



## Ruby Cups: Girls in Imvepi Refugee Settlement Taking Control





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## INTRODUCTION

CARE International and WoMena Uganda are currently concluding a menstrual cup (MC) pilot implementation project in Imvepi Refugee Settlement, funded by European Union Civil Protection and Humanitarian Aid (ECHO). This is the second pilot that WoMena has conducted on the use of menstrual cups (the Ruby Cup brand) with refugee women in Uganda. Based on findings from previous studies and Menstrual Health Management (MHM) projects conducted by WoMena, the project's goal was to improve the capacity of female beneficiaries to safely and effectively manage their menstruation with a menstrual cup called "Ruby Cup", and to improve general knowledge and perceptions around menstruation in the community. The pilot was integrated into CARE's existing gender-based violence sector support programs in West Nile and was prompted by evidence of a strong linkage between Menstrual Hygiene Management (MHM) and Gender based violence (GBV) in various CARE assessments. CARE collected information on refugee girls engaging in transactional sex to buy pads. Married women reported being beaten by their husbands because they cut blankets to manage their periods. Many report how the lack of MHM options prevents women and girls from "living" normally as they have to "sit in the sand" and wait when they have their periods.

Ruby Cup is a social menstrual health business. The company donates Ruby Cups to girls in need through the Buy One, Give One model. Ruby Cup has a significant presence in East Africa, and partners with WoMena in Uganda. Ruby menstrual cups are made of 100% medical grade silicone and are reusable for 10 years. While menstrual cups are newer to the market in the region, they have been in use in various parts of the world for over 30 years.

WoMena is a young, non-governmental organisation consisting of Public Health, Anthropology, Development and Sociology professionals who are passionate about addressing social issues in Africa related to gender, reproductive health and menstrual hygiene management. WoMena is Ruby Cup's Ugandan partner, receiving the Ruby Cup from the manufacturer. In this pilot, WoMena was responsible for Training of Trainers (TOTs), introduction of the cups and co-monitoring of and adoption during a period of 3 months' after training and introduction of the cup.

CARE International in Uganda has over a decade of experience with projects that address Sexual Reproductive

and Maternal Health (SRMH) and Gender Based Violence (GBV) issues, both in the development and emergency contexts. Under the Northern Uganda Women Empowerment Programme (NUWEP) since early 2000, CARE Uganda has implemented a number of Women and Girls Empowerment interventions, including Gender Based Violence prevention and response and Sexual, Reproductive, Maternal and Child Health (SRMCH) projects. Under NUWEP, CARE developed the Role Model Men (RMM) approach to engage men as champions of gender equality and Sexual and Reproductive Health Rights; which has been increasingly used in all of our projects. Through the RMM approach, selected men are supported through a series of training to develop positive forms of masculinity and positive behaviour through a personal "journey of transformation". This approach uses three main principles (men as clients, men as supportive partners, and men as agents of change) and engages men on three different levels (individual & personal level, household and intimate relations, and peer and community relations). Once RMM are identified and trained, their main activity is to reach out to fellow men in previously identified households with issues of domestic violence, lack of decision making power and freedom for women, extreme poverty, sexual and reproductive health needs and food and nutrition insecurity. CARE's work on Sexual Reproductive and Health Rights (SRHR) is grounded in a rights framework that puts addressing gender inequality at the centre. Through dialogues and various awareness-raising sessions, women and girls are supported to understand that they can have control over their own bodies and fertility, and to understand the negative consequences of various Harmful Traditional Practices on their health and lives. This includes early marriages leading to teen pregnancies, wife inheritance and widow cleansing leading to HIV and other forms of Sexually Transmitted Infections. CARE ensures that pregnant and lactating women (PLWs) are identified within the settlements and are made aware of available SRHR services and referred to them. To increase access to and uptake of SRHR services and respond to and prevent GBV, we must address the men's violent behaviour enshrined in social norms and practices. By engaging men and boys in SRHR and GBV, we will be more effective in building helpful and preventive services for both men and women, as well as promoting healthy and happy relationships in our communities.

## BENEFICIARY SELECTION

The Menstrual Hygiene Management (MHM) pilot in Imvepi refugee settlement funded by ECHO provided 80 refugee women and girls of reproductive age with a MHM kit (including menstrual cups) and training on MHM and menstrual cup use. For this pilot, the age composition ranged from the ages of 15-30 years old; (25 were adolescents ages 15-18, 41 were 19-25 years, and 34 women were 26-30 years). In addition, 20 females received specialised training to become trainers. Those were CARE field staff as well as Protection and Consortium partner staff from World Vision, IRC, Oxfam, Windle Trust, and C-Ten, as well as female refugee community leaders. In addition to the 20 Trainers, 10 Role Model Men were also included in the training as a way to promote male

engagement and support to the initiative. The 80 refugee women and girls were selected by WoMena and CARE from CARE's existing ECHO funded women's support groups and GBV prevention and response project. Alongside this, community members and key stakeholders in the settlement were sensitized about the benefits of the menstrual cup and MHM in general.

The project was implemented over four phases, namely: phase 1 exploration, sensitization and training of trainers, phase 2 trainer trial period, phase 3 beneficiary training and phase 4 menstrual cup trial period of beneficiaries and final evaluation.

## EVALUATION AND METHODOLOGY

Monthly evaluations were conducted during the 3-month pilot. Between April and July, the primary beneficiaries had the opportunity to use the products they received. During this period, CARE conducted monthly follow-ups and support visits with the groups of beneficiaries. A follow-up visit was conducted by WoMena Uganda in June 2018. Beneficiaries were mobilized by CARE field staff and were divided into three groups for different days. Half a day was allocated to each group for M&E follow up discussions and collection of menstrual diaries, and the second half-day for a refresher workshop. A total of 49 beneficiaries attended the follow up. The refresher workshop was based on a 'learning by doing' approach where participants were asked to demonstrate different aspects of menstrual cup use, using tools available such as a stove and a sauce pan for boiling, basin and jerry can with water and soap for hand washing, containers for storing the cup and so on. This was also done to make the workshop as practical and relatable as possible.

The M&E tools utilized throughout the implementation consisted of quantitative tools including knowledge retention tests (to assess the knowledge required by participants after training), menstrual diaries (to assess menstrual cup usage including adoption and adherence to hygiene guidelines), menstrual calendars (to assess menstrual patterns) and questionnaires (to assess menstrual patterns, experiences, perceptions and menstrual cup usage). Qualitative data at end-line included personal interviews and Focus Group Discussions (FGDs) to explore participants' experiences of menstruation as well as of the menstrual cup and of the pilot in general.

End-line evaluation visit took place in July 2018, over the course of four days. Sampling was done by CARE and a WoMena team collected the data with support from trained trainers who received a data collection training by WoMena, and with support from CARE team. A small sample of questionnaires as well as personal interviews were conducted, and the small sample size was compensated by conducting several FGDs. 7 FGDs, 3 personal interviews, and 16 end-line questionnaires were conducted with beneficiaries and trained trainers.

Informed consent was given in writing by all participants and all data collected was treated with full confidentiality. Anonymity of participants was ensured, ID numbers were used instead of names, and trained trainers who translated and supported the data collection were trained on informed consent, confidentiality and anonymity, and signed a confidentiality agreement.

WoMena logged and analysed the data. FGDs and personal interviews were recorded and questionnaires filled in manually. Qualitative data was later transcribed by the WoMena team and questionnaires logged into Kobo toolbox for analysis. Qualitative data was analysed using thematic coding, and broadly categorized by four thematic areas presented in findings. Knowledge retention tests, menstrual diaries and calendars collected over the course of the project were logged and analysed in Kobo toolbox and Excel and menstrual calendars were logged and analysed using Excel.

## METHOD

### Hygiene promotion

Before receiving the menstrual cup and the accompanying menstrual health kit, beneficiaries received one-day training on menstruation, menstrual health management and how to use the menstrual cup. Throughout the training, hygiene was emphasized as an important factor to ensure safety of menstrual cup use and care, as well as MHM in general. Beneficiaries were taken through how to maintain good personal hygiene and the importance of keeping the surrounding environment clean, starting from their homes. They were taken through hand washing steps, how to wash the vaginal area without using soap, the importance of using clean and dry underwear and a safe and clean menstrual management method. Seeing that properly washing and drying underwear can be a challenge in the refugee settlement, it was noted that, with the menstrual cup, underwear is kept clean for longer due to reduced risks of leakage, and the cup can even be used safely without underwear if preferred. Beneficiaries were

taught how to disinfect the menstrual cup before first use and between every period, how to clean the cup during menstruation (when emptying and re-inserting), and how to keep and store it in a safe and hygienic manner in addition to the ventilated bag that comes with the Ruby Cup, a closed metal container provided with the MHM kit to safely store the cup. Other methods that are accessible such as clean jars and food containers were suggested in case the women would lose the container. Acknowledging that clean water is limited in the settlement, it can also be wiped with clean tissue or re-inserted directly when no water or tissue is available. Furthermore, it was emphasized that the cup should never be shared. Hygiene guidelines were further emphasized during follow-ups and a refresher training at midline. They were always communicated in the most interactive way possible such as through demonstrations and brainstorming, questions and answers session with beneficiaries.



### The menstrual health kit

The menstrual health kit provided to beneficiaries at the start of the project included a menstrual cup (Ruby Cup) that comes in a small, ventilated bag with user instructions. Other items in the kit included a metal container used for both boiling (disinfecting) the cup as well as storing it, soap for hand washing, a water bottle which was given to participants during the training and a small towel for pain management and a small mirror for the women to understand better the female anatomy. The women initially stated that they would like to use the container for cooking. However it was emphasized that it was important to keep the container solely for the menstrual cup. The water bottle and small towel were meant for heat treatment, where warm water is put in the bottle and the towel wrapped around the bottle to rub the lower abdomen and lower back to reduce menstrual pain. The towel can also be used alone for this purpose, and can be used for washing as well.

### The role of men in supporting adoption

Seeing that men are majorly the key decision makers in the community as well as in their homes, they can have a big impact on the success of such an intervention and can influence community perceptions on the use of the menstrual cup and menstruation in general. Building on CARE's experience in Engaging Men and Boys and its Role Model Men model, CARE and WoMena adapted the existing methodology to include a men engagement component to increase wide community acceptance, particularly acceptance by men in the households of the targeted beneficiaries. For girls and women, men's attitudes can be discouraging (including leading to violence) and encouraging at the same time.

However, many men have limited knowledge about

actual hormonal, sexual and reproductive processes girls and women are undergoing, and even if they would like to support women facing the challenges of MHM, or other gender sensitive and SRH related issues, they do not know how. In CARE's and WoMena's experience, after overcoming the initial taboo of discussing women's issues such as menstruation, men are in general very curious to learn about what women go through and willing to support in any way they can.

10 men participated in the trainings on menstrual health and menstrual cups as a part of the project, either as representatives of CARE or partner organizations, or from the refugee population. Seven

men were between 25-30 years old and three men between 31-48.

For fairness and to benefit maximally from the male engagement, wives or sisters of the refugee males who took part in the training were included as beneficiaries in the project. Three of the males then became very actively involved in the pilot, taking part in training the beneficiaries and supporting with follow up visits. Furthermore, they proved to be committed to the pilot and their role as male champions of the menstrual cup, advocating for the menstrual cup and a positive view on menstruation in general in the community. They utilized existing platforms such as men's clubs and fellow Role Model Men to talk to other men about the issue.



Role Model Man explaining the Ruby Cup to a group of women.

**“I have understood that this [menstruation] is not a disease. Before I used to see it as something very bad, but nowadays, no problem.”**  
**Role Model Man (Imvepi)**

## INITIAL FEARS AND CHALLENGES

### Fears

Seeing that the menstrual cup is a new and unfamiliar method to many, it is not surprising that some project participants had doubts and fears when it came to using it. Initial fears reported by beneficiaries when introducing the cup to them in the training, as well as during follow up sessions, included:

- Fear of pain or stretching the vagina when inserting the cup into the vagina
- Fear of leakage
- Fear of the cup “disappearing” inside the body
- Fear of the cup falling out when urinating or defecating
- Fear of the cup causing infertility
- Fear of disinfecting the cup due to lack of privacy (including from children who may ask many questions)
- Fear of the cup breaking girls’ virginity

It is important to note that the fear of the cup causing infertility was still existent among some beneficiaries at end line. It was mostly brought about by community members who had not received any training on the cups. However, some women who had concerns initially reported changing their perception after hearing the experience of other beneficiaries and trainers who fell pregnant after starting to use the cups.

In the first monthly follow up conducted by CARE field staff,

these challenges and fears were discussed, and solutions identified. One of the solutions adopted to reduce fear was through CARE female staff who started using the cups themselves to be credible and speak out about the experience. Beneficiaries also suggested solutions such as disinfecting the menstrual cup late in the evening when all the children are sleeping, seeking advice from other experienced and successful menstrual cup users on proper ways of inserting into and pulling out of the vagina without feeling any pain, and mentorship and follow-ups. Importantly, the trained trainers who attended the follow up were able to speak from experience after using the cup successfully themselves for several months. They could thus counsel the beneficiaries and reassure them that the cup does not cause infertility, does not widen the vagina nor can it disappear inside the body. Some beneficiaries could reassure others, as an example one woman stated that at first she inserted the menstrual cup wrongly and had a lot of pain and later pulled it out. She revisited her notes on the method of inserting the cup, which she later inserted correctly. Thereafter, she was so excited and joined her colleagues in playing football. She uses the cup without wearing underpants and is now able to visit her relatives without the added burden of needing to buy pads. During midline follow up as well as the end line evaluation, most initial fears seemed to have been resolved.

## Challenges

As the menstrual cup is unfamiliar to many women, and requires learnt skills to insert and remove, it is normal that it can take women some time to feel comfortable using the cup. During follow-ups, mid-line and end-line, women reported some initial challenges they faced when starting to use the cup.

These included:

1. **Inserting the cup:** This was the most common challenge. Some said they had felt discomfort or pain while inserting for the first time, especially when using the C-fold method, however when they switched to Punch-Down method, which makes the cup slightly smaller, it was fine.
2. **Feeling abdominal pain when the cup was not inserted correctly:** This was expressed by some participants as something they experienced the first time using the cup. However, after inserting it correctly they would no longer experience discomfort.
3. **Defecating/urinating with the cup:** A few beneficiaries said they could not defecate or urinate while using the cup the first few days. They stated that this resolved itself and was caused by their fear of the cup falling out while urinating or defecating.
4. **Keeping the cup away from children:** Some participants reported a challenge with keeping the cup away from children as they stored it. During mid-line follow up discussions, the women advised each other on how to hide it from their children or what to say to them so that they would not touch the cup. Others said they found it hard to disinfect the cup while children were around as they would get curious and start asking questions. Some women resulted in boiling the cup in the evenings or whenever children were away.

## FINAL FINDINGS

### Adoption rate of the menstrual cup

Reviewing the menstrual diaries completed by 38 beneficiaries, 87% (33 out of 37) reported using the menstrual cup consistently throughout the 3-month trial period. Quantitative interviews showed 84 out of the 100 participants (84%) adopted the Ruby Cup by the project end-line. From the qualitative interviews, there were five users who had not used the cups yet because they had not had their periods given that they were pregnant or breastfeeding. We have one report of a woman losing her cup (dropping it in the latrine) and a second report of a cup being carried away by a rat.

### Adaption rate of beneficiaries across three-months.

Timeframe	# of valid submissions	Used menstrual cup consistently	Used menstrual cup some of the time	Did not use the menstrual cup
1st follow-up (23rd May to 1st June)	35	74% (26/35)	26% (6/35)	0% (0/35)
2nd follow-up (20th to 23rd June)	47	85% (40/47)	13% (6/47)	2% (1/47)
3rd follow-up (28th June to 9th July)	38	87% (33/37)	8% (3/37)	5% (2/37)

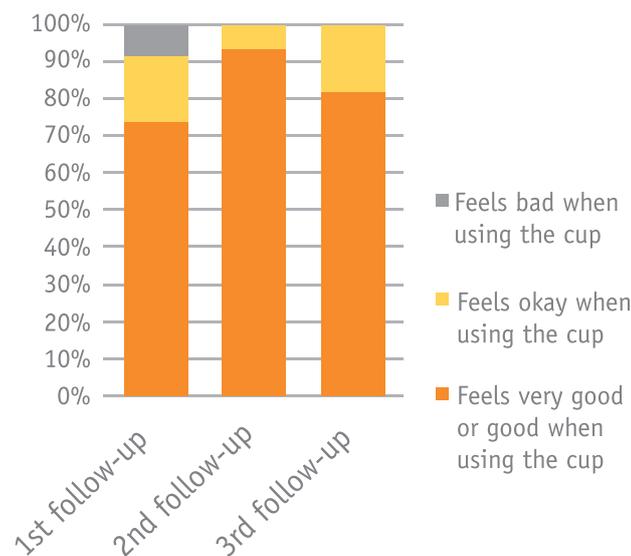
By the end of the pilot, three were not using the cup consistently yet, because they were still struggling with insertion or had not had their period yet. However, quantitative data showed a gradual decline in participants reporting to only using the cup some of the time. This indicates that as the women got more used to the cup, they started using it more consistently. This is normal as the user follow up period was not long in this project and only allowed for two or three menstrual cycles to try out the cup (on average women have their periods approximately once a month - and that is if they have regular periods). WoMena and CARE normally recommend at least six menstrual cycles because it takes time to get used to the cup and to master the techniques of inserting and removing.

### Comfort of the menstrual cup

The end-line questionnaire showed 94% (15/16) of respondents said they felt “very satisfied” with the comfort of using the Ruby Cup while one woman said she was “satisfied”. No one reported they were not satisfied with the comfort of the cup. Data from the menstrual diaries suggests that there was a decline in participants reporting feeling bad when using the menstrual cup, whilst at the last follow up all participants completing the diaries reported feeling either “good” or “very good” when using the cup.

In follow ups as well as in the end-line FGDs, many women expressed being content with the menstrual cup, being comfortable and stated that they cannot feel it when wearing it. Many women compared the cup with pads, which they said would often start irritating them or itching when they wore them for a long time or moved long distances. This could result in burns or sores between their legs. However, with the cup they said they could move freely, and walk or travel long distances without the discomfort, and without worries. One woman also saw it as a benefit that she did not need to wear underwear while using the cup.

Comfort with cup use (menstrual diaries) across three-months.



### Economic Impact

Economic impact was frequently mentioned by participants during follow-ups and the qualitative end-line data collection as one of the main benefits of the cup. Many of the women narrated that they used to sell a part of their food ration to buy disposable pads, some not only for themselves but for other female family members. Now they could save that money or food ration. A male trainer also stated that he was now able to save the money that he normally spent on pads for his wife. Furthermore, many also mentioned how the cup saves them from using a lot of soap compared to other methods such as reusable pads and cloths.

“Since the project started I now feel comfortable because when I use the cup, instead of thinking where I’m going to get money to buy pads, I am using the cup and the cup is really helping me.”

**Beneficiary, Imvepi (female)**

**1 woman can save**



**1,028,000 UGX**

over 10 years using the Ruby Cup instead of disposable pads for each menstrual cycle.

## Water usage

Beneficiaries also reported the Ruby Cup uses significantly less water for cleaning than Reusable Menstrual Pads and cloth pads. They reported only 1 Litre (33oz) of water is needed to boil and disinfect the Cup, whereas reusable pads and cloth pads can take up to 15 Litres of water to ensure all blood has been washed out and the cloth is clean. The Ruby Cup also requires less personal cleaning as the cup is collected in the vaginal cavity and very little, if any, leaks out. This means less water is needed for personal cleanliness and bathing. One beneficiary stated, "When using cloth pads I had to use a lot of water because the water would get dirty fast from blood. Then I had to wait for it to dry which could take up to two days, meaning I had to really think ahead how I would manage when that was drying. Now with the Ruby Cup I can just wash with a little water during my cycle and at the end I boil to disinfect it." Another beneficiary said, "I received re-usable pads but because they required so much water, my grandmother, who I live with, discouraged me from using them because they were wasting the little water we had. I am very thankful for the Ruby Cup because it uses less water and my grandmother supports me in using it because of that."



## Practicing Hygiene Guidelines

In general, participants showed a very good understanding of hygiene guidelines, including washing hands with soap before and after inserting and removing the cup, disinfecting the cup between periods, cleaning it during their periods, and keeping the bag and the tin where they store the cup clean.

In the end-line questionnaire, participants reported good adherence to recommended hygiene practices:

- **Washing hands with soap when emptying the cup:** 94% (15/16) of respondents said they washed their hands using soap every time they changed/emptied their cup.
- **Cleaning the cup while menstruating: (before re-inserting it):** 88% (14/16) of the women rinsed the cup with clean water, while others said they either wiped it with a clean tissue, boiled it or poured boiling water on it. During menstruation, it is not necessary to boil the cup, however it should be rinsed with water or wiped clean if possible.
- **Disinfecting the cup between periods:** 100% (16/16) of respondents disinfected their cup in between their periods, either by boiling it or pouring boiled water on it several times. 88% (14/16) said they did this to avoid germs or infections, two women said they did it because they were instructed to, and one woman said she did this to soften the cup.
- **Ease of disinfecting the cup:** 75% (12/16) said they had no challenges with disinfecting the cup, while

two women said they did not have a private place to boil the cup, one did not always have clean water to boil, and one did not always have charcoal or fire fuel.

- **Storage:** 100% (16/16) of respondents reported storing their cup in the metal container provided to them, and 88% (14/16) of the women said they also stored it in the aired bag. 38% (6/16) further stored the cup in a suitcase or a drawer.

Although participants found few challenges with emptying the cup at home where they had some level of privacy and access to water, they found it difficult when they were away from home. Some reported that changing it/emptying it was easier than with other methods such as pads, because they did not have to look for a latrine but only a private place such as a shelter. Others noted that they never had to empty the cup in public places, as they only needed to empty it twice a day, in the morning and in the evening.

Participants also noted latrines in homes were not getting full as easily, as they did not have to dispose of menstrual pads, and dirty pads or cloths were not being thrown openly on the ground in washrooms and in the community. One male trainer also reported that he could see a difference regarding cleanliness in his home after his wife received a menstrual cup, as well as in other homes with women who are using the cup.

## The MHM kit

Reported feedback on the kit was that the metal container was very useful and made both storing and disinfecting the cup easy for women, especially seeing that many are reluctant to use other kitchen pots or saucepans to boil the cup. Many beneficiaries reported using the hot water bottle method with the towel to reduce menstrual cramps, and some stated that they used the mirror especially in the beginning when inserting the cup and to understand

the different components of the reproductive organ. Some complained that the soap in the kit got finished quickly. This was acknowledged by the project team from the beginning. However a decision was made to keep the soap in the kit to get the women into the habit of washing their hands with soap. Some suggestions were made on what else could be included in the kit: a basin and jerry can for bathing.

## Empowerment

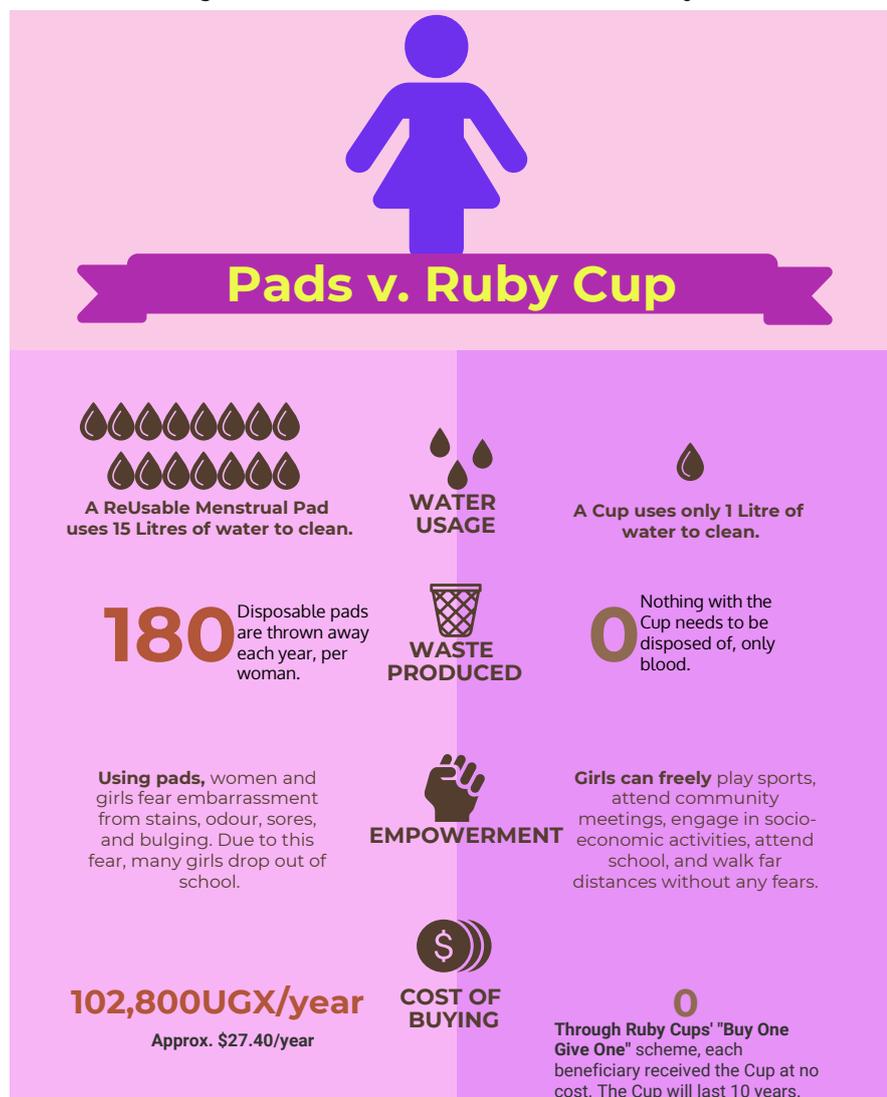
During follow-ups as well as during end-line evaluation, many women emphasized 'looking smart' as a benefit of the cup. Because they did not have to worry about leakage, they felt free and confident during their periods in a way that they could wear what they wanted and did not have to worry and/or keep checking themselves in case of stains. Smartness was also mentioned in terms of convincing neighbours on the use of the cup. The women also showed a sense of pride with being associated with the menstrual cup in regards to smartness. They could also move freely and comfortably with the cup. As an example, one beneficiary reported that she normally experiences her menstruation during every food distribution and had been getting wounds due to walking long distances to food distribution points and queuing long to receive her food ratio. This also resulted in bad odour. However,

now with the use of the menstrual cup, she feels very comfortable and can travel to distributions without fear of odour, stains, or sores.

An important benefit of the menstrual cup, mentioned by many women, was the mobility and freedom that comes with it as well as increased confidence. At end-line, beneficiaries were happy to be able to do normal activities during their periods while wearing the cup, such as doing house work, going to school, walking long distances, biking and playing football. Women were not missing out on important social events or practicalities. In this way, the menstrual cup empowers women as they no longer had to miss important events in the community such as food distribution days, and are free to take part in meetings, socio-economic, and other community events.

“Before I got the cup, I found it really difficult when I was in my period to go to school. I really feared shame if I was seated and the blood can smell. Really, I had that fear. But since I received the cup, I can put on the cup and it can just hold the blood. It cannot come out and spill everywhere, and I can even change my cup at school.”

**Beneficiary, Imvepi (female student)**



## Reducing Menstrual Taboos

In the beginning of the pilot, many participants associated menstruation with something shameful, and were uncomfortable discussing it freely. However, in end-line questionnaires, 94% (15/16) of respondents had discussed menstruation with family members and friends since the project started. In FGDs, women stated that they now felt free discussing menstruation with anyone, and to spread the information that they had received. Participants also noted positive perceptions by community members, where many of them were interested in learning about the cup and wanted to try it themselves. Many who initially had doubts later became convinced and asked to be a part of the project. Some participants felt that some community members discouraged women from using the cup because they were jealous and felt neglected because they had not been included in the project.

*“These days there are those who are educated who go into the community and talk, making men understand that for a woman to be on her period is an important moment. Because if you marry a wife or you have a daughter who doesn’t have her period – it means there is a problem”*

**CARE Volunteer, Imvepi (female)**

## Link to GBV, Teenage Pregnancies, and Transactional Sex

According to some of the beneficiaries, lack of MHM methods and lack of understanding of women’s needs during the time of their periods, can lead to gender-based violence, economic violence, school drop-out, early marriages, early pregnancies and transactional sex. Economic violence could, for instance, happen when the husband or another family member did not want a woman using household income to purchase pads and would therefore take money away from her or deprive her of other things. Menstruation was also seen to lead to school drop out for girls or early marriages when parents cannot afford expenses such as menstrual pads for their daughters to remain in school.

Transactional sex was also mentioned as something that is happening in the settlement. As one of the female trained trainers phrased it;

*“These are things that lead into sexual exploitation. Because me I know I don’t have a father, I don’t have a mother, I’m in school and I will see somebody who will deceive me like that. Ok, in case if you fall in love with me, I’ll provide each and everything. Now comparing this situation I’m in, I will just accept that person so that person will buy me Always [disposable pads], of which it will lead into early pregnancy or it may lead even into school drop-out. Because whenever these men give things to you they want those things to be paid back, or it may be sexually. That’s how some of the girls were affected in the community.”*

## LIMITATIONS TO THE EVALUATION

### Adoption rate of the menstrual cup

While the evaluation provides an exploratory glance into participant’s experiences of using menstrual cups as well as menstrual experiences and practices within a refugee settlement context, the limited scope can only offer insight into the perceptions of acceptance. This evaluation has a number of limitations:

1. Limited quantitative sample size: Due to limited time and initially agreed limited scope of the evaluation, only a subset of participants took part in quantitative surveys. As such, the quantitative data set is too limited to make any inferences, however findings offer useful insight into participant experiences of the intervention that complement the more extensive qualitative results.
2. Short timescale: Based on WoMena’s experience working with menstrual cups it may take between two to six months before girls and women become comfortable with using a menstrual cup, this may mean that the level of uptake is lower than would be expected with a longer time-frame.
3. Menstrual diaries and calendars: Not all beneficiaries were followed up in each monthly follow up, and the time allowed between follow ups was short, meaning that many women might not have had their periods between follow ups. Some menstrual diaries and calendars were not properly filled out, making them invalid.

## SUMMARY OF FINDINGS

Results from the base-line indicated that girls and women lacked the essentials to manage their menstruation safely and with dignity. Although most women said that they used disposable pads, qualitative data showed that the supply of pads was often insufficient and inconsistent. Despite initial concerns about the menstrual cup, menstrual cup uptake among intervention participants was high, with 87% of recipients using their menstrual cups consistently at end-line (based on reported use during the last menstrual cycle). It is expected that girls and women may take between two to six months to become accustomed to menstrual cup use, and user uptake is expected to further increase with time. Users reported the menstrual cup being comfortable to use once one gets used to it and reported getting over the initial fear of using the cup after a few cycles. Seeing the trainers using the cup and sharing experiences and seeing that they were healthy and still getting pregnant, helped convince women that they could also use the cup.

Male and community involvement showed to be an integral component of the success of the girls and women adopting the Ruby Cup. Respondents report having more confidence to attend school, community, and socio-economic activities while using the Ruby Cup, as compared to an alternative method. It was also reported the cup requires less water for cleaning, is environmentally friendly and allows women to not have to sell food rations for pads.

Self-reported adherence to safe care and user guidelines was high among participants, with correct cleaning, hand washing and storage procedures reported. Access to privacy for inserting and emptying the menstrual cup and access to soap were reported as the main challenges related to menstrual cup use.

## RECOMMENDATIONS FOR SCALE-UP

1. Seeing that it takes practice to become a comfortable and confident menstrual cup user, we recommend 6-12 months as an optimal follow up period for project participants to try out their cups. This is to ensure maximum adoption rate and positive impact of the cup.
2. To avoid jealousy as well as negative perceptions of community members towards the cup, we recommend carrying out community sensitizations, and that preferably cups should be distributed within a concentrated population group and/or the criteria of beneficiary selection should be very clear and transparent.
3. Clear sensitization regarding the difference between birth control and menstrual hygiene management needs to be conducted (the Government of Uganda is doing a family planning intervention and some participants confused this project with the Government project).
4. Local, traditional, religious and community leaders, both male and female, should be actively engaged and encourage men and boys to support women and girls during their menstrual cycle and in general hygiene.
5. Male engagement should be encouraged at all levels to reduce the risks of discrimination, rejection of women and girls using the cup.
6. Trainings need to be longer than 3 days or followed up by a one or two-day refresher to ensure comprehension of learning and to answer immediate questions and fears. A longer training with more time for candid discussions may also reduce the amount of initial fears and challenges. These trainings should also be separated based on age. A practical session is also needed so each participant learns hands on how to disinfect her cup.
7. A strengthened M & E process should be created and tools should be translated into local languages if at all possible, and all documents should be checked by the project team before handed in.

## ANNEXES

### ANNEX 1: Evaluation tool – Menstrual Diaries for Beneficiaries

Date \_\_\_\_\_

---

Were menstrual cramps and pains a problem for you?


 Very much
 
 Much
 
 A little
 
 No problem
 
 No pains and cramps

---

Did you use your menstrual cup?  Yes all the time  Yes some of the time  No

---

If **NO**, why not:  I was scared  I lost it  It hurts  Other (write under)

---

If **YES**, fill out the rest: ↓

How did you feel when you used your menstrual cup?


 Very bad
 
 Bad
 
 Okay
 
 Good
 
 Very good

---

How did you **DISINFECT** your menstrual cup **AFTER** your menstruation?


 Wipe with cloth
 
 Wash with soap
 
 Use chemicals products
 
 Boil in water
 
 Wash with clean water
  I did not

---

What was difficult with your menstrual cup? Tick as many as you want:


 Find privacy
 
 Insert it
 
 Disinfect it
 
 Pull out
 
 Storing
 
 Keeping it to myself



## ANNEX 3: Evaluation tool – Questionnaires for Trained Trainers

\*One out of 17 pages

End-line Survey Imvepi Trainers

<https://ee.kobotoolbox.org/x/#Y59G>**End-line Survey Imvepi Trainers****FILL OUT BY INTERVIEWER BEFORE START OF QUESTIONNAIRE****NAME OF INTERVIEWER**

- STELLAH
- JULIUS
- KRISTRUN

**MAIN QUESTIONS:****» INTRODUCTORY QUESTIONS****PARTICIPANT ID**


---

Thank you for taking the time to talk to us today. My name is \_\_, I am working with Wolmana. We are working on a Menstrual Health Management Intervention project with CARE. The purpose of the project is to explore the acceptability and feasibility of using menstrual cups. With your permission, I would like to hear about your experience with menstruation. Your name and answers will be kept confidential, and your name will only be known to project team members and will not appear anywhere. There are no right or wrong answers – so you should not fear to give us your honest answers. Thank you very much in advance.

**How old are you?**

*IN COMPLETE YEARS. IF THE RESPONDENT DOES NOT KNOW EXACTLY, WRITE HER ESTIMATE, OR WRITE 99 – I DO NOT KNOW*

---

**In what year are you born?**

*YYY*

---

**Are you a refugee?**

- YES
- NO
- I DO NOT KNOW / NO ANSWER

**Did you participate in the Wolmana training on menstrual cups and menstrual health in November/December 2017?**

- YES
- NO
- I DO NOT KNOW / NO ANSWER

**\* MENSTRUAL EXPERIENCES - CRTENA**

## ANNEX 4: Evaluation Tool – Questionnaires for Beneficiaries

\*1 out of 14 pages

Baseline Survey Imvepi - Beneficiaries

<https://ee.kobotoolbox.org/x/#Y59p>**Baseline Survey Imvepi - Beneficiaries****FILL OUT BY INTERVIEWER BEFORE START OF QUESTIONNAIRE****NAME OF INTERVIEWER**

- KRISTRJIN
- STELLAH
- JULIUS

**MAIN QUESTIONS:****= INTRODUCTORY QUESTIONS****PARTICIPANT ID**

\_\_\_\_\_

**PARTICIPANT NAME**

\_\_\_\_\_

Thank you for taking the time to talk to us today. My name is \_\_, I am working with WoMena. We are working on a Menstrual Health Management Intervention project with CARE. The purpose of the project is to explore the acceptability and feasibility of using menstrual cups. With your permission, I would like to hear about your experience with menstruation. Your name and answers will be kept confidential, and your name will only be known to project team members and will not appear anywhere. There are no right or wrong answers – so you should not fear to give us your honest answers. Thank you very much in advance.

**How old are you?**

*IN COMPLETE YEARS. IF THE RESPONDENT DOES NOT KNOW EXACTLY, WRITE HER ESTIMATE, OR WRITE 99 = I DO NOT KNOW*

\_\_\_\_\_

**In what year were you born?**

\_\_\_\_\_  
 YYYY

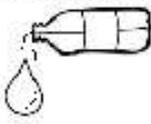
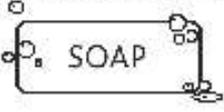
**Are you a refugee?**

- YES
- NO
- I DO NOT KNOW

**ANNEX 5: Knowledge retention tests for Beneficiaries**

**Menstrual Cup Test**

Tick all the correct ways to clean your menstrual cup DURING your menstruation:

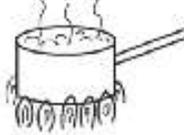
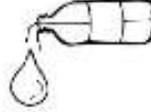
 Use chemical products 
 Wipe with leaves 
 Wash with clean water 
 Wash with soap 
 Empty and reinsert directly

Write the correct order (1-2-3) for what you do FIRST to LAST when you insert your cup:

 Insert your menstrual cup 
 Wash hands with soap 
 Fold your menstrual cup

Who can you share your menstrual cup with? Sister  Mother  Friend  None

Tick all the correct ways to clean your menstrual cup BETWEEN your menstruations:

 Wipe with cloth 
 Wash with soap 
 Use chemical products 
 Boil in water 
 Wash with clean water

How did you find this training?

Tick a face:

 Very bad 
 Bad 
 Not good not bad 
 Good 
 Very good

## PHOTOS

A group of Ruby Cup beneficiaries talking with Mohammed Daw, Director of Humanitarian Operations, CARE USA.  
Photo Below: A TOT during a training.



A TOT during a training.



Beneficiaries during a refresher training on how to disinfect (boil) the cup.



FGD with Ruby Cup beneficiaries, CARE staff and Mr. Jordi Torres Miralles Technical Assistant ECHO during visit to Imvepi in October 2018.



## SUCCESS STORIES

### Piloting alternative menstrual management in Imvepi Refugee Settlement



Viola Jackline

September 1, 2018

Viola Jackline, 20, is currently a pupil in Primary 5 in Imvepi Refugee Settlement. Viola is from Yei, South Sudan, and arrived in Uganda in March 2017 after two weeks of travel by foot with her grandmother and three siblings. She was only able to carry two bed sheets and two sets of clothes with her as she fled the violent conflict in her country. However, her grandmother was able to carry two saucepans, allowing her to cook some food along the way. With the bed sheets, Viola and her family were able to sleep in the bush in dark, camouflaged areas. Her long journey was coupled with thirst and hunger, verbal harassment from armed men, witnessing killings and escaping gunshots, and no means of bathing until she reached the Ugandan border.

Viola is one of 100 women and girls who participated in a menstrual hygiene management pilot that introduced menstrual cups, referred to as “Ruby Cups”, implemented by CARE and local partner WoMena in Imvepi settlement from April 2018. This pilot was funded by European Union Civil Protection and Humanitarian Aid (ECHO) and was rolled out in a consortium alongside Oxfam and CERFORD. CARE’s partner WoMena is a local organization dedicated to reproductive health, gender equality and menstrual management in Uganda. WoMena was responsible for training the participants on MHM and adequate use of the Cup, supervising and monitoring the trainers and participants. At the end of the training that also covered Reproductive Health more broadly and particularly how to prevent HIV and other Sexually Transmitted Illnesses and avoid unwanted pregnancies that are so common under adolescent girls, each participant received a menstrual health hygiene kit along with one Ruby Cup. Ruby cup is

a healthier, more sustainable and eco-friendly alternative to pads and tampons. Made from 100% soft, medical grade silicone and reusable for up to 10 years, it is a low cost high impact intervention, particularly for extremely poor women and girls, particularly destitute refugees.

Like many women and girls in the settlement, it was challenging for Viola to find money to buy pads. She admitted to reverting to selling her food ration in order to buy a piece of cloth and a robe. She tore the robe and fitted it to hold the piece of cloth then fastened it around her waist. This wasn’t how Viola desired to manage her menstrual cycle as it was bulky and uncomfortable but it was her only option at the time. CARE has evidence from research that some girls ended up engaging in transactional sex to buy pads (Imvepi Inter Agency Assessment on Sex Trade, May 2017). CARE also has data from gender analysis that adult women were beaten by their husbands after cutting blankets distributed in the NFI kits to manage their periods.

There is also evidence that lack of menstrual hygiene solutions is a cause of absenteeism from school for many girls in Uganda from both refugee and Uganda communities, and also a cause for dropping out altogether. Female pupils are already under additional stress at school during their menstrual cycle due to being uncomfortable and not knowing what is happening with their bodies but the lack of solution too often means the beginning of a dangerous path out of school, quickly followed by teenage pregnancies, child marriage and other forms of exploitation and abuse. Boys will often tease girls when their uniforms show an outline of a pad, staining or, in Viola’s case, a piece of cloth which would enlarge her skirt. In fact, one of Viola’s friends in Imvepi, Jenet, dropped out of school due to boys bullying her about a stain on her uniform. Jenet was in Primary 7 when she left. Boys will also go through girls’ bags and make fun of the girls who have pads or cloth because they know she is on her menstrual cycle. This emotional abuse caused Viola to have low self-esteem, poor concentration and little interaction with her male peers.

Viola said she was excited when she was told that she is among the beneficiaries selected to pilot menstrual cups but, when she looked at the cup, she wondered how it would fit into her vagina. Despite her concerns, Viola attended scheduled trainings, ready to learn and with an open mind. Targeted girls and women were trained on personal hygiene, the reproductive cycle, how to prevent STIs and HIV and early unwanted pregnancies and menstruation and menstrual management, and maintenance of the Ruby Cup. Trainings were conducted by Trainers who were selected from refugees and host communities within Imvepi Refugee settlement.



Ruby Cup menstrual cup

After Viola received her training in April 2018, she was ready to use the ruby cup during her cycle in May. The first time she inserted the cup was not easy and she thought of giving up and reverting back to using a piece of cloth. However, she went to talk to her friend Nancy, who was also a refugee and a ruby cup beneficiary. Nancy assured her she should not be fearful and encouraged her to keep on trying to insert the cup based on the provided training guidance. The next month Viola attended a refresher training and this gave her confidence to try using the cup again. This time, insertion worked! She noticed immediately there was less odor and itching, and was much more comfortable than other methods she had used. She also did not have to look for money to buy cloth or pads, easing financial stress to her and her family.

While Viola was growing confident in using her Ruby Cup, family had some doubts. Because the menstrual cup is new in the settlements, some individuals thought this was a form of birth control or that it will cause barrenness. Her peers were concerned it would stretch her vagina, break her virginity, and will lead to no one wanting to marry her. These perceptions are mostly caused by lack of awareness on the menstruation process as it is seen as a taboo that should not be talked about. However, the pilot also included a community awareness component to help demystify these perceptions. Also, as Viola candidly shared her experience and learnings with her family, misconceptions and fears in her social network would slowly fade away... A key concern for CARE was to test how much water the cups required. This was particularly important as access to water is a challenge in certain refugee settlements. Viola's experience and that of the other women and girls in the pilot has however demonstrated that little water is required for disinfecting the cup. In fact, as little as 8 ounces is sufficient, a lot less than for cleaning reusable pads which majority of women and girls like Viola end up reverting to.

Under the community awareness component, CARE engaged 10 Role Model Men in the training of trainers on Ruby Cups. This was done to ensure men in particular would understand the real purpose of the cups and to eliminate the risk of violence against women and girls adopting the cups. For young girls and women, men's attitudes towards menstrual management is all too often discouraging and sometimes violent. Men often times do not understand the menstruation process or what women and girls go through during their cycle. This can lead to violence, particularly as women are more likely to refuse having sex during their periods. The trained men supported their wives, sisters, and friends who were beneficiaries of the project through understanding and advocating for both the girls and community members in the use of Ruby Cups and menstruation processes. Viola had several Role Model Men in her community, who helped her family understand the importance of supporting Viola during her cycle and in her efforts to adopt the Ruby Cup. "The Role Model Men talked to my grandmother about the Ruby Cup and its benefits. He also talked to her about her fears of me using the cup. He told her that it will not hurt me and after that she supports me."

During the training, Viola said she learned many new things including her reproductive cycle, menstruation cycle length, anatomy, the ten steps of handwashing for using the cup, how to clean and sterilize the cup, etc. In fact, this was the very first time Viola had ever been taught about these subjects....Viola explains how she feels more self-confident now. She now plays football, actively participates in youth meetings, and can walk long distances for food ration without having to worry about an odor coming from her cloth or a leak. She even feels capable of helping her peers to manage their menstruation more confidently. She is able to interact with boys and can be more attentive in class now that she does not have to worry about leaks or stains all the time when she has her periods! Viola's confidence has become noticeable to her friends as well. "Many of my friends, neighbors, and school mates admire the cup and requested to be included as beneficiaries." Viola finds it hard to find the words to express her gratitude to CARE & WoMena for teaching her about menstrual management and for providing her with her cup.. "I no longer have to look for money, I am comfortable, and I have confidence in school."

**Compiled By: Sophie Akongo**  
**CARE Uganda, Psychosocial Support Counselor**  
**Yumbe Sub Field Office, West Nile, Uganda**

**Edited By: Brandi Murley**  
**Arua Field Office, West Nile, Uganda**

## Ruby Cup Trainer of Trainees Empowering Women Through Alternative Menstrual Management



Kanya with her Ruby Cup and storage bag.

September 20, 2018

Kanya Harriet, 25, is originally from Yei Town in Juba, South Sudan. Harriet left her home on May 1, 2017 along with her husband, father-in-law, and 2 young children. It took them one month to travel by walking through the bush and dirt roads. On May 31, 2017 Harriet and her family arrived in Uganda, eventually settling in Imvepi Refugee Settlement in Northwestern Uganda.

In November 2017 Harriet was selected to be a TOT (Trainer of Trainees) on a menstrual hygiene pilot, funded by European Union Civil Protection and Humanitarian Aid (ECHO) and supported by WoMena, one of CARE International in Uganda's many local partners. This project has worked with 100 women and girls in Imvepi Settlement on menstrual management, care and use of the Ruby Cup, and menstrual hygiene.

While Harriet was chosen to be a TOT, CARE and WoMena believes it is important for these trainers to use the menstrual cup themselves, acting as a mentor and helping with questions and concerns. She and 19 other TOTs and training in November 2017 to learn about reproductive anatomy, the menstrual cycle, calculating days of the cycle, hygiene, and use and maintenance of the Ruby Cup. At the end of the training, each girl went home with a kit containing one Ruby Cup, a disinfecting and storage container, soap, mirror, and a small towel. The TOTs also received two additional sample cups to use during their trainings and discussions. Harriet says the most important things she learned at this training was the anatomy of the female reproductive system, something she had never learned before, and the three most important communications about using the Ruby Cup; hygiene, don't

share with friends, and use boiling water to clean.

Three days after the training, Harriet's cycle started. She was excited to use the Ruby Cup but the first day it was very uncomfortable. "By mid-day I had to take it out and used pads the rest of the day." The next day, Harriet met with a CARE staff and told her of the discomfort. She was encouraged to keep trying and use a different insertion method; there are two insertion methods making the cup easier to place. She went home and tried a different insertion method and it was inserted correctly. It was still slightly uncomfortable but through out the day it got better. By the third day of her cycle she could not feel the Ruby Cup at all.

As a TOT, Harriet started moving around her community talking to girls who were a part of the training. She asked how they felt about using the cup, if they had any fears, and she also talked with their family members and the community. Family and community members thought the Cup was a form of birth control or would break virginity, thus

discouraging or not allowing the girls to use the cup. These myths were formed due to a lack of understanding and knowledge of the menstrual process and management.

In February 2018 at a refresher training Harriet excitedly shared her success story of using the Ruby Cup: When Harriet first started her period she was in primary school and had no access to menstrual pads, so she would use a piece of cloth. "I didn't like this because you had to wear very tight and uncomfortable knickers to keep it in place. You also risked it moving and falling out, causing a lot of embarrassment." When Harriet went to Secondary school, she had access to menstrual pads, which made it management a little easier but she still had to worry about odor, rashes, and an outline of the pad on her clothes. She was also introduced to ReUsable Menstrual Pads (RUMPS), a reusable piece of fabric and towel, meant to be washed and re-used. However, this used a lot of water. "I had to use a lot of water because the water would get dirty fast from blood. Then I had to wait for it to dry which could take up to two days, meaning I had to really think ahead how I would manage when that was drying." Using these different methods she was not able to play sports (football is her favorite) during her cycle due to fears of a pad or cloth falling out of her shorts or stains occurring. She would also have to take pads with her to school but, "It is very common for boys to go through girls' bags. If they find pads or cloth they know the girl is on her period and they will mock her, making her feel ashamed of her body."

Harriet then shared that she does not feel anything when



Kanya with CARE staff and Mr. Jordi Torres Miralles Technical Assistant ECHO during visit to Imvepi in October 2018.

using the Cup and she can move freely without having to worry about odor or cloth falling. She also does not have to spend money on pads. She doesn't need to carry pads with her when she travels to receive rations and she can play sports very easily.

As a TOT, Harriet directly benefited 5 individuals, including 3 school-going girls and 2 women. Harriet would help guide them as they faced challenges of insertion and family members, she encouraged the women to continue trying to use the Cup, even if it is uncomfortable at first, it will get better. She also shared with them her experience of using the Cup since November 2017. She also supported a girl who was harassed in school from boys, because she had a stain on her uniform by encouraging her to use the

cup, because it does not leak.

Harriet says there are many achievements she has had happen to her or others. First, the Ruby Cup will last for 10-years meaning the women and girls do not have to buy pads during that time. About 6,000 Ugandan Shillings (Approx. \$1.50USD) are spent each month per person on pads. This is a lot of money, especially for women who do not have any income. "Some women will sell their rations but you can only get about 14,000UGX from that. You then spend 6,000UGX of that on pads alone and now you only have 8,000UGX left. You are also now hungry because you have sold all your food. 8,000UGX cannot get you buy the rest of the month." Second, they use much less water. Water, especially in the refugee settlements, is very sparse. The Cup only uses about 1 Liter of boiling water for disinfecting. If you don't have water to clean in between uses, you can also use a piece of tissue to clean and disinfect later. Third, it is environmentally friendly. Most women will put their used pads in the latrine or in a rubbish pit. However, this can attract bugs and cause the latrine to fill up very quick or even plug, especially if there are many girls using the same latrine.

Harriet says she has also seen her community discuss menstruation more since the introduction of the Ruby Cup and menstruation management. People used to "beat around the bush" when discussing menstruation. Now they say the word "menstruation" and women are not ashamed of their cycle. The girls in her community also want to start using Ruby Cups. "They have seen how it works and they have no fears. If they are brought, they will be used immediately."

**Story Compiled and Written By: Brandi Murley  
CARE West Nile, Uganda**

## CARE's Viola the valiant and her invisible ruby cup

**VIOLA JACKLINE** is a super hero. Not many people know this for sure, but everyone who has met her can see that she is different. She has many super powers, but her favorites are **Resourcefulness, Courage, Resilience and Optimism**. One day, **VIOLA THE VALIANT** had to leave her home in Yei, South Sudan, with her **GRANDMOTHER**, and **SIBLINGS**. They walked for two weeks until they reached safety in the Imvepi Refugee Settlement. She and her **GRANDMOTHER** only carried two bed sheets, two sets of clothes and two saucepans.



The journey was long and **VIOLA THE VALIANT** fought many battles. She was attacked by **ARMED MEN** who sexually harassed the group. She witnessed so much death, protected her family from gunshots, and together they survived extreme thirst and hunger. Finally, **VIOLA THE VALIANT** got her family to safety, the Ugandan border.

In the settlement in Uganda, many women and girls like **VIOLA** have no access to money to buy menstrual pads. **VIOLA** uses her super power, sells part of her food ration, and uses that money to buy cloth. **VIOLA THE VALIANT** fashioned a menstrual pad using different pieces of clothes.



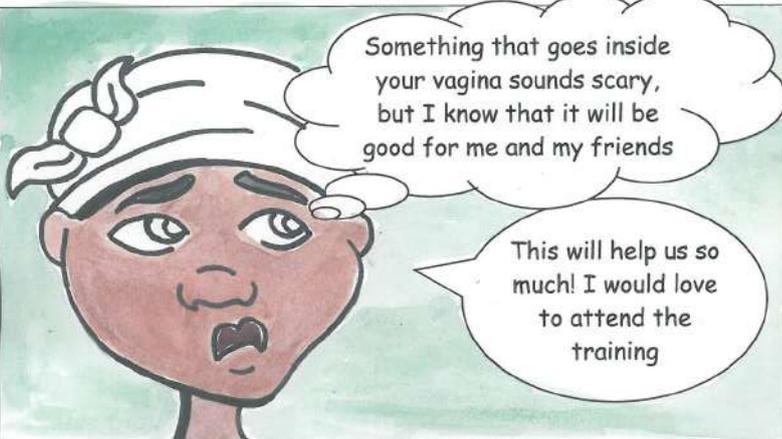
A Little While Later.....



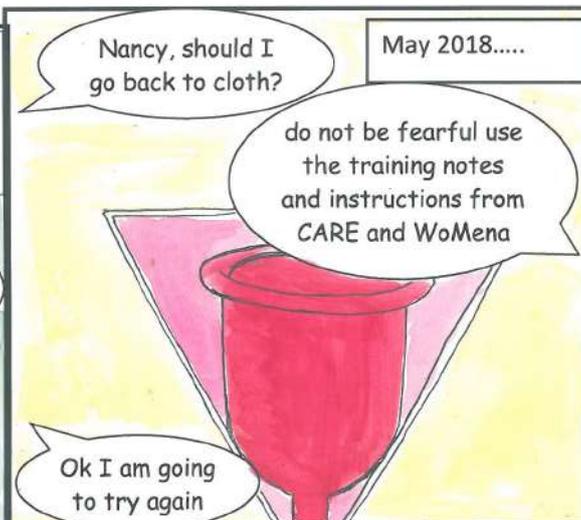
Many girls struggle with additional stress at school during their menstrual cycle. They are uncomfortable and it is hard to understand what is happening to their bodies. Boys tease girls when the girls school uniforms are stained by blood or if the outlines of bulky pads show through their skirts.

APRIL 2018....

VIOLA is one of 100 women and girls selected to participate in a menstrual hygiene management and personal hygiene; menstruation, menstrual hygienemanagement, and maintenance of the Ruby Cup. Trainings are conducted by TRAINERS who were selected from refugees and host communities within Imvepi.



VIOLA'S family and neighbors have some doubts, the menstrual cup is an innovation in the refugee settlements. These perceptions are mostly a result of a lack of awareness about the menstruation process as it is seen as a taboo that should not be talked about.



May 2018....

The first time Super Heroes use their talisman, it can be a challenge. Like **WONDER WOMAN** learning to use her Lasso of Truth, **VIOLA THE VALIANT'S INVISIBLE RUBY CUP** took a couple of tries. Super Heroes like **VIOLA THE VALIANT** know that it takes a village, we need each other to be the best heroes. **VIOLA** went to talk to her friend, **NANCY**.



Even then, **VIOLA THE VALIANT** shared her experience and what she has learnt with her family, and demonstrated how little water it takes to disinfect the **RUBY CUP**. And now her family and community support her.



During the training, **VIOLA** said she learned many new things including her own reproductive health anatomy, menstruation cycle length, and the ten steps of hand washing. In fact, the first time Viola had ever been taught these subjects was when **WoMena** and **CARE** came for this project. **VIOLA THE VALIANT** is doing the best she can to be the best super hero she can be, not only for her community but also for herself. **VIOLA'S** self-esteem and confidence have improved, She plays football, actively participates in youth meetings, and can walk long distances for food ration without having to worry about leaking and odor from her menstrual cloth. She is fights to support her peers to help understand and manage their menstruation more confidently.





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**CARE International in Uganda**

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