can play in ensuring access to quality menstrual products and providing informed choice for menstruating individuals.
- » Share lessons learned from experiences in Eastern and Southern Africa, with a view to supporting standards development processes in West and Central Africa.
- » Encourage and guide advocacy efforts in West and Central African countries to support the development of standards for menstrual products.

Why are standards needed?

- **Standards build consumer confidence and empowerment:** consumers have access to quality products through an open and regulated market. They can make informed decisions about which product or combination of products to use. They are in a better position to assess the quality of products and make an informed choice.

Panelists:

- Sophia Grinvalds, Co-founder and Director, AFRIPads
- Neville Okwaro, MHH Expert, African Coalition for MHM- Kenya
- Honourable Soipan Tuyu, Women's Representative, Narok County, Kenya
- Naana Abena Afadi, Program and Advocacy Officer, Days for Girls, Ghana
- Mr Mahesh Nagessar, South African Bureau of Standards

- **Standards provide a common definition of quality:** some products with more rigorous quality control have a competitive advantage in the marketplace. Standards also increase the number of certified products that move across regional and international borders, reducing the cost to consumers. The creation of a regulatory framework finally allows for the protection of consumers.
- **Standards improve consumer access to products** by creating pathways to market for new product categories, such as reusable products (e.g., menstrual cups or pants), for which manufacturers may not have the resources to invest in marketing and education. Standards then help to build consumer confidence. The definition of standards for all product categories also makes it possible to include all of them in policy discussions.
- **Standards reduce costs in the long run** because governments, donors, and NGOs that distribute free or subsidized menstrual products can use national and international standards instead of having to develop quality standards in isolation and on an ad hoc basis.

In the Eastern and Southern African region, the following countries have quality standards for reusable and/or disposable products: South Africa, Kenya, Malawi, Uganda, Tanzania, Zimbabwe and recently Zambia. It should be noted that South Africa has recently committed to developing standards for menstrual cups. In West and Central Africa, few

countries have national standards to date, with the exception of Ghana (for disposable sanitary pads). However, they can draw on the experience of Eastern and Southern African countries.

Regional and international standards help to limit barriers to trade and reduce the need to develop national standards. There is an African Organization for Standardization (ARSO), which is working to develop pan-African standards for reusable and disposable protection. 32 countries are now using these standards.

Regarding reference standards (applicable at international level), the UNGM⁷ has just launched technical specifications for menstrual cups and reusable/disposable pads. These specifications are used by UN agencies working in Africa (UNFPA, UNHCR, UNICEF).



What do the standards include?

Harmonization parameters	Objectives
<p>Physical parameters</p> <ul style="list-style-type: none"> Materials and components Construction Size (related to dimensions or absorption capacity) Dimensional stability (to prevent shrinkage of washable products) <p>Packaging requirements</p> <ul style="list-style-type: none"> Materials - Type and construction Labelling - manufacturing details, expiry date, raw materials, shelf life (related to absorbency and hygiene), disposal method. <p>Specific performance parameters to test absorption, retention and sometimes dispersion rate of the product; or blood collection capacity</p> <p>Hygiene/microbiology parameters involving a number of tests.</p> <p>Biocompatibility parameters for raw materials, which must be tested to ensure that there is no toxicity, irritation or skin sensitivity due to the materials.</p>	<ul style="list-style-type: none"> Products are identifiable by consumers on the basis of common definitions Consumers have sufficient information on the packaging to make an informed choice. Consumers have information on the disposal of used menstrual products. The packaging itself is safe and suitable for disposal The product must perform the desired function: absorption or collection of menstrual blood or other fluids, without leakage The products must not be harmful to the vaginal flora or cause infections The products are safe

⁷ United Nations Global Marketplace

Highlights

- Existing menstrual product standards and advocacy efforts developed in some East and Southern African countries can help inform efforts in West and Central African countries.
- Standards are an important tool to enable informed choice for menstruating people - ensuring safe access to a variety of reliable, quality products. Open markets also ensure that products are profitable and accessible.
- It is essential to involve the various stakeholders, including the ministries of trade, textiles, health, education and research.
- Training and capacity building for small businesses, with the support of regulators, is very important.
- Specialized training programs on product design and business development can stimulate innovation and ensure the quality of feminine hygiene products.
- It is important to create a culture in which standards do not scare manufacturers, but instead improve outcomes and promote opportunities.
- If governments prioritize the global MHH agenda, support and funding can be obtained for the development and implementation of MHH product quality standards.
- Standards help address issues of preference, quality, safety and access to affordable products.

Moving forward

- Training for students and researchers can help build technical capacity in the sector
- Building the capacity of small enterprises and providing technical support to enable them to offer products that meet standards can help achieve many socio-economic objectives.
- Developing standards in Ghana - and in any country that embarks on standards development - involves broader efforts to inform the population and raise awareness about menstrual health and hygiene. Consumer awareness is essential to ensure that standards are enforced once they are created.
- To ensure that MHH policies are properly implemented and that they are a reality for consumers, government support is fundamental. Policymakers and parliamentarians have a key role to play in promoting the adoption and implementation of quality standards.
- Much work has already been done to develop pan-African quality standards. West and Central African countries can refer to the standards and lessons learned by Eastern and Southern African countries and other low- and middle-income countries.
- Washable sanitary towels offer an effective solution in emergency situations, which has been clearly established by the experience of the pandemic - the standards for washable sanitary pads help to increase this access.

Refer to the study commissioned by the [Reproductive Health Supplies Coalition \(RHSC\)](#) on quality standards in Asia and Africa, which will be published shortly.



SESSION – 04

Research, Monitoring and Evaluation

Moderator:

- Tom Slaymaker, Senior Statistics and Monitoring Specialist (WASH) UNICEF HQ
- Fatou Mbow, Population Council representative in Senegal

Panelists and presenters:

- Dr Julie Hennegan, Senior Research Fellow at the Burnet Institute, Australia
- Dr Funmi OlaOlorun, Senior Lecturer, Family and Reproductive Health Unit, Department of Community Medicine, College of Medicine, University of Ibadan, Nigeria
- Bénéwendé Bonaventure Segueda, Inspector, specialized in the analysis, management and planning of education systems DSS/DGESS/MENAPLN, Burkina Faso
- Didier Monteiro, WASH Specialist, UNICEF, Guinea Bissau
- Fabienne Bertrand, WASH Specialist, UNICEF, Republic of Congo
- Dr Penelope Phillips-Howard, Professor at the School of Hygiene and Tropical Medicine, London
- Olufemi Oludare Aluko, Environmental Health Specialist, University College of Health Sciences, Nigeria.
- Prof. Honoré Mimche, Senior Lecturer, Institute of Demographic Training and Research, University of Yaoundé II, Cameroon
- Dr. Vishna Shah, Research Assistant and Trial Manager for the MEGAMBO-Gambia project
- Dr Belen Torondel, Assistant Professor, School of Hygiene and Tropical Medicine, London
- Job Ominyi, WASH Specialist, UNICEF, Nigeria
- Dr Ghislain Mukuna, Project Manager, Catholic Relief Services (CRS), DRC

This session allowed participants to:

- » Share different approaches to strengthening monitoring and evaluation systems, and present specific monitoring systems in place in some countries. Discuss how monitoring initiatives at the international, national and non-governmental levels can be harmonized.
- » Summarize the state of MHH research in the region, as well as its gaps, and to initiate a regional research agenda based on the experiences and learnings of researchers and practitioners.

Despite the relevance of the MHH for the achievement of the Sustainable Development Goals (SDGs), and despite the growing interest in the topic, this attention has not been accompanied by a coherent follow-up of the initiatives, making it difficult to assess their impact. Today, many MHH programs are being developed and implemented, and require monitoring to understand their impact. Monitoring and evaluation can be used to improve investment in MHH because measuring progress and gaining a deeper understanding of the magnitude of needs can both motivate and reassure investors. Another difficulty with monitoring and evaluation of MHH activities is that when it exists, it considers MHH only as a hygiene issue. The intrinsically transversal nature of the MSS thus represents a challenge for the current monitoring and evaluation models, which are mainly organized in a sectoral manner.

However, more and more monitoring systems (and thus data sources) on MHH are available. [UNICEF's global guide](#) to MHH programming gives some examples:

- » The WHO/UNICEF Joint Monitoring Program (JMP), tracks global progress towards the SDG targets for water, sanitation and hygiene, based on nationally representative data sources⁸. At the time of writing, the JMP has compiled and harmonized MHH-specific national data for 13 countries in the region⁹.
- » The survey [Performance Monitoring and Accountability 2020 \(PMA 2020\)](#), Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) are three types of population data collection conducted in the region to varying degrees that have included questions on MHH in recent years. The

PMA 2020 surveys provided some of the first national data on menstrual health.

- » Indirectly, [UNESCO's Sexuality Education Review and Assessment Tool \(SERAT\)](#).

While there is not yet enough evidence to recommend a comprehensive set of validated indicators, there are simple measurement tools that can be used now to strengthen monitoring of MHH:

- » **Measurement tools, such as [the one developed by UNICEF](#)** which provides ways to assess the relationship between MHH programs and interrelated outcomes in education, health and well-being. The tool provides a range of indicators that can be used to monitor and evaluate MHH in institutions (schools, health facilities, workplaces) and households.
- » [The Rapid Assessment Tool for MHH in Humanitarian Settings \(M-RAT\)](#) developed by the International Rescue Committee (IRC) and Columbia University, which can be used in a variety of settings, including refugee/displaced camps, informal schools, urban neighborhoods or host communities.
- » [The Menstrual Practice Needs Scale \(MPNS-36\)](#), developed by Hennegan et al (2020), which focuses on a woman's experience of her last menstrual period and captures menstrual management practices and environments.

Highlights of the discussion:

- » All the speakers stressed the need to find common ground so that the various sectors can implement **coordinated and harmonized monitoring of the MHH**. A concerted choice of indicators is important to ensure that we all speak the same language. This will require a standardization process that will also allow us to compare different contexts.
- » Many MHH interventions are based on quantitative monitoring (e.g. number of adapted toilets). But **we need qualitative monitoring** to ensure that the activities also lead to behavioral change. In Guinea-Bissau, for example, UNICEF has developed a program that includes infrastructure and training for teachers, health professionals and parents. Focus groups with young girls

were also conducted to assess the impact of the activities on behavior change.

- » Even with the incorporation of qualitative approaches, **the survey methodologies currently used do not allow us to fully understand the unmet needs of women and girls.** We need methodological approaches that are contextually appropriate and relevant to each stage of women's and girls' lives. The tools currently in use must also be adapted to the working methods of the different actors (e.g., national data collection systems use different methods from those of international organizations' programs). Nevertheless, programmatic data can inform what is integrated into broader monitoring systems.
- » **Measurement tools must be adapted to the cultural and religious contexts of the programs.** We cannot separate the health and well-being of women and girls from "menstrual justice" and the gender norms that prevail in different contexts. It is important that this relationship is reflected in the data we collect, so that we can reflect the impact of programs as accurately as possible and convey the right policy messages in the right context.
- » Julie Hennegan's presentation on PMA 2020's experience in monitoring MHH offers some key insights for the future:
 - We need to pay particular attention to who is included in the survey samples: are the samples representative and comprehensive, capturing the needs of a wide range of women and girls?
 - In research efforts, the description of menstrual practices (what women do) may not tell us the extent of unmet need: the type of protective menstrual material used may be an indicator to measure penetration or uptake of certain products but usage alone cannot be used to assess material needs being met, especially for disadvantaged groups. More effort is needed to identify or develop accurate indicators of menstrual health at the population level that reflect the full

range of experiences of menstruating individuals and an agreed-upon definition of menstrual health.

- The language used in the questionnaires is sometimes misunderstood in the field. The use of alternative question formats and terminology could help clarify and improve understanding of certain concepts (terms such as *confidentiality and safety of menstruating women and girls*).
- » The region can be proud of the growing number of formative research studies conducted in recent years, mainly in school settings. However, most of these studies have focused on the psychosocial states of girls at the time of menarche, rather than on the long-term impact on their psychosocial well-being. It would also be useful to generate more knowledge about the underlying factors of social norms surrounding menstruation, both negative and positive, including the specific roles of influential people in communities.

Conclusion

This first symposium organized on menstrual health and hygiene in West and Central Africa allowed the countries of the region to benefit from the reflection and experience already developed in other regions of Africa and the world. Links have been forged between all the stakeholders involved in the issue well beyond West and Central Africa and have enabled organizations working in the region to join working groups and participate in the reflections currently being conducted on the issue at the global level.

It is now crucial to be able to disseminate the operational recommendations formulated during the various sessions of the symposium and synthesized in this report, so that they can be reinvested by all the partners to strengthen the integration of MHH in all the sectors concerned. At the end of the symposium, the following recommendations were made:

⁸ This includes education management information systems, national censuses and surveys, and secondary sources where primary data are not available (e.g. UNESCO Institute for Statistics)

⁹ More information is available at <https://washdata.org/monitoring/menstrual-health>.

- » Capitalize on the dynamics and links created during the symposium, continue the exchanges by networking the participants and ensure the animation of this network by mobilizing dedicated resources.
- » Continue to collect and share the resources developed on the topic, make the link with existing resource centers and make the tools available to all stakeholders.
- » Transform into action the advocacy messages identified during the regional events dedicated to MHH in West and Central Africa (virtual conference of October 11, 2020, digital communication campaign #SoyonsRéglos and regional symposium of May 2021).

Reminder of some key advocacy messages:

- MHH must be recognized as a public health issue
- Menstrual materials must be free and accessible
- MHH must be taken into account in all schools and integrated into the school curriculum.
- MHH should be seen as a factor in the realization of the rights and empowerment of girls and women
- MHH must be promoted as a research topic in its own right



The digital campaign on Menstrual Health and Hygiene #Soyonsreglos

In the run-up to the symposium, and to maintain the mobilization of all stakeholders between the virtual conference organized in 2020 and the symposium, a large digital campaign on Menstrual Health and Hygiene (MHH) in West and Central Africa was conducted from October 11, 2020 to May 28, 2021. Carried online by the hashtag #soyonsreglos, this campaign was relayed by the platforms of all the partners of the French Muskoka Fund (UNICEF, UNFPA, WHO, UN Women, as well as UNESCO, the NGO RAES and Equipop) both at a regional and country level, as well as by feminist influencers and activists in the region.

The objectives of the campaign were to remove taboos, free speech, strengthen communication and access to information, but also to support regional and country advocacy on MHH.

Among the many media disseminated as part of the campaign, we can mention: infographics, videos of testimonies and influencers, the launch of challenges, a web series and animations.

Thanks to the 420 publications and the media coverage obtained (Canal Plus, RFI, Allodocteurs. Africa, TV Sud), more than 16 million people were reached by this campaign. All materials are available on the campaign website www.soyonsreglos.com/Letstalkperiod.com

