



BEYOND PRODUCT DISTRIBUTION



A FEASIBILITY STUDY OF INTRODUCING A MENSTRUAL HEALTH COMPONENT INTO FOUR SECONDARY SCHOOLS IN BUIKWE DISTRICT, UGANDA (PHASE 1)

June 2020





ABOUT WOMENA

WoMena is an NGO working with implementation of innovative evidence-based reproductive health solutions in low-resource settings. We develop and implement strategic plans for increasing the use of selected solutions in partnership with local and international implementing partners and technical experts.

WOMENA UGANDA

WoMena Uganda is an NGO working to formally integrate Menstrual Health Management (MHM) into national and international frameworks through the development of knowledge, evidence, and strategies to address research, communication and policy translation gaps. WoMena Uganda is implementing activities aimed at improving the menstrual experiences of girls and women in both development and humanitarian contexts in target communities.

WoMena

Olufsvej 30
2100 Copenhagen East
Denmark
info@womens.dk
Tel: +45 22619843

WoMena Uganda

Plot 242 Ntwali Close
Busibante Zone, Najjera
P.O. Box 40198
Kiira, Kampala
Uganda
info@womens.dk
Tel: +256(0) 200 902098

For more information, please visit: <http://womens.dk/>



PROJECT TEAM

WoMena Uganda staff:

- Laura Hytti
- Anna Gade
- Mary Grace Sanday
- Shamirah Nakalema
- Diana Nalunga

Trainers:

- Faith Kichodo
- Lydia Nababulidde
- Pinky Mukyala
- Priscilla Nansubuga
- Stella Linda Kiggundu

ACKNOWLEDGEMENTS

This report was prepared by WoMena Uganda with support from WoMena's Knowledge Management team and is the property of WoMena.

WoMena would like to sincerely thank the Icelandic Embassy and the Icelandic Development Agency for their vision, partnership and continuous support to and inclusion of WoMena into the Buikwe District Fishing Communities Development Programme to promote menstrual health management in these communities.

We would furthermore like to send our gratitude to the Buikwe District Local Government for welcoming us to the district, especially to Joyce Nalubega for all of her hard work and tireless commitment and support towards the goal of supporting the schoolgirls of Buikwe through their menstruation.

We would also like to extend our thanks to Ruby Life Ltd. and AFRIPads for the product donations made towards this project.

A great thanks to the students, teachers, headmasters, parents and management at Najja Sacred Heart Secondary School, Ngogwe Baskerville Secondary School, Nyenga Secondary School and Victoria Ssi Secondary School. It has been a pleasure to work with all of you.

Last, but not least heartfelt thanks and gratitude go to Siri Tellier, Andisheh Jahangir, and Elisabeth Marais who provided support and assistance for the report, and Marianne Tellier for her overall leadership and guidance.

Without the strong support of all of the above, this project would not have happened.

Photo credits: WoMena Uganda

Recommended citation: *Anna Gade and Lizell Bustamante Madsen. (2020). "Beyond product distribution. A feasibility study of introducing a menstrual health component into four secondary schools in Buikwe District, Uganda (Phase 1)". WoMena and WoMena Uganda.*



TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
CHAPTER 1: INTRODUCTION	3
Background	3
MHM reusable products	3
Potential impact of intervention on different parameters	5
Aim of the MHM intervention	5
Overview of key activities	6
Structure of the report	6
PART I: FEASIBILITY STUDY	7
CHAPTER 2: PRE-PILOT TEST	8
Pre-pilot test of introducing the menstrual cup	8
Results	8
Community meeting	8
Lessons learned and recommendations for intervention	9
CHAPTER 3: TRAINING OF TRAINERS	10
Participants in the menstrual health training programme for trainers	10
Participant and demonstration kits	10
Lessons learned from the ToT workshop	11
CHAPTER 4: TRAINING OF BENEFICIARIES	12
Parental meetings at the four secondary schools	12
Parental consent forms	13
Training and advocacy materials	13
Training of Beneficiaries programme	13
Follow-up training sessions of beneficiaries	14
Enrolment in MHM programme and distribution of MHM products	16
Lessons learned	16
PART II: BASELINE AND MIDLINE SURVEYS	18
CHAPTER 5: BASELINE AND MIDLINE SURVEYS	19
Background	19
Methods of data collection for baseline and midline survey	19
Baseline survey	19
Midline survey	22
Daily use, maintenance and cleaning of MHM products	32
Limitations of baseline and midline surveys	36
CHAPTER 6: RECOMMENDATIONS FOR PHASE 2 OF THE INTERVENTION	37
REFERENCES	39

APPENDIX OVERVIEW

Appendix 1	Overview of pre-pilot activities and meetings
Appendix 2	Overview of three-day comprehensive Training of Trainers workshop
Appendix 3	Overview of WoMena Training of Beneficiaries activities and meetings
Appendix 4	Opt-out consent document
Appendix 5	Menstrual Health Management flipcharts
Appendix 6	Icon add-ons for interactive sessions
Appendix 7	Menstrual information sheet
Appendix 8	Menstrual booklet
Appendix 9	Overview of Training of Beneficiaries curriculum

ACRONYMS

BDFCDP	Buikwe District Fishing Communities Development Programme
BDLG	Buikwe District Local Government
FGD	Focus Group Discussion
ICEIDA	Icelandic International Development Agency
IDI	In-Depth Interview
IEC	Information, Education and Communication
MC	Menstrual Cup
MDD	Music, Drumming, and Dancing
MHM	Menstrual Health Management
M&E	Monitoring and Evaluation
PPI	Poverty Probability Index
Q&A	Question and Answer
SS	Secondary School
SSA	Sub-Saharan Africa
ToB	Training of Beneficiary
ToT	Training of Trainer
WASH	Water, Sanitation, and Hygiene

EXECUTIVE SUMMARY

In Sub-Saharan Africa (SSA), menstrual health is often considered a taboo and many girls and women lack access to safe and appropriate menstrual health management (MHM) products. This can have far-reaching implications for women and girls' physical, social and mental wellbeing, as well as for their sexual reproductive health and rights. These MHM issues are often further exacerbated by insufficient access to safe and private toilets, and lack of clean water and soap for personal hygiene. As a result, many women and girls in SSA have to manage their periods in ineffective, uncomfortable and unhygienic ways, contributing to them feeling shame and restricting them from reaching their full potential in e.g. social, school, or work settings.

In Uganda, the Icelandic International Assistance Development Agency (ICEIDA) is implementing the Buikwe District Fishing Communities Development Programme (BDFCDP) through the Embassy of Iceland, with the primary focus of furthering educational development in the district and decreasing the risk of school dropout. The Embassy noted that students had difficulty meeting costs related to schooling, including costs of menstrual products, which could increase the risk of especially girls dropping out of school. The Embassy therefore asked WoMena Uganda to develop and pilot test a MHM intervention for integrating a menstrual health component into four selected secondary schools in Buikwe District, Uganda, as well as to assess the appropriateness of introducing menstrual cups (MCs) and reusable pads to schoolgirls in the district. Lessons learned from this feasibility study will be used to guide decision making and development of phase 2 of the project to expand and integrate the MHM component into 28 primary schools in Buikwe District.

The pilot intervention was carried out from April 2017 to November 2018. The intervention consisted of a pre-pilot test of 50 women to assess the perceived appropriateness of the MHM reusable products in the adult community in the district, the training of 34 trainers (school personnel) to facilitate and teach the MHM intervention at the four secondary schools, the training of 1,254 beneficiaries (schoolgirls) in MHM methods and the use of MHM reusable products, and the distribution of reusable MHM products (MCs and reusable pads). Quantitative and qualitative data was furthermore collected at baseline and midline to understand the perception and acceptance of the MHM reusable products by the target population in the district as well as to gain insight into the challenges the girls face concerning MHM issues.

Results from baseline and midline survey

Quantitative data from the baseline showed that disposable pads were the most commonly used MHM products used by the surveyed girls. However, the survey also showed that almost half of the girls who cited disposable pads as the most used MHM product also reported that they had not been able to afford their preferred product during at least one occasion over the past three months. The majority of the surveyed girls also reported that they had not known what menstruation was when they had experienced their first period, with many of them thinking it was not a normal body function. Menstruation was considered a taboo and the vast majority of the girls only felt comfortable discussing the subject with female friends and family members. Finally, the girls reported that being on their menstruation affected their confidence and participation in school.

Results from midline showed that almost all the surveyed girls had tried the distributed reusable pads and found it to be an appropriate MHM product which they would recommend to female friends and family.

Half of the girls surveyed at midline data collection reported having tried the distributed MC. Most of the girls cited fear of the MC size and wanting to wait for a school holiday to be able to try it in a more comfortable environment as reasons for not having tried the MC. This was to be expected as it can take the girls up to six months to become accustomed to the use of the MC (van Eik et al., 2018). The girls surveyed at midline who had tried the MC generally reported a high level of comfort with the product, with the only issue being discomfort with changing it away from home. This could reflect the reported lack of cleanliness of WASH facilities at school, as well as the reported lack of access to soap and toilet paper

More than 80% of the surveyed girls who had tried the MC reported that they would continue to use the product. Almost all of the girls who had received a MC reported that they would recommend it to other girls and women in the community, indicating that they perceived the product to be useful and appropriate.

The dataset further showed that the girls surveyed at midline reported that the intervention had provided them with better knowledge of their menstrual cycle as well as methods to manage menstrual pain. The surveyed girls further reported that the intervention had given them more confidence to participate in class while on their periods as well as the confidence to discuss their periods with friends, family members and teachers of both genders. Finally, some of the girls expressed in interviews that the intervention had made them less dependent financially on their families to afford MHM products.

Lessons learned from the feasibility study

The MC was perceived to be an appropriate MHM product by the adult community in the pre-pilot test, many of which actively supported and facilitated the implementation of the programme. The intervention was also well perceived by the parents of the schoolgirls, albeit some voiced initial concerns about the MHM products. This emphasises the importance of including the wider community in an intervention of this sensitive nature as well as considering how to sensitise parents of schoolgirls to the subject of MHM and reusable MHM products. For phase 2, the sensitisation of parents to primary schoolgirls should occur over several meetings, and venue and format of presentation should be considered to ensure parental support for the intervention from the start.

The midline survey revealed that the schoolgirls found both the MC and reusable pads to be appropriate MHM products. It, furthermore, showed that the girls surveyed felt more confident discussing their periods with their male teachers, friends and family members post intervention, indicating the importance of including males in the intervention to dissolve the stigma/taboo associated with MHM issues. It was also clear from the follow-up sessions that some of the schoolgirls benefitted from listening to their peers' experiences as well as getting more hands on experience with the reusable MHM products from the participatory workshops. It is therefore important to ensure that the primary schools enrolled in phase 2 allocate enough time and space in the curriculum for training all the girls in smaller groups and for more follow-up sessions.



Figure 1. Training of Trainers, school teachers, Liz Motel (training facility), Lugazi, Buikwe, Uganda, February, 2018.

CHAPTER 1: INTRODUCTION

Background

In Sub-Saharan Africa (SSA), many girls and women do not have access to appropriate menstrual health management (MHM) products, i.e. products that are effective, comfortable, affordable, and safe to use, leaving them to resort to products available, often of a poor-quality. The lack of appropriate MHM products can have far-reaching implications for women and girls in the physical, social and mental wellbeing, as well as for their sexual reproductive health and rights. Women and girls' capacity to manage their periods is affected by many factors, including taboos about the subject, limited access to affordable and hygienic MHM products and lack of proper disposal options of products. These problems can be further exacerbated by insufficient access to safe and private toilets, as well as lack of clean water and soap for personal hygiene. As a result, many women and girls in SSA have to manage their periods in ineffective, uncomfortable and unhygienic ways, contributing to them feeling shame and restricting them from reaching their full potential in e.g. social, school, or work settings.

As part of the Icelandic International Development Agency (ICEIDA), the Embassy of Iceland is currently working on the Buikwe District Fishing Communities Development Programme (BDFCDP) with a focus on education development. 32 schools, consisting of four secondary schools and 28 primary schools, were included in the BDFCDP. One of the Embassy's main priorities in the educational development project is to increase the proportion of children aged 13-17 years old completing secondary school. According to studies conducted by the Embassy, students in the district face difficulties meeting school-related costs, including costs related to menstruation such as MHM products, which could increase the risk of female school dropouts.

Based on these findings, the Embassy and WoMena Uganda decided to pilot a menstrual health project, which included the distribution of reusable pads and MCs to secondary schoolgirls in the Buikwe District (phase 1). The menstrual health intervention was integrated into the already existing education and Water, Sanitation and Hygiene (WASH) sector programmes in the BDFCDP supported by ICEIDA. The MHM component builds on the experience and evidence from WoMena's previous menstrual health research and interventions.

The present report documents phase 1 of the collaboration between ICEIDA and WoMena Uganda in implementing a MHM intervention into four secondary schools in a rural district in central Uganda. The main purpose of the report is to describe the feasibility of the study as well as the lessons learned for future operational interventions.

MHM reusable products

There are many types and brands of reusable MHM products commercially available in Uganda. For this project, WoMena Uganda recommended the distribution of both reusable pads and MCs to the target population in the Buikwe District. Ruby Life donated Ruby Cup MCs to the intervention. AFRIpads reusable pads donated half of the reusable pads distributed in the intervention, while the remaining half was purchased by WoMena Uganda using ICEIDA funding.

Reusable Menstrual Pads

Reusable menstrual pads are made from cloth designed to function as a menstrual pad, which can be washed, dried and reused. An increasing number of models and brands are being produced and sold worldwide. Reusable pads are similar to using fabric cloths, which many girls and women traditionally use, or resort to use if they cannot afford or access disposable menstrual products. However, compared to cloth, many of the new reusable menstrual pad brands are designed to provide high quality menstrual protection and comfort.

AFRIPads is a reusable pads brand produced in Uganda and made from high-performance textiles. AFRIPads dry faster than cotton and have a waterproof layer. AFRIPads provide effective protection for 12+ months of use and have been provided to more than 1.5 million girls and women globally, making it one of the world's most widely used reusable pads brands. AFRIPads Deluxe kits include 3 Maxi pads that can be worn for 6-8 hours, a Super Maxi pad that can be worn for 8-10 hours, and a washable storage.



Menstrual cups

The menstrual cup is not a new innovation. But in recent years it has increasingly been introduced as a more sustainable way to improve the MHM of women and girls in low-income contexts. The menstrual cup is a bell-shaped cup, usually made of medical-grade silicone which is inserted in the vagina during menstruation to collect menstrual flow. A menstrual cup can collect up to three times the fluid of a tampon, it can be worn for up to 12 hours before emptying depending on your flow, and it has less risk of leakage than many other methods. Once the user becomes familiar with its use, it is comfortable and unobtrusive. It can be easily washed and stored, and it can last for up to ten years.

Ruby Cup is a menstrual cup brand that produces high-quality menstrual cups in medical-grade silicone. The cups come in two different sizes. Menstrual cups are a more cost-effective menstrual health solution than disposable pads if used for more than a year, and Ruby Cup menstrual cups are a one-time procurement of a menstrual method that can support a girl throughout her education after starting her period.



RUBŪCUP

Potential impact of intervention on different parameters

There is a small but growing scientific knowledge base on the problems and challenges of MHM. However, the literature on operational projects and their impact remains limited.

The integration of the present menstrual health intervention has the potential to lead to several improved social and health outcomes and create positive impact in the areas of education, WASH/environment, gender, livelihoods, and environment.

Education: Formative evidence indicates that poor MHM contributes to poor school performance indicators, particularly for vulnerable girls. There is also evidence that girls at times resort to transactional sex to obtain sanitary items for school (Sommer et al., 2016; Hennegan & Montgomery, 2016). Although more rigorous studies are needed, evidence suggests that shame and stigma from leaking during menstruation negatively affects school attendance and may increase school drop-out (Tamiru, 2015; Hennegan et al., 2016).

WASH/environment: Both reusable pads and MVs require less waste management than disposable products. The MC can require as little as half a litre of water for boiling between periods (and water for hand washing as part of normal hygiene) as it can be reinserted during menstruation without having to rinse it (CARE International & WoMena Uganda, 2018). This can lead to reduced MHM-related waste management and use of clean water.

Health: Studies show that reusable pads and MCs are safe to use (Juma et al., 2017; van Eijk et al., 2019). A study from Kenya comparing the effect of providing MCs or disposable pads indicated that both products were associated with lower risk of sexually transmitted infections (STIs) than 'usual practice' while MC provision alone was associated with a reduced risk of bacterial vaginosis (Phillips-Howard et al., 2016; Juma et al., 2017; van Eijk et al., 2019).

Livelihoods, social and gender impact: As the MC and reusable pad can be used for 4-12 hours at a time depending on flow before emptying/changing, girls can more easily carry out their daily activities, i.e. attend school without being dependent on access to facilities and/or having to frequently change menstrual product during their periods. A review of over 80 studies in low and middle income countries indicates very high levels of shame, and lack of knowledge, regarding menstruation (Chandra-Mouli et al., 2017). One of the most striking results of WoMena Uganda pilot projects is that the girls report high levels of fear/shame before, and high levels of freedom after the projects (Skov, 2015).

Cost and sustainability of MHM products: In comparison to disposable pads, both reusable pads and MCs are more sustainable and cost-saving for the women and girls due to their long-lasting nature and the reduced WASH related costs. On an individual level, there are short-term savings from not having to buy disposable menstrual products as well as long-term potential financial gains related to improved educational levels.

Aim of the MHM intervention

The overall aim of the report is to describe a phased feasibility study of integrating a menstrual health component into four selected secondary schools in Buikwe District (Najja Sacred Heart SS, Ngogwe Baskerville SS, Nyenga SS and Victoria Ssi SS), as well as to assess the appropriateness of introducing MCs and reusable pads to schoolgirls in the district.

The primary aim of this feasibility study (phase 1) was to develop and pilot test an intervention for integrating a menstrual health component into four secondary schools in Buikwe District. Lessons learned from the present study will be used to guide decision making and development of the project to integrate the component into the selected 28 primary schools in Buikwe District (phase 2).

Quantitative and qualitative data was collected at two different times during phase 1 (baseline and midline) to understand the perception and acceptance of the MHM reusable products by girls in secondary school in the district as well as to gain insight into the challenges these girls face concerning MHM issues. Knowledge gained from these surveys will be used to guide future project design.

Overview of key activities

Table 1 highlights selected key activities organised and/or facilitated by WoMena in Buikwe District from 2017 to 2018 as part of the feasibility study.

Type of Activity	NO. of Activities	Unit of Activity	Month
Pre-pilot test	1	Trainings and meetings	April – October 2017
ToTs	3	Days of training	January 2018
Parents meetings	5	Meetings	March – June 2018
ToBs	6	Trainings	March – April 2018
Quantitative baseline data collection	176	Questionnaires	April 2018
Distribution of MCs and reusable pads	1254	MCs	April – August 2018
	1254	Reusable pads	
Follow-up trainings	12	Trainings	June – October 2018
Qualitative and quantitative midline data collection	160	Questionnaires	October – November 2018
	13	IDIs	
	9	FGDs	

Table 1: Overview of key activities in 2018.

Structure of the report

The present report consists of two parts. The first part describes the key steps in the phased feasibility study and consists of five chapters. First, a pre-pilot test that explored the acceptability of the MC by adults in the Buikwe community is described (chapter 2). Then the process of training the trainers for the educational part of the intervention, i.e. the school personnel from the four secondary schools responsible for supporting the schoolgirls on MHM, is outlined (chapter 3). The details of the introduction of the intervention to the schoolgirls and their parents, the distribution of reusable MHM products and training of the girls in MHM are presented in chapter 4. The second part of the present report summarises the methods and results of a baseline and midline survey conducted concurrently with implementation of the MHM intervention and 6 months after implementation (chapter 5). Finally, the report provides recommendations and suggestions for phase 2 of the intervention (chapter 6).



PART I

FEASIBILITY STUDY



CHAPTER 2: PRE-PILOT TEST

This chapter briefly introduces the key steps and findings of the pre-pilot test introducing the MC to the adult community in Buikwe District. The pre-pilot test was conducted to assess the perception and acceptability of the MC by adult women in the community with regards to introducing the MHM product to schoolgirls in the community.

Pre-pilot test of introducing the menstrual cup

In April 2017, an initial MC pre-pilot test with adult females in Buikwe District was conducted to assess the acceptability of MCs by the community. 50 adult female volunteers (teachers, district staff and female councillors) received a MC as well as participated in training on menstrual health management and the use of the MHM product in June 2017. Following a period of three months of use and monthly follow-up visits, the volunteers' user experiences were qualitatively and quantitatively evaluated in September 2017. Throughout the pre-pilot test, the volunteers self-reported their user experiences through menstrual diaries and calendars. The full details on pre-pilot activities and meetings can be found in appendix 1.

Results

On average, the adult, female volunteers had had their period 2.7 times over the three-month timespan of the pre-pilot test. WoMena estimates that it usually takes 4-6 menstrual periods for users to become comfortable with using the MC. The volunteers self-reported a steady increase in user comfort throughout the study. In June 2017, 16 women handed in completed entries on their use of the MC, of which more than half of the women (56%; 9/16) reported using their MC exclusively during their period, while 6 women (38%; 6/16) used it in combination with another menstrual product. In August 2017, 24 women handed in completed entries on product use. 21 of these women (88%; 21/24) reported exclusive use of the MC, while one woman (4%; 1/24) continued to use it in combination with other products. Finally, one woman (4%; 1/24) reported not having tried the MC while another woman (4%; 1/24) did not reply to the question.

The follow-up visits and continuous support offered by WoMena Uganda via WhatsApp and phone calls were used by the volunteers to address questions and overcome initial challenges related to MC use. All of the 31 volunteers who attended the evaluation meeting found the MC to be appropriate for the targeted population and they all recommended distributing the MCs to school going girls in the district.

Community meeting

A stakeholder meeting was held in October 2017 to evaluate the findings from the pre-pilot test and to evaluate the perceived appropriateness and acceptability of the reusable product. 120 people participated in the meeting, including political and religious stakeholders from across the Buikwe District.

Seven of the female volunteers from the pre-pilot stood up in plenum and shared their personal experiences with using the MC. All seven women spoke very positive and enthusiastically about the MC. They found it to be smart and "pocket-sized", to be more comfortable, and to be easier to wash than reusable pads. They explained that after having overcome their initial fear of the MC they now thought it a better option than disposable pads. Finally, they emphasised the no-leakage aspect of the MC by describing how they could now go to sleep without worrying about leakage, and that they did not even have to wear any underwear.

A few high-positioned women in the district also stood up and openly admitted that they had been opposed to the MC when they had first heard of it. However, they had kept an open mind, and after having tried it out themselves, they were now positive towards the MC.

After the personal experiences had been shared, a session was created so the participants in the meeting could ask questions to the volunteers, WoMena Uganda and the district representatives. Male participants raised several questions about the MC, specifically on MC size, and potential negative side effects associated with MC use such as loss

of virginity and sexual arousal. The questions were primarily answered by the female volunteers with support from WoMena Uganda and their medical advisor. By the end of the session the inquisitive men along with the rest of the meeting participants expressed satisfaction with the received answers and explanations.

The meeting ended on a positive note with an overall agreement to roll out a larger MC intervention in schools across the district, with the inclusion of a component aimed at sensitising parents and the wider community to MHM issues and solutions.

Lessons learned and recommendations for intervention

Several topics were discussed and recommended for the intervention by participants at the meeting.

Parental support and suggestions for school activities

Several suggestions presented at the meeting revolved around including and gaining support of the parents by e.g. sensitising them to the subject before distributing MCs to schoolgirls; to ensure success by including school staff in the intervention; and the ways to advertise the MC e.g. through drama, songs, radio and TV.

Male involvement in MHM issues

During the stakeholder meeting one man commented “*you have never complained about discomfort with pads before now*” to the women while discussing the use of MCs vs. pads. The man’s statement illustrated that many of the men were perhaps unaware of MHM and menstrual issues, such as the availability and affordability of products, or the potential lack of comfort with the MHM products available, because they have not previously heard women discussing it.

It was discussed by the pre-pilot participants how to ensure that the male school headmasters would have a positive and inclusive attitude towards implementing a menstrual health intervention at their schools. And after having been thoroughly informed about the programme, all the male staff were positive towards this intervention. This experience emphasises the importance of the inclusion and sensitisation of men in the project, as their support as fathers, brothers, and teachers to the schoolgirls can have a big direct and indirect impact on the success of this project. Men generally have a big influence on decisions made in the household and at community level, and their attitude and support of MHM is important. A supportive man can reach other men and explain the issues that women and girls are facing. They can take up the mantle of a male champion and break taboos by demonstrating that men can talk about menstruation and support the women around them. Likewise, if a man in the community is not correctly educated on MHM issues and products, and continues to hold on to old beliefs about menstruation, the impact he can cause can be negative and wide reaching for a project like this that is trying to break down old beliefs and taboos. Information sharing and male involvement is therefore an important step in the right direction towards breaking down the taboo of menstruation being a women’s issue.

Multiple MHM products included in the intervention

It was requested by both the pre-pilot participants and participants at the evaluating stakeholder meeting that a choice of products or preferably a variety of menstrual products should be distributed to the schoolgirls. This was set as a prerequisite by some of the meeting participants before accepting the MC being distributed to school-going girls. The MC volunteers also suggested the distribution of a variety of products to give the girls informed choice and create an opportunity to explore the advantages and disadvantages of the reusable products in a school setting. WoMena suggested introducing AFRIPads reusable pads alongside with MCs, as this would provide girls with a choice and give them the freedom to use different products interchangeably depending on personal preference and shifting needs throughout their period.

CHAPTER 3: TRAINING OF TRAINERS

This chapter briefly introduced the MHM training programme that WoMena Uganda organised and held for the trainers so they could provide on-site support for the schoolgirls on MHM issues.

Participants in the menstrual health training programme for trainers

Following the pre-pilot study and community meetings, a three-day comprehensive workshop on training of trainers (ToT) was organised and conducted by WoMena from January 16-18 2018. The full details of the training programme can be found in appendix 2.

34 women from the Nyenga, Najja Sacred Heart, Ngogwe Baskerville and Victoria Ssi secondary schools, respectively, participated in the ToT workshop. 22 of the participants were teachers, nine were councillors, and the remaining three women were employed in other positions at the school. Table 2 shows an overview of the number of participants and employment positions, as well as the number of menstrual and demonstration kits distributed.

No. of participants	No. of teachers	No. of female councillors	Other school staff (nurse, matron, secretary)	No. of menstrual kits distributed	No. of demonstration kits distributed
34	22	9	3	34	4

Table 2: Descriptive data of ToT workshop

Participant and demonstration kits

The ToT participants all received a menstrual kit, which consisted of a MC including a user guide and a washable storage bag; one AFRipads Deluxe kit including 3 Maxi pads, a Super Maxi pad and a washable storage bag; a menstrual health training handbook; a menstrual calendar, one notebook; one pen; and a t-shirt and fabric bag with a positive MHM message to create awareness and openness about menstruation and the intervention to the wider community. The contents of the menstrual kit are depicted below.



Figure 2. Menstrual kit

A representative from each school received a demonstration bag to use during menstrual health trainings in the schools. The bag included MCs, reusable pads, disposable menstrual products such as pads and tampons, different types of containers to boil and store MCs in, soap, underwear, cotton wool, painkillers, a towel, a piece of fabric, pegs, and other products needed to successfully demonstrate the different topics covered in the curriculum. The purpose of the demonstration bag was to show the students in the secondary schools the different products available as well as making them understand that they had the freedom to choose according to personal preferences.

Lessons learned from the ToT workshop

The feedback from the women on the evaluation form following the workshop provided valuable information and insight to WoMena which was used to plan and design future training curriculums.

Important topics in training curriculum

At the end of the ToT workshop, the participants were asked to fill out an open ended evaluation form and to list the three most important things they had learnt throughout the training. Almost all of the women who completed the questionnaire found the existence of the MC to be the most important thing learnt (92%, 23/25), while about two thirds of them emphasised the importance of hygiene (68%; 17/25) and the existence of reusable pads (60%; 15/25). Other topics emphasised were knowledge about the menstrual cycle (48%; 12/25) and puberty (24%; 6/25).

Recommendations for future workshops

The participants were also asked to provide suggestions as to how WoMena could improve their training. Most of their responses revolved around including teachers, peers, local community, males and parents in the wider intervention for awareness creation and to obtain their understanding and support.

WoMena has taken the suggestions on how to improve the training into consideration and have already incorporated many of them into the intervention work plan, for example the involvement and sensitisation of parents.

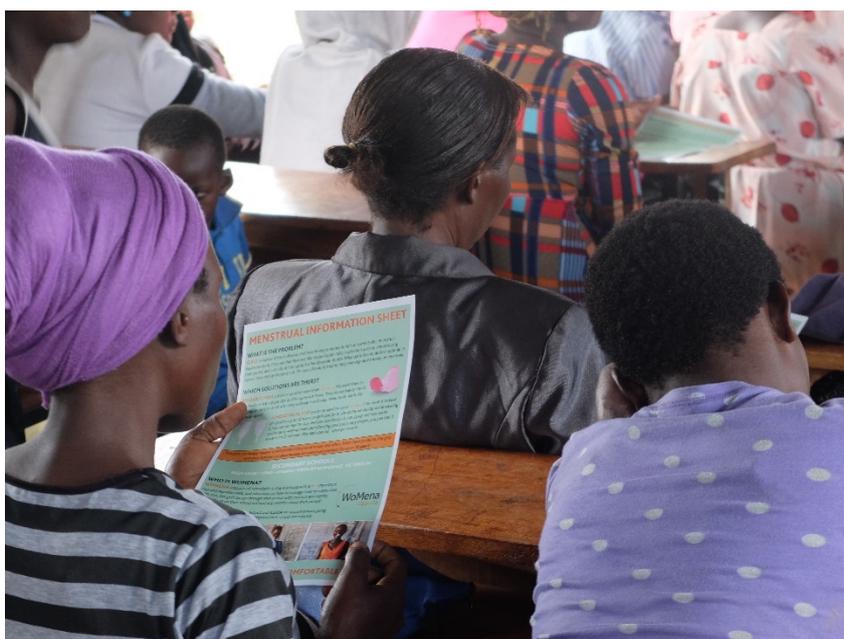


Figure 3. Parents sensitisation meeting, St. Paul Buwogole primary school, Ngogwe sub-country, Buikwe district

CHAPTER 4: TRAINING OF BENEFICIARIES

This chapter describes the steps in introducing the MHM intervention to the schoolgirls and their parents, as well as details the training of the schoolgirls and the product distributions at the secondary schools.

Parental meetings at the four secondary schools

At the evaluating stakeholder meeting following the pre-pilot study with adult females, it was decided to inform parents about the intervention before distributing MHM products to the schoolgirls. It was also decided that the inclusion of parents in a school-based intervention like this would maximise the support the schoolgirls would receive from home during their menstruation.

WoMena employs a very participatory approach to integrate interventions in local communities. In collaboration with the schools' administration, WoMena was granted a time slot at pre-scheduled parental meetings at the four respective secondary schools. At these information sessions, the intervention and MHM reusable products were introduced to parents and guardians. At the sessions, the parents were taught how to use and care for the reusable menstrual products, and how to best support their daughters with regards to MHM issues. A Q&A session was also facilitated in collaboration with the teachers at the school. Trainers and school staff were present at all sessions to support, elaborate, and help answer questions from parents. The meetings took place between March and June 2018, and a detailed overview of the meetings can be found in appendix 3.

The majority of parents at the different meetings were positive and supportive of the intervention. However, a small group of parents at Nyenga SS expressed their concerns about the intervention in plenum, including concerns about hymen and MCs as expressed by one father. WoMena always strive to meet and listen to parents concerns, so another parent session was arranged at Nyenga SS exclusively on the MHM intervention to ensure that the expressed issues could be discussed and addressed properly. This meeting was held in June 2018.



Figure 4. Parents meeting in Najja sacred heart SS

Parental consent forms

WoMena is aware of the ethical aspects of sensitive interventions such as this, and always work with the community to ensure that all issues and concerns are addressed. As it was not possible for all the parents to be present for the presentation sessions across the respective schools, opt-out consent form with information about the intervention were given to the girls at Najja Sacred Heart SS, Victoria SSi SS, and Ngogwe Baskerville SS, respectively, following MHM training sessions (see appendix 4). This was done to ensure that every household was informed about the programme. Following the discussions and concerns expressed by some of the parents at Nyenga SS, the consent process at Nyenga SS was changed from an opt-out consent form to an active opt-in consent form in which the parents had to give permission before the girl could receive the MHM products. The teachers at the respective schools were in charge of managing the consent process, and all filled out consent forms were collected before the distribution process was commenced. The distributions took place over a three-day period to reach as many girls as possible.

Training and advocacy materials

As part of the MHM intervention, materials with information about the intervention were produced for the schools and students. In addition to the demonstration kits provided at the ToT workshop, each school also received poster size versions of the Menstrual Information Sheet, as well as two sets of printed flipcharts to be used for training purposes (see appendix 5). Two of these flipcharts were designed to be interactive and came with stickers the girls could apply on them (see appendix 6).

All the schoolgirls received a Menstrual Information Sheet that briefly explained the issues of lack of access to proper MHM management, as well as described the MHM intervention being implemented at the four schools, including distributions of reusable pads and MCs (see appendix 7). Upon completion of the Training of Beneficiaries (ToB) sessions all the girls received a menstrual booklet, "My Period Guide" (see appendix 8). The booklet included a calendar for the girls to be able to track their periods, so they could have a better understanding of their menstrual cycle and know when their next period was due, and, thus, be able to prepare accordingly.

Training of Beneficiaries programme

The ToB part of the MHM programme commenced March 2018. The programme also included the boys at the respective schools in some parts of the training to increase their confidence and understanding of menstruation and reproductive health as well as to reduce existing taboo about menstruation by creating more openness in the school and home environment about the subject. The trained teachers at each school initiated session 1 of the ToB themselves, and ran independent sessions on puberty for both boys and girls. WoMena hereafter facilitated the sessions on menstrual health and MHM as well as the use and care of MCs and reusable pads, in collaboration with the teachers at the respective schools. These latter sessions were only conducted with schoolgirls. The full details of the programme can be found in appendix 9.

Upon completion of the ToB sessions, all the girls present at the schools on the days of distributions received a MC and a package of four reusable pads along with storage bags and instruction manuals.

Follow-up training sessions of beneficiaries

Follow-up training sessions are considered a crucial part of the MHM intervention, as they help to capture any remaining questions, misunderstandings or other issues the girls might harbour that might prevent them from using their new MHM products. The follow-up training sessions usually consisted of a Questions & Answers (Q&A) session, a recap training session, and a participatory demonstrations session. Follow-up trainings were conducted at Victoria Ssi, Ngogwe Baskerville and Najja Sacred Heart SS from July to August 2018, and at Nyenga SS in October 2018.



Figure 5. Training of Beneficiaries, Najja Sacred Heart SS

Q&A session

A Q&A session is always arranged for the girls so they can air any questions or concerns they may still have about the MC or reusable pads. The session is held in plenum to ensure that girls who might be too shy to ask their own questions have the opportunity to listen and learn from the other girls' questions and answers.

Participatory demonstration session

Participatory demonstration is an important step in getting comfortable with the MHM products and hygiene guidelines.

A participatory demonstration session usually consists of five parts: (1) washing and hanging reusable pads to dry; (2) folding the MC in different shapes for insertion; (3) disinfecting the MC through different methods; (4) hand washing techniques, and (5) pain management and stretching.

The girls were encouraged to try out different practical exercises themselves, and to observe their friends try them out. They were, furthermore, encouraged to give each other feedback and advice during the demonstrations.

Feedback on experiences with MHM products

An important component of the follow-up sessions was feedback from the girls on their experiences with their new MHM products. The girls were encouraged to share their thoughts on and experiences with their chosen products. Some of the girls chose to share their first time experiences of using the MCs, others emphasised the easiness of cleaning their reusable products, while others shared the complications they had encountered using the products. Table 3 presents some of the feedback received from the girls regarding their MCs and/or reusable pads. The girls were also asked if they had any additional feedback on other subjects beyond the MHM products themselves. One girl chose to give feedback on WoMena's work by saying "WoMena helps us stay in school though our menstrual periods". Another girl emphasised other aspects of the training by stating that "Exercise helps reduce my menstrual pain".



Figure 6. Participatory demonstration on how to wash reusable pads. Victoria Ssi SS

Menstrual Cup	Reusable pads
"It hurt the first time I inserted it, but the second time it was fine"	"They take long to fill up, and they are comfortable"
"I manage to sit in any position I want"	"AFRIpads dries quickly in the sun"
"I first felt pain. Then I read on the mall paper [instructions folder], and second time I felt no pain"	"I have now learnt to put the AFRIpads out in the sun to dry"
"The cup is very comfortable; I can even forget that I am in my periods"	"They are easy to wash"
"I have used the cup twice. It was good for me and I didn't feel any pain because I followed the instructions. I was going to be in a public place with no time to change, so I decided to use the cup"	"They are big, even the pink one"
"I failed to insert my cup"	"The AFRIpads burned me"
"Removing the cup was painful"	"AFRIpads gets full very fast"
	"My elder sister took my AFRIpads"
	"I live in an area that is not good for washing and trying the pads, I also don't like washing the pads. So I use the cup"

Table 3: Feedback on personal experiences with the menstrual cups and reusable pads

Enrolment in MHM programme and distribution of MHM products

By October 2018, all newly enrolled girls identified in the follow-up as well as girls who were absent during the original distributions in April of 2018, had received a MC and reusable pads. At Najja Sacred Heart SS, the number of girls who claimed to have been absent during the previous distribution was high compared to the other schools. It was later discovered that 13 of the girls who claimed to have been absent at distribution time had signed for receiving the products in April 2018. In total, 1,417 girls were enrolled in the programme across the four schools of which 1,256 (84.7%) received MHM products. The remaining 148 girls did not receive reusable menstrual products as they were either absent on the day of distribution, had dropped out of school, or their parents had not consented to the intervention. Table 4 presents an overview of the total number of girls enrolled in the intervention as well as the number of MHM products distributed to each of the secondary schools.

School	No. of Menstrual cups	No. of reusable pads packages	No. of girls enrolled	No. of girls receiving products (%)
Najja Sacred Heart SS	275 (262*)	275 (262*)	277	262 (94.5%**)
Ngogwe Baskerville SS	290	290	371	290 (78.1%)
Victoria Ssi SS	119	119	167	119 (71.3%)
Nyenga SS	572	572	602	572 (95%)
Total	1,256	1,256	1,417	1,256 (88.6%)

Table 4: Overview of product distribution across the four secondary schools to enrolled schoolgirls.

* 13 girls had received products before.

**The percentage is calculated based on 262 girls.

Lessons learned

Format for parental meetings

WoMena Uganda generally had good experiences with introducing the intervention to parents at the four secondary schools. However, at Nyenga SS, WoMena Uganda was faced with the challenge of communicating the details of the intervention to a large number of parents in a less than ideal venue. Due to the large number of students attending the school, the meeting had to take place in an open field with parents, teachers, and other staff spread out in three different tents. The nature of the venue made a session on MHM, reusable pads and MCs challenging as people were sitting far away making it impossible to show the flipcharts, illustrations or product demonstrations. Furthermore, speaking to the audience was only possible using microphones. As the topic discussed is sensitive and many parents are reluctant to let their children use unfamiliar MHM products, the format, venue, and size of future parents' meetings must be considered. This is important to ensure that the parents are sensitised to the subject and can provide support for the intervention as well as their daughters. Finally, the type of consent form used at the individual schools (opt-in vs. opt-out) should be informed by initial parental meetings.

Collaboration with schools and allocation of time

In WoMena's previous work, the organisation has always aimed at training small groups of girls at a time, i.e. groups of around 30 girls, to ensure a thorough introduction to the MHM products as well as maximise knowledge retention. However, as each school could only allocate very limited time and space for the training of the girls, this approach was not possible. Larger groups had to be created for each session and as a result the level of active participation was therefore not as high per girl as planned. However, in spite of the large number of girls attending the sessions, the participation activity was generally high. The girls answered questions raised by the facilitators, participated in product demonstrations, and had the opportunity to share their personal experiences about getting their first period. However, participation time remains an important subject for the intervention to be a success. In phase 2 of the project, it is important that the schools prioritise the intervention and allocate enough time for each class to ensure high levels of participation per schoolgirl.

Finally, it is important to align a school-based intervention with the school term, as well as take exams and other special events throughout the school year into consideration when planning distribution of products and training sessions. For phase 2, it is important to collaborate with the primary schools' administration to avoid any unnecessary disturbances in the school curriculum or delays in the MHM programme.

Follow-up training sessions

During the training sessions it was generally easier for WoMena Uganda's trainers, as outsiders, to build up a confidential space with the girls compared to the teachers in the schools due to existing power-relationship between teachers and students. However, the teachers did a good job ensuring that they maintained a positive and non-judgemental space for the training sessions. Some teachers shared their personal stories with the MC and reusable pads, and they did a good job encouraging the girls to participate freely and not to be shy. It was reported back to WoMena by both the students and the teachers who had participated in the ToT that the relationship between the two groups had improved during implementation of the MHM component.

It was a common occurrence at the first follow-up visits to find that not all of the girls have tried their MC due to initial fears of the MEM product. The reluctance to try the MC is an expected reaction to a new product which the girls have not previously been exposed to. Interestingly, it was also found that the number of girls reporting use of the MC changed depending on the manner in which the girls were asked about their MC use. Many of the girls were still too shy to talk openly about the MC, but when asked in private, they would share their experiences more freely. The experience was that the girls got more curious about the MC when they heard about their peers' experience with it. In future follow-up sessions, style and format of communicating use of MHM products should be considered and plenum time should be prioritised to allow the girls an opportunity to share their experiences. The girls generally did not have a problem with trying out the more familiar reusable pads.



Figure 7. Distribution in Ngogwe Baskerville SS.



PART II

BASELINE AND MIDLINE SURVEYS



CHAPTER 5: BASELINE AND MIDLINE SURVEYS

The methods and results of two separate surveys conducted at baseline and midline of the MHM intervention are described in the present chapter.

Background

WoMena Uganda conducted baseline questionnaire surveys with a subsample of schoolgirls from March to April 2018, prior to MHM product distributions. A midline survey was conducted from October to November 2018 to measure selected outcomes of phase 1 of the MHM intervention in the four secondary schools in Buikwe District.

Methods of data collection for baseline and midline survey

Luganda-speaking WoMena staff conducted the questionnaires as face-to-face interviews using the open-source data mobile collection tool KoBoToolbox at baseline and midline. Focus-group discussions (FGDs) and in-depth interviews (IDIs) were also conducted at midline to triangulate the different sources of information. All IDIs and FGDs were conducted as face-to-face interviews. The interviews took place in a private setting on the school premises to ensure privacy to share personal information. The students themselves chose whether to go through the interviews in English or Luganda.

The baseline questionnaire explored the type of MHM products available to the girls, the preference and affordability of the products, their knowledge of reproductive and menstrual health as well as how their periods affected their daily lives and school performance.

Topics covered in the midline questionnaire included socio-economic characteristics of the respondents, as well as questions about the MHM training component, level of retained knowledge, WASH facilities at school, the respondent's menstrual health, personal experiences with the use of reusable MHM products, and levels of school participation and perceived empowerment following the intervention.

Nine FGDs with girls, boys and female teachers were conducted separately. 13 IDIs with girls and female teachers were conducted individually. The FGDs and IDIs covered similar topics as the questionnaire, but also explored the informants' thoughts and beliefs about menstruation, as well as the informants' perception of the community's attitude towards menstruation and MHM issues. Finally, suggestions for changes or improvements to the intervention were explored.

Baseline survey

Participants

A total number of 171 respondents across the four schools were surveyed at baseline, equalling 12% of all the girls enrolled in the schools per November 2017. Table 5 presents an overview of the number of respondents in the baseline questionnaire as well as the number of girls enrolled at the four secondary schools.

Schools	No. of respondents to questionnaire	No. of girls enrolled at each school
Najja Sacred Heart SS	37	277
Ngogwe Baskerville SS	38	371
Nyenga SS	50	602
Victoria Ssi SS	46	167
Total	171	1417

Table 5: Number of respondents in baseline questionnaire and number of girls enrolled across the four secondary schools per November 2017.

Products used to manage menstruation

One aim of the baseline survey was to identify which MHM products were most commonly used by the schoolgirls to manage their menstruation. The respondents could give multiple answers to this question as the girls often use more than one product interchangeably. The majority of girls cited disposable pads as the most commonly used product (84%; 143/171), while 53 girls (31%; 53/171) answered that they used old cloths. Only 15 girls (9%; 15/171) cited the use of reusable products to manage their menstruation as a method. Three girls (2%; 3/171) answered that they did not use anything to manage their periods. The three latter respondents also stated that their periods lasted for only 1-2 days with one day of heavy flow. An overview of the distribution of answers is presented in figure 8.

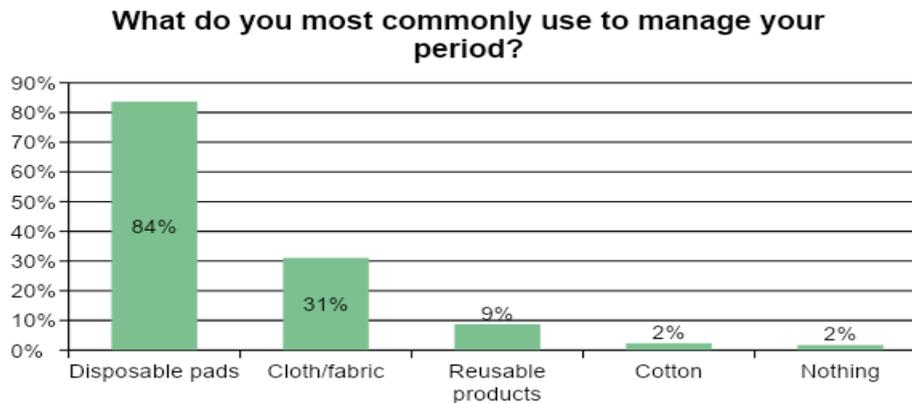


Figure 8: Multi-select question on products to manage menstruation from baseline survey. N = 171.

The use and affordability of disposable pads

A follow-up question on affordability was presented to the 143 girls who had cited disposable pads as the most commonly used MHM product. Almost half of these girls (47%; 67/143) responded that at one point in the last three months, they had not been able to afford the cost of disposable pads.

The girls were then asked what products they would use when they could not afford to purchase disposable pads. 48 of these girls (71%, 48/67) answered that they would then use old cloths as a substitute product. Two of the girls (3%; 2/68) replied that they used their private funding, presumably meaning that they had to earn the money themselves to afford MHM products. Figure 9 illustrates the different products used by the girls as a substitute for disposable pads or methods used to finance the purchase of these.

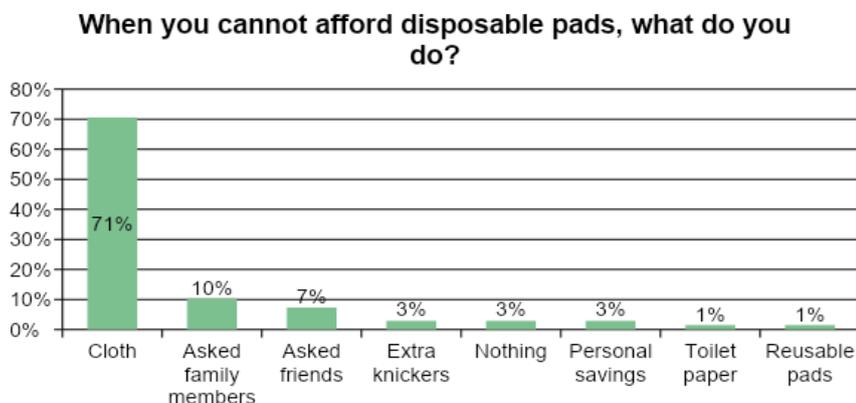


Figure 9: Substitutes for disposable pads or methods to finance the purchase of disposable pads. N = 68

The baseline survey clearly showed that disposable pads were the most common and preferred menstrual product used by the girls, and that it carried an economic burden. It was therefore decided to further explore the economic consequences of using this product for the schoolgirls and their families. The average cost of purchasing disposable pads to manage menstruation is estimated to be 4,051 UGX per month for each schoolgirl. With the introduction of reusable products, it is expected that the schoolgirls and their families will be relieved economically, and that the girls will have a safe product to use throughout their period regardless of finances available.

Knowledge of reproductive health and menstruation

The baseline questionnaire also collected data on the schoolgirls' knowledge about reproductive health and menstruation. 116 of the respondents, 116 (71%; 116/164) did not feel that they possessed enough information about menstruation when they got their first period. 71 of the girls (42%; 71/168) answered that they had not known what it was when they first got their period. More than a third of the girls reported that they had not thought that menstruation was a normal function of the female body when they experienced their first period. Other responses included the belief that their first menstruation was a result of an injury, disease, or a curse. The most common sources of information regarding menstruation were mothers (52%; 87/168), female teachers (33%; 57/168) and friends (25%; 42/168).

School attendance

The baseline also assessed how menstruation affected the day-to-day lives of girls in the schools. 51 girls (30%; 51/171) responded that they had missed one or more days of school every month due to their period. When asked what about their period had prevented them from attending school, the most common responses were menstrual pain (86%; 43/50), lack of products (20%; 10/50), feeling unwell or uncomfortable (20%; 10/50) and fear of leakage (12%; 6/50). A third of the girls (32%; 54/171) responded that they had left school early for one day or more every month due to their period. The most commonly cited reasons for this were menstrual pain or lack of MHM products.

Levels of confidence and school participation

Alongside the impact on school attendance, menstruation can also have an effect on the girls' confidence and participation in school. About a third of the girls (33%; 56/171) admitted to feeling somewhat less confident during their period. Almost the same number of girls (35%; 60/171) also reported feeling much less confident during their period. Of the participants who answered the question on school participation, 37% (38/104) said that they were much less likely to raise their hand in class when they were menstruating, while 24% (25/104) of them responded that they were somewhat less likely to do so when on a period.

Confidants

The survey furthermore explored whom the girls were likely to talk to about their menstrual health. 141 of all respondents (87%; 141/168) noted feeling confident talking to female friends about their periods, but only 5 girls (4%; 5/168) reported feeling confident talking to both male and female friends about the topic. The majority of respondents (82%; 138/168) noted feeling confident speaking to adult family members about their period, but most of these respondents (76%; 127/168) claimed to only feel confident talking to female adult family members. 122 participants (73%; 122/168) noted that they felt confident speaking to teachers about their period, but almost all of these respondents (97%; 119/122) stated that they would only feel comfortable speaking to female teachers.

Midline survey

Participants

A total number of 160 respondents across the four schools were surveyed at midline, equalling 11.3% (11.3%; 160/1417) of the girls enrolled across all the schools per November 2017. Almost all of the surveyed girls reported having experienced their first menstruation (96%, 154/160).

Socio-economic characteristics of questionnaire respondents

Socio-economic characteristics of the schoolgirls were collected as part of the midline survey. The average age of the participants was 15.7 years, and the majority of the girls were day scholars. 80% of the girls were Christians while the remaining 20% were Muslim.

The midline survey also explored characteristics of the girls' households. Almost 80% of the girls reported that the eldest female/spouse in their household could read and write with understanding in any language, while 11 (7%; 11/154) girls reported that their household did not have a female head/spouse. Table 6 presents a detailed overview of the collected socio-economic characteristics of the schoolgirls, including household possessions as well as the main source of energy and type of toilet in the household.



Figure 10: Follow up and refresher training, Ngogwe Baskerville SS, Buikwe district

Socio-economic characteristics	N (%)
No. of schoolgirls included in the midline survey	160 (100%)
No. of girls who had experienced their first menstruation	154 (96%)
Average age of schoolgirls	15.7 yrs
Type of scholars	
Day scholars	135 (84%)
Boarding section	25 (16%)
Religion	
Christian	128 (80%)
Muslim	32 (20%)
Household	
Eldest female head/spouse in household can read and write in any language	
○ Yes	122 (76%)
○ No	27 (17%)
○ No female head/spouse in household	11 (7%)
How many mobile phones are in the household?	
○ None	8 (5%)
○ One	34 (21%)
○ Two	63 (40%)
○ Three or more	55 (34%)
Does the household own a radio?	
○ Yes	116 (72%)
○ No	44 (28%)
Do all members of the household own a pair of shoes?	
○ Yes	141 (88%)
○ No	19 (12%)
Source of energy mainly use for cooking in the household	
○ Firewood, cow dung, or grass (reeds)	133 (83%)
○ Charcoal, paraffin stove, gas, biogas, electricity (regardless of source), or other	27 (17%)
Type of toilet in the household	
○ covered pit latrine with slab	94 (59%)
○ uncovered pit latrine (with or without slab), Ecosan (compost toilet), or covered pit latrine without slab	66 (41%)

Table 6: Socio-economic characteristics of questionnaire respondents

WASH facilities at the four secondary schools

All four schools included in the intervention have had new WASH facilities built through the BDFCDP. This was reflected in the questionnaire as almost all of the respondents (92%; 141/154) across all secondary schools answered that they had access to water for hand washing etc. in relation to toilet visits. At Nyenga SS and Victoria Ssi SS all the surveyed girls reported that they had access to water at school. However, when questioned about the availability of soap more than 60% of the surveyed girls across all schools responded that they either did not have access to soap at school or only sometimes had access to it (62%; 96/154). Furthermore, less than half of the surveyed girls across all schools answered that they always had access to toilet paper (44%; 68/154) and clean toilets (43%; 66/154). An overview of perceived access to the four WASH topics across all schools as well as for each of the four secondary schools is presented in table 7.

WASH topic	Najja (N=41)	Ngogwe (N=52)	Nyenga (N=33)	Victoria (N=28)	All schools (N=154)
Access to water					
○ Yes	31 (76%)	49 (94%)	33 (100%)	28 (100%)	141 (92%)
○ Sometimes	8 (19%)	2 (4%)	0 (0%)	0 (0%)	10 (6%)
○ No	2 (5%)	1 (2%)	0 (0%)	0 (0%)	3 (2%)
Access to soap					
○ Yes	10 (25%)	11 (21%)	26 (79%)	11 (39%)	58 (38%)
○ Sometimes	12 (29%)	16 (31%)	3 (9%)	17 (61%)	48 (31%)
○ No	19 (46%)	25 (48%)	4 (12%)	0 (0%)	48 (31%)
Access to toilet paper					
○ Yes	13 (32%)	10 (19%)	27 (82%)	18 (64%)	68 (44%)
○ Sometimes	19 (46%)	26 (50%)	3 (9%)	10 (36%)	58 (38%)
○ No	9 (22%)	16 (31%)	3 (9%)	0 (0%)	28 (18%)
Access to clean toilets					
○ Yes	18 (44%)	21 (40%)	20 (61%)	7 (25%)	66 (43%)
○ Sometimes	21 (51%)	25 (48%)	12 (36%)	18 (64%)	76 (49%)
○ No	2 (5%)	6 (12%)	1 (3%)	3 (11%)	12 (8%)

Table 7: Respondents perceived access to water, soap, toilet paper, and general cleanliness of school toilet facilities.
Source: KoBoToolbox Questionnaire Survey.

Age at first menstruation

The majority of the girls (96%; 154/160) responded that they had experienced their first menstruation, *menarche*. The average age of the girls was 14 years at menarche. Figure 11 shows the age distribution of the girls at menarche.

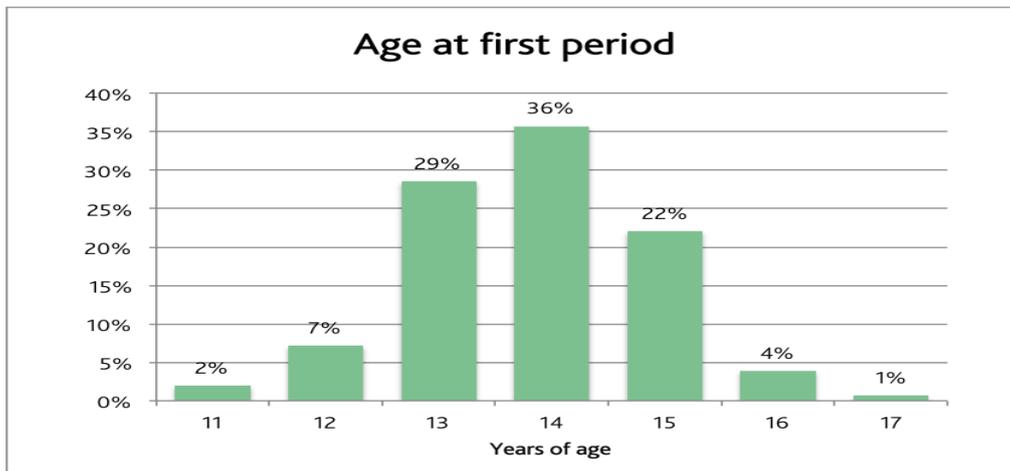


Figure 11: Distribution of age when the respondents experienced their first period. N = 154.
Source: KoBoToolbox Questionnaire Survey

Average length of menstruation and bodily changes

The girls reported that the average length of their periods was four days with most of the girls experiencing two days of heavy flow. More than 80% of the respondents (81%; 125/154) experienced pains and cramps during their period, while only 10% of them (10%; 16/154) reported to have no bodily changes or challenges during their periods. It should, however, be noted that some of the girls may not associate any bodily changes with menstruation yet as they are still very young and inexperienced about their cycles. Table 8 presents the most commonly reported body changes during the girls' periods.

Bodily experiences related to menstruation in the last 3 months						
Pains and cramps	Headaches / Migraines	Mood swings	Bloating	Sore breasts	Nausea	None
81%	25%	38%	15%	15%	10%	10%

Table 8: Distribution of respondents' answer to multiple answer questions on menstruation related bodily changes. N = 154. Source: KoBoToolbox Questionnaire Survey

Knowledge retention

At midline, all of the respondents (95%; 152/160) answered that they had been present at the initial training sessions. Figure 12 shows the six topics the students remembered best from the training sessions. The use of reusable pads and MCs were ranked highest in knowledge retention.

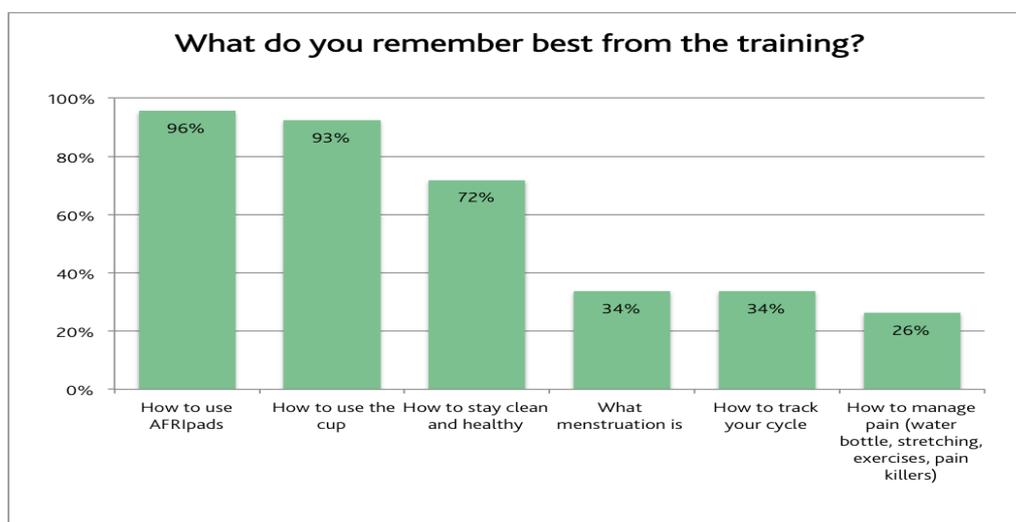


Figure 12: Overview of the different answers to the multiple answer question *What do you remember best from the training?* N = 160. Source: KoBoToolbox questionnaire survey

Knowledge and understanding of menstruation

The students expressed different understandings of menstruation, but the level of knowledge on menstruation was higher among the girls who participated in the midline survey compared to those surveyed at baseline. During the IDIs conducted at midline, some of the girls expressed that they considered menstruation to be a normal function of the body. Furthermore, when the subject was explored in the FDGs most of the girls expressed an advanced technical knowledge and understanding about menstruation. One girl explained: *"I think we menstruate because the egg has not been fertilised so the walls of the uterus sheds off, and that's what we call menstruation"* Girl, FGD. During the FDGs, it was also evident that the girls who had not attended the training sessions possessed lower levels of knowledge and information about the subject.

When exploring the topic of menstruation with schoolboys in the FDGs, the boys showed very mixed levels of knowledge. The boys knew that girls experience something called menstruation that had to do with monthly bleedings. However, most of them were unable to explain exactly what menstruation is, or how it relates to reproductive health topics beyond reproduction. Some of the boys in the FDGs expressed correct, albeit simplified, knowledge about menstruation, but they often had a completely wrong understanding of menstruation and pregnancy. Some of boys expressed different variations of the belief that girls could only get pregnant if they had sex during their period, and they therefore wrongfully concluded that it was important not to have sex with a girl on her period. This highlights a crucial need for more reproductive health education of boys, which ultimately can lead to a reducing effect on teenage pregnancies. Examples of excerpts from IDIs and FDGs with schoolgirls and schoolboys on menstruation are presented in the box below.

"Menstruation is normal; we should not be ashamed"

Girl, IDI

"At first I thought it is something bad but now I think it is good. And I feel very bad when I miss my periods."

Girl, IDI

"When a girl is in her periods, blood comes out of their private parts."

Boy, FGD

"If you do not have periods it means you cannot (re-)produce."

Boy, FGD

As explored in the pre-pilot test, there is a common perception among girls, women and the wider community that information about menstruation should not be shared with boys or men. However, the boys in the FGDs themselves expressed a wish to be included and learn more, so they could support their female peers: *"For us boys a time will come and we grow up, so it's good to know what girls go through. It help us to learn how to treat women in the future, and it helps us to be good husbands."* (Boy, FGD). And as a girl explained boys' different attitudes: *"Some boys are funny, when one sees a girl stained, he taps another and they laugh. But if he is understanding, he tells a girl next to you to help you."* (Girl, FGD).

Pain management

The qualitative and quantitative dataset revealed that the group of girls surveyed at midline expressed a feeling of having more options for pain management following training sessions. The girls now described using hot water bottles, stretching and exercises as new pain relief and management methods. If those methods did not work, they would then take painkillers as prescribed by a medical professional.

One teacher expressed in an IDI that the girls in her classes had learned to manage their menstrual cycle and track their periods. It is the hope that the girls who have learned to use their MHM products as well as manage their menstrual cycles and pain will experience less stigma as they will no longer be surprised by their period and, thus, risk staining their clothes with menstrual blood. Examples of excerpts from FGDs and IDIs with schoolgirls and teachers on pain management are presented in the box below.

"For me even at home I never used to do any work during periods, I could only sleep because of pain. But when I do that exercises I can even go to the garden."

Girl, FGD

"I can control pain with for example hot water bottle, exercise and many other things. Before we used to feel a lot of pains, but now you can stretch and the pain reduces."

Girl, FGD

"There is an improvement, now they (the girls) know how to manage. They have even learnt how to count their days, though they are now coming to me that their calendars are finished. I tell them that you have now learned, so you can make your personal copy in your book. But it is really good, we have got some improvement."

Teacher, IDI

School attendance

At baseline, almost a third of the girls participating in the survey (30%; 50/164) responded that they had on average missed one or more days of school every month due to their period, and that 32% of participants (32%; 53/164) had left school early for one day or more every month due to their period. The girls included in the midline survey reported less absence from school due to menstruation. The survey showed that 20% of these girls (20%; 30/154) estimated that they monthly missed one or more days of school due to menstruation, while 22% of the respondents (22%; 32/154) replied that they had left school early for one or more days every month due to their period. Figure 13 illustrates the length of time that the respondents on average missed school due to MHM issues.

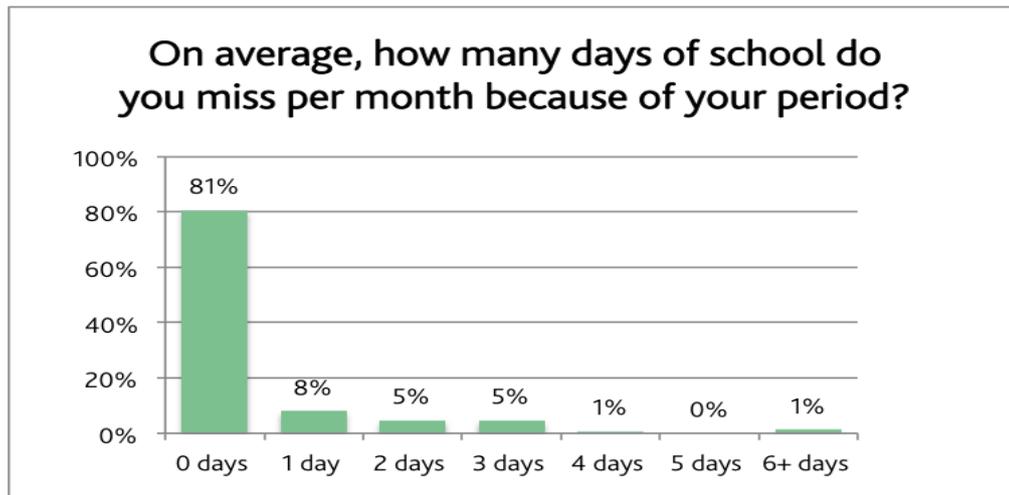


Figure 13: Average length of absence (days) from school every month due to menstruation. N = 154.
Source: KoBoToolbox Questionnaire Survey

Confidence and participation in school

When inquired about class participation, a third of the participants in the baseline survey (37%; 61/168) replied that they were much less likely to raise their hand in class when on their period while about 20% of the girls (23%; 39/168) stated that they were somewhat less likely to do so.

The midline survey included the same question about class participation. The girls included in this survey were found to show more confidence about participating in class when on their period. Only 10% of the girls (10%; 16/154) responded that they were much less likely to raise their hand in class when on their period, and about 20% of them (18%; 28/154) stated that they were somewhat less likely to do so.

At the completion of the midline questionnaire, it was clear that the girls included in this survey expressed feeling greater levels of confidence during their period than the girls who had been included in the baseline survey. In the baseline survey, 68% of the respondents (68%; 115/168) felt that their periods affected their confidence to some degree, with a third of them answering that they were somewhat less confident (33%; 56/168) or much less confident (35%; 59/168) during their period. In the midline survey, less than 40% of the girls (38%; 58/154) reported that their period affected their confidence levels. Less than a third of the midline girls (28%; 43/154) expressed feeling somewhat less confident during their period, and only 10% of them felt much less confident when on their period (10%; 15/154).

At baseline, 2 out of 3 of the surveyed girls reported feeling less confident during their period, while only 1 out of 3 girls surveyed at midline reported feeling less confident while on her period. When asked directly in the survey whether their confidence has changed after the present MHM project started, the majority of the girls responded "Yes, I am now more confident" (88%; 136/154).

Confidants

The two surveys explored who the girls confided in with regards to MHM topics. There were no real differences in the number of girls in the baseline and midline groups, respectively, who felt confident discussing MHM with their female friends. However, while less than 5% of the baseline group (4%; 5/168) reported confiding in both male and female friends, 27% of the girls in the midline group (27%; 42/154) felt confident discussing MHM topics with both male and female friends.

There was no real difference in the number of girls at baseline and midline, respectively, who felt confident confiding in adult family members. Interestingly, fewer of the girls in the midline survey (62%; 95/154) than the baseline survey (75%; 127/168) answered that they confided in their adult female family members. However, more than a third of the girls (34%; 53/154) included in the midline survey felt comfortable confiding in both male and female family members.

Finally, the two surveys explored the teachers' role of confidants for the girls. At baseline, only 2% of the surveyed girls (2%; 3/168) reported feeling confident talking about their menstruation with both male and female teachers. However, almost a third of the girls included in the midline survey (30%; 46/154) expressed confidence in discussing the subject with both their male and female teachers. Table 9 presents an overview of the people in the girls' immediate environment who they felt confident discussing MHM topics.

<i>Parameters</i>	<i>No. of girls in baseline survey (%) (N=168)</i>	<i>No. of girls in midline survey (%) (N=154)</i>
Confiding in friends about periods		
Female friends	141 (84%)	109 (71%)
Male and female friends	5 (3%)	42 (27%)
Confiding in family members about periods		
Adult female members	127 (75%)	95 (62%)
Adult female and male members	10 (6%)	53 (34%)
Confiding in teachers about periods		
Female teachers	119 (71%)	102 (66%)
Male and female teachers	3 (2%)	46 (30%)

Table 9: Confidants in the girls' immediate environment as reported in the baseline and midline survey.

Perceived support from family members

The interviewees generally reported low levels of support from their home and wider community in terms of getting pads and talking about menstruation before this intervention started. During the interviews, the girls generally expressed feelings that the intervention had helped them to no longer be as dependent financially on their families. This expressed view can be understood in both positive and negative terms: that the girls now had their own means to manage their menstruation; but also that the levels of support from home continued to remain low. One girl described in an IDI, that the lack of parents' economic support could lead to the girls engaging in transactional sex to be able to afford menstrual pads. An example of excerpt from IDI with schoolgirl on the costs of MHM products is presented in the box below.

"Parents should change ... you can tell them that you need pads, and they say they don't have money ... so such a girl, even if she asks for the pads before her period comes, it feels like the parent is telling her to go and get them from somewhere else and yet she has nowhere to get them from. So when the girl engages in sexual activity and when the parent finds out, the girl says she was looking for pads, but remember the parent refused to provide them. So they should change that and provide the pads in time."

Girl, IDI

The girls reported in the qualitative interviews that most of their parents and family members were supportive of the MHM intervention and the girls when they were educated on the subject(s). The support of the families towards the girls and the distributed reusable MHM products was also explored in the IDIs. One girl expressed high levels of support regarding product use from her mother. An example of excerpt from IDI with schoolgirl on support is presented in the box below.

"I showed my mother, she was also here at school when you trained the parents. She advised me to try using it, and if it works for me I can continue with it, and if it doesn't then I can stop."

Girl, IDI

The mother had attended a parents meeting arranged by WoMena Uganda and must therefore be assumed to have a better understanding of the importance of the intervention and the need to be supportive of her daughter. However, it must be noted that across the four secondary schools, only a small number of parents showed up for the information sessions.

Reusable product uptake and usage

The questionnaire also explored whether the schoolgirls had tried using their MHM products. Almost all of the girls (97%; 150/154) responded that they had tried their reusable pads. The usage of MCs presented a more diverse view of the product. As can be seen in figure 14, almost half of all the interviewed girls (48%; 74/154) across all schools responded that they had tried the MC in the period between distribution and the midline survey. More than 60% of the girls surveyed at Najja SS reported that they had tried the MC (63%; 25/41), while less than 40% of the girls surveyed at Ngogwe SS could report having tried the MC (37%; 20/52).

The length of time between distribution and midline survey must, however, be considered to understand why only about half of the surveyed girls had tried using their MC. The majority of girls in Najja Sacred Heart, Ngogwe Baskerville and Victoria Ssi SS received their MC and reusable pads in April, while most of the girls in Nyenga SS received theirs in August. The remaining girls who had been absent from school during distribution did not receive their MHM products until follow-up visits, many of which happened in the same month as the midline data collection. By the time of the midline data collection, the majority of the respondents would therefore only have had a few or even no menstrual periods to actually try out their new products. As it can take up to six months to become completely comfortable and

confident using the MC (van Eijk et al., 2018), there might not have passed enough time for the girls to overcome initial fears and concerns. This means that the data on usage illustrated in the figure is not yet representative. Figure 14 illustrates the percentage of girls across the four schools that had tried out their MC by midline.

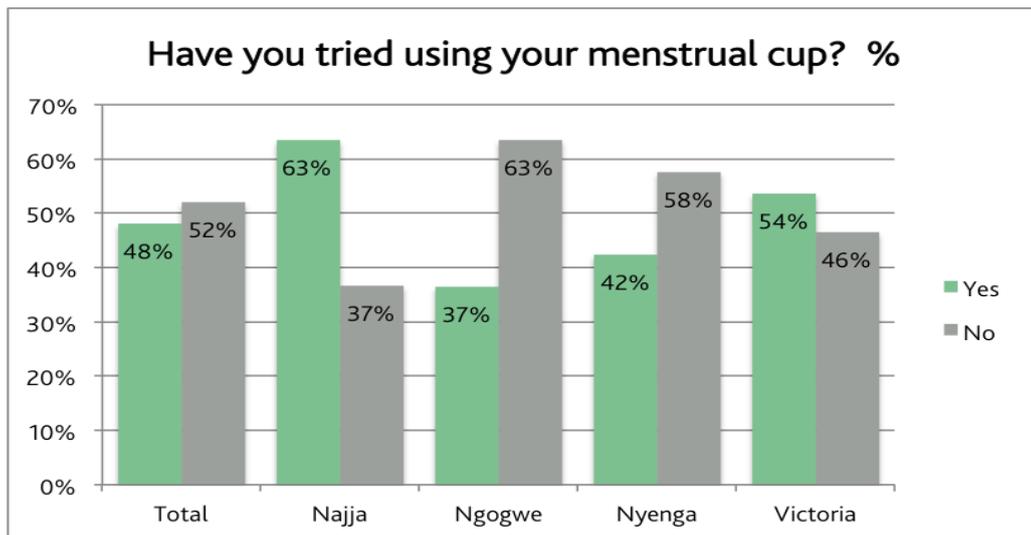


Figure 14: Distribution of schoolgirls who have tried their menstrual cup across all schools and for the four individual schools. $N(\text{total}) = 154$, $N(\text{Najja}) = 41$, $N(\text{Ngogwe}) = 52$, $N(\text{Nyenga}) = 33$, $N(\text{Victoria}) = 28$
Source: KoBoToolbox Questionnaire Survey

Follow-up questions to the 80 respondents across the schools who had not yet tried their MC, showed that almost half of them (46%; 37/80) had not done so out of fear of the MC, specifically its size. Some of the girls explained that they preferred using reusable pads, while others stated that they were waiting for the next school holiday so they could try it comfortably and privately at home, instead of trying it out for the first time within the school environment. Eight girls said that their family members did not allow them to use the MC (10%, 8/80).

The subject of trying new MHM products was also explored in the IDIs from the teachers' perspectives. One teacher said that "When it comes to AFRipads, they (the girls) are okay, but most of them are still fearing the cup. But again, those who used it [the menstrual cup] are saying it is very good. So I was happy with that because I have a number of them." (Teacher, IDI).

When questioned in the survey 85% of the respondents (85%; 63/74) who had tried the MC reported that they would continue to use their MC. This estimate falls within the expected adoption range of product uptake. According to Ruby Cup, 80% of people who have tried the MC are still using it 6 months after receiving it (Ruby Cup, 2017). Finally, 7 girls (9%; 7/74) did not answer the question, while 4 girls (5%; 4/74) reported that they would not continue to use their MC. In the latter group, one girl (1%, 1/74) specified that she would not be using her MC because she had lost it.

Perceived feeling of comfort and security using MHM products

The comfort in using the MC was explored in the survey among the girls who had tried the product. Table 10 shows that the girls' general level of comfort with the MC was high, especially considering that many of the respondents had not yet had enough time to become completely comfortable with the MC at the time of the survey completion. The only issue with comfort expressed was changing the MC away from home. Almost 80% of the girls (78%; 58/74) had tried changing the MC at home while only 23% of them (23%; 17/74) had tried changing it away from home. The reluctance to change their MHM product away from home could reflect the perceived lack of cleanliness of WASH facilities at school or other places away from home, as well as the lack of soap, toilet paper and privacy to rinse and reinsert the MC.

Very comfortable / Comfortable with the MC in regards to								
Wearing it	Inserting it	Removing it	No leaking	Cleaning it during periods	Cleaning it between periods	Participating in daily activities	Changing it at home	Changing it away from home
68%	62%	68%	81%	85%	84%	70%	78%	23%

Table 10: Perceived comfort and security in using the menstrual cup. N= 74. Source: KoBoToolbox Questionnaire Survey

When exploring the girls' comfort with the reusable pads, even higher rates of comfort were reported. As can be seen in table 11, the only issue reported concerning comfort was comfortable settings to change the product. Almost all of the girls were comfortable changing the product at home, but less than 40% of them (38%; 57/150) were comfortable changing it away from home.

Very comfortable / Comfortable with the reusable pads in regards to						
Wearing it	Washing it	Drying it	No leaking	Participating in daily activities	Changing it at home	Changing it away from home
99%	95%	89%	99%	98%	97%	38%

Table 11: Perceived comfort and security in using reusable pads. N= 150. Source: KoBoToolbox Questionnaire Survey

This expressed concern may similarly be a reflection on the perceived lack of privacy in a school setting, especially considering the fact that the girls still had to carry the used pads in their bags for the rest of the day. An example of excerpt from IDI with schoolgirl on privacy and menstruation.

"The last time I had my period I used AFRIpads for 2 days, and the menstrual cup for 2 days. It was a weekend when I first used the AFRIpads, and when I came to school I used the cup. At school I thought of using the pads and carrying the used pad in my bag but at school there is no privacy, people check out bags without our permission, so I used the cup at school and the pads at home."

Girl, IDI

Daily use, maintenance and cleaning of MHM products

Menstrual cups

Almost half of all the girls who had tried the MC (47%; 23/49) reported in the questionnaire that they had not found it necessary to empty the MC during school hours. As a MC can be worn for up to 12 hours depending on flow intensity, it would often not be necessary to empty it during school hours. This puts less pressure on the school latrines, as not all girls have to go to the toilet during breaks for checking if they have had a leakage. Furthermore, the introduction of reusable menstrual products creates less pressure on the pits as dumpsite for disposable pads and prevents the latrines from clogging up too fast.

Reusable pads

Almost all the girls surveyed at midline (97%; 150/154) reported having tried the reusable pads. On average, 15% of them (15%; 22/150) reported having changed pads once a day, 58% (58%; 87/150) had changed them twice a day, and 23% (23%; 34/150) had changed them three times a day. 3 girls stated that they wore the same reusable pad for a whole day. This is generally not recommended due to increased risks of infections of prolonged wear of any menstrual material, independent of the cleanliness of the product when first applied (AFRIPads, 2020).

As can be seen in table 11, the girls generally did not feel comfortable changing their reusable pads away from home. The survey, therefore, explored whether the girls had tried to change their reusable pads at school. More than half of the girls (55%; 83/150) responded that they had not tried it. The most commonly cited reason for not having tried changing reusable pads at school was that they had not felt a need to change during school hours. Other reasons included not wanting to carry the used product around with them during school hours, as well as not finding the school facilities to be clean and/or private enough.



Figure 15. Example of drying AFRIPads indoor. Source: WoMena Uganda archive.

After washing, the pads can dry in two hours when hung in direct sunlight. However, many girls find it embarrassing to hang them to dry in the open, wherefore they often cover or hang them indoors, prolonging the drying time for up to 22 hours. The weather also has an impact on the drying time, meaning that the drying time can be much longer than 2 hours on cloudy or rainy days. These issues can pose a challenge to the sustainability of the reusable pads.

Product uptake and usage in schools were impacted by the WASH facilities available. In the IDIs and FGDs, the girls expressed that they often purchased disposable pads during school hours, and then used their reusable products only when they were home – overnight or during weekends. This is a serious challenge to the sustainability of this implementation, as the issue to be addressed is that girls cannot afford disposable pads and will not use the reusable products due to outside factors.



Figure 16. Student demonstration of how to wash your reusable pads. WoMena Uganda follow-up training, Nyenga SS, September 2018.

Affordability of MHM products

In the baseline, almost half of the participants (47%; 63/143) who answered that they use disposable pads said that at one point in the last three months, they had not been able to afford disposable pads. After the intervention the girls had an alternative to continuously having to look for money to purchase disposable pads. Box 8 presents examples of two girls and a teacher discussing the impact the MHM intervention has had on the girls' lives with regard to economy, school attendance, confidence and general wellbeing. Examples of excerpts from FGDs and IDIs with schoolgirls and teachers are presented in the box below.

"I learnt how to handle myself during my periods, how to use my pads, they also gave me a menstrual cup to use for 10 years. So I won't have to worry about buying pads during my periods for a long time. I really learnt a lot. If WoMena hadn't come, I don't think I would be like this"

Girl, IDI

"Now I don't get many of them (girls) disturbing me. I used to get like six girls coming to me for pads and permission to go home a week, but these days the number has reduced"

Teacher, IDI

"Personally my perception has changed. I now feel normal. In fact, every month I look forward to seeing my period, am no longer shy about it, and don't feel uncomfortable talking about it. Before I was very conservative towards my period. I would lock up myself in my bedroom and wouldn't talk to anyone. But now even if someone asks me about my period I can freely tell them whether I am on my period or not, that negative mindset left me"

Girl, FGD

Perceived appropriateness of the reusable MHM products

The survey also explored if the girls would recommend the reusable pads to other girls and women in the community. With a recommendation rate of 100% it can be concluded that the reusable pads are exclusively perceived to be an appropriate menstrual product within the targeted population.

The girls were asked in the survey whether they would recommend the MC to other girls and women in the community. With almost all of them (95%; 144/152) responding that they would recommend the product to others, it must be concluded that they perceived the product to be useful and appropriate for the targeted population.

Follow-up questions were asked in the IDI/FGDs to explore whether the girls would recommend that the intervention continue forward with only the reusable pads. All the respondents replied that they thought that the intervention should continue distributing both products, summarising that *"one day those who have not yet tried out their cup will find themselves with nothing, and they will start using their cup"*. This statement also underlines that the girls have an understanding of the length of product lifetime and realise that the reusable pads can only be used for about a year with proper care while the MC can last up to 10 years.

The respondent's perception of the intervention

When the respondents were asked in the qualitative interviews how they perceived the intervention, most of them answered that it aimed to help girls through their periods, and help them stay in school. One girl described how she felt WoMena and the MHM intervention had helped change the mindset of the girls and the people in their immediate environment about menstruation. An example of excerpt from IDI with schoolgirls on WoMena and the MHM intervention is presented in the box below.

"I think WoMena came to schools because many youths and other people have been having a negative mindset towards menstruation. Especially girls who experience pain; if they are to menstruate for a week then they sit home for a week in pain without going to school. Others when they get stained by their period in class and they get laughed at, they feel embarrassed and they never come back to school so they sit at home and give up on education. But when WoMena taught us we got to know that it is normal, plus you also gave us products so one can't find any difficulty coming to school."

Girl, FGD

Limitations of baseline and midline surveys

The baseline and midline surveys both aimed at using randomly selected respondents from the schools, including representatives from each class level. However, as the questionnaires had to be conducted during school hours while the girls were in class, it often turned out to be the teachers who selected the girls. This might have had an impact on the selection of respondents in terms of confidence to speak about menstrual-related issues, social status and English skills. WoMena therefore does not claim full representativeness of this survey.

The project was implemented in schools through the collaboration with teachers and school management, which made it difficult to assess the level of honesty expressed concerning school absence. Despite having been explained and guaranteed anonymity in the survey pre-interview many of the girls still feared to be completely honest about their school absence. Furthermore, due to some changes in the planning, the data collection happened after some of the training sessions had already taken place. This might have had an impact on the girls' openness and attitudes towards talking about menstruation with others.

The surveys were intended to give indicative answers which would be helpful in future project design. They did not follow a strict study design, and therefore changes reported by girls at midline cannot be attributed solely to the intervention.

CHAPTER 6: RECOMMENDATIONS FOR PHASE 2 OF THE INTERVENTION

With the finalisation of phase 1 of the MHM intervention, several recommendations can be made for the scaling up to the 28 selected primary schools in the Buikwe district to ensure its success.

Continuous presence in secondary schools

Across all four secondary schools more follow-up visits were requested to ensure that the students did not forget the guidelines, and to help students overcome their initial fears of using the MHM products. This can be done through training sessions where experiences are shared, and learners can listen to experienced users of the products. WoMena Uganda will be present at the secondary schools in the upcoming school year to continuously monitor and support uptake and usage. WoMena Uganda will also be involved in the scaling up of the MHM intervention to 28 primary schools in Buikwe District.

Inclusion of boys in the training sessions

It has been observed and identified across the secondary schools that the inclusion of boys in the MHM intervention had positive outcomes. There is still stigma related to menstruation, and it is important to bridge this gender-based knowledge gap with further inclusion across genders. If the boys and girls possess the same level of information, and if the information is kept objective and scientific, the “mystification” of menstruation should be reduced as will the teasing and/or bullying of girls.

Inclusion of more teachers in the intervention, including male teachers

It is important for the sustainability at the schools that the teachers who participate in the ToT workshops continue to support the students and the programme throughout the intervention and help to conduct the follow-up training sessions. The male staff were not actively involved in the training conducted in phase 1, which has been identified as an issue. The girls continue to prefer confiding in their female teachers, and some of them have reported that male teachers were not supportive of the girls. Going forward, one male teacher at each school will be invited to attend the upcoming ToT workshop planned for teachers from the 28 identified primary schools. The teachers selected for the ToT should arrange internal trainings in their school for the staff that was not part of the ToT, both female and male, in order for everyone to understand the intervention and its objectives. This includes other staff than teachers, such as matrons and cooks. They need the information to be able to support the girls in boiling their MCs and washing their pads when in boarding sections.

Inclusion of the wider community

When implementing the MHM intervention in the local communities, it is important to actively include local leaders, as they can provide important support for the intervention. These leaders can also support the level of male involvement in the local area. Male local leaders can also work as male menstrual champions. WoMena Uganda plans to collaborate with other service delivery partners to the BDFCDP who focus on community mobilisation to reach the relevant stakeholders.

Allocation of more time in school programme for MHM trainings

The school management should understand the importance of the MHM intervention, and how it benefits them in the long run. It is important that the school management understand that a successful intervention is more than the receiving and distributing of free materials. The educational component of the MHM programme is crucial for the schoolgirls to understand their menstruation, MHM, and how to properly use their MHM products. It is therefore important that the school allocates enough time to the programme for all girls to be able to attend every session of the MHM curriculum and to get answers to their questions. Smaller groups must also be made a priority so all the girls will get the opportunity to participate in activities and not lose out on information because they were sitting too far behind in an overcrowded classroom.

Due to very limited time allocated in the secondary schools with large groups trained together, the monthly Monitoring and Evaluation (M&E) self-reporting tools had to be cut out. These will be actively included in the primary school phase, as the groups in each school is assumed to be smaller, making it more manageable to implement monthly self-reporting M&E tools.

Health Clubs

All schools are different; therefore, some components of the MHM intervention may work in one school, but not in the next. The same can be said for school-based clubs such as health clubs; some schools have very active ones, while others are dormant. For phase 2 of the intervention, it should be considered to include and train members in active health clubs on MHM content, as well as encourage other schools to create one and train these. One teacher at Ngogwe Baskerville SS, where they do not have any designated time for clubs, expressed the following: *"So I think, as a way of making them [the students] encouraged, you include clubs and then other things that can really keep them in school"*. Health Clubs can be used both for discussing MHM and the reusable MHM products, WASH maintenance in schools, including improved cleaning of school toilets, as well as to ensure advocacy for water taps near toilets to improve washing and privacy.

Availability of training and advocacy

WoMena Uganda will include more types of Information, Education and Communication (IEC) materials on MHM, MCs, reusable pads and the on-going intervention in the schools as part of the BDFCDP. The materials and approaches will be applied both in and outside of the school setting, including talking compounds, introducing and potentially selling the menstrual materials in the communities, posters or banners in the community at key points such as health centres. Furthermore, information about MHM and the benefits of reusable products could for example be disseminated through local radio and potentially TV.

Economic considerations for phase 2 of the MHM intervention

The total cost of phase 1 of the MHM intervention was 62,000 USD, equalling an average cost of 48 USD per beneficiary trained, including cost of reusable MHM products distributed. The total costs include cost of personnel, transportation, overhead and consumables.

In phase 2, the intervention will be scaled up to include 28 primary schools which will likely increase the cost per beneficiary trained, especially if all recommendations are incorporated into the MHM programme. Due to the inclusion of the primary schools which each have fewer students enrolled, more transportation, personnel and training sessions will have to be accounted for. Furthermore, several parents meeting and meetings with the wider community will also have to be budgeted for to ensure support for the MHM intervention and the schoolgirls. Going forward with the MHM intervention and scaling it up to national level, it will be important to consider relevant models to ensure efficient implementation and the sustainability of the programme.



REFERENCES

AFRipads. Products and Services. AFRipads Menstrual Kits. 2020. Available from: <https://www.afripads.com/our-products/>

CARE international and WoMena Uganda. 2018. Ruby Cup: Girls in Imvepi Refugee Settlement Taking Control. CARE International.

Chandra-Mouli V. and Patel SV. 2017. Mapping the Knowledge and Understanding of Menarche, Menstrual Hygiene and Menstrual Health among Adolescent Girls in Low- and Middle-Income Countries. *Reproductive Health*;14(1):30.

Hennegan J, Dolan C, Wu M, Scott L and Montgomery P. 2016. Measuring the prevalence and impact of poor menstrual hygiene management: a quantitative survey of schoolgirls in rural Uganda. *BMJ Open*;6(12):e012596.

Hennegan J and Montgomery P. 2016. Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review. *PLoS One*;11(2):e0146985.

Juma J, Nyothach E, Laserson KF, et al. 2017. Examining the safety of menstrual cups among rural primary school girls in western Kenya: observational studies nested in a randomised controlled feasibility study. *BMJ Open*;7(4):e015429.

Phillips-Howard PA, Nyothach E, Ter Kuile FO, et al. 2016. Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: a cluster randomised controlled feasibility study in rural Western Kenya. *BMJ Open*;6(11):e013229.

Ruby Cup. 2017. *Ruby Cup Annual Impact Report 2017*. Camberley: Ruby Cup.

Refstrup Skov, Signe. 2015. "When I Insert It There Is No Problem, I Am Free". Master's Thesis; Department of Public Health, Faculty of Health and Medical Sciences, University of Copenhagen.

Sommer M, Caruso BA, Sahin M, et al. 2016. A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools. *PLoS Med*;13(2):e1001962.

Tamiru. 2015. *Girls in Control: Compiled Findings from Studies on Menstrual Hygiene Management of Schoolgirls. Ethiopia, South Sudan, Tanzania, Uganda, Zimbabwe.* Netherlands Development Organisation.

van Eijk AM, Kayla F, Laserson EN, et al. Use of Menstrual Cups among School Girls: Longitudinal Observations Nested in a Randomised Controlled Feasibility Study in Rural Western Kenya. *Reproductive Health* **2018**;15(1):139.

van Eijk AM, Zulaika G, Lenchner M, et al. 2019. Menstrual cup use, leakage, acceptability, safety, and availability: a systematic review and meta-analysis. *Lancet Public Health*;4(8):e376-e393.

APPENDICES

APPENDIX 1:

Overview of pre-pilot activities and meetings

ACTIVITY	OUTCOME	DATE(S)
Introductory stakeholder meeting	Information dissemination and discussion of menstrual cups with relevant stakeholders from Buikwe District. Decision to do a menstrual cup pilot among 50 adult female volunteers (councillors, teachers and district workers)	4/4 2017
Volunteer meeting	Information dissemination and planning of pilot structure. Decision to meet on a monthly basis from June – September	8/6 2017
Volunteer MHM training	Full-day training on menstrual health management and cup use, and distribution of cups to 50 volunteers	16/6 2017
Follow-up visit 1	User experiences, Q&A, follow-up training, challenges and solutions identified by volunteers	13/7 2017
Follow-up visit 2	Identification of 3 coordinators/champions among volunteers, Q&A, user experiences, stakeholder mapping (positive, negative, solutions)	15/8 2017
Evaluation visit	User experiences, feedback, Q&A, 100% vote among the participating volunteers for rolling out menstrual cup pilot into schools.	12/9 2017
Stakeholder visit	Meetings with chairman, CAO and DHO's office for planning of evaluating stakeholder meeting.	5/10 2017
Meeting with chairman's office and volunteers	Meeting to prepare for stakeholder meeting, to eliminate any misunderstandings, and to agree on the way forward.	12/10 2017
Evaluating stakeholder meeting	Joint presentation by WoMena and District Inspector of Schools on project and menstrual products, presentation on personal experiences with cup by volunteers, Q&A. Positive atmosphere towards rolling out menstrual cups in schools when sensitising parents and training girls before distributions.	25/10 2017
Planning meeting with District Inspector of schools and DHO's office	Planning of exploratory visits to 4 secondary schools.	13/11 2017
WoMena Buikwe Briefing Embassy of Iceland	Presentation for Ambassador and Director for the Icelandic Directorate for International Development Cooperation about WoMena and Buikwe Project	16/11 2017
Exploratory visits to 4 secondary schools	WASH facilities assessments, planning of parents meeting, baseline data collection, planning of training of trainers.	20.-21. /11 2017

APPENDIX 2:

Overview of three- day comprehensive Training of Trainers workshop

09:00-10:00	DAY 1: Introduction <ul style="list-style-type: none">● Opening remarks● Introduction to WoMena and the project● Training Programme
Section 1: Introduction to Training Methods	
10:00-10:30	<ul style="list-style-type: none">● Welcome to participants● Introductions (incl. name game)● Participant expectations and concerns● Ground rules
10:30-11:00	Session 1: Training Methods <ul style="list-style-type: none">● Things to remember during your training● Your role as the trainer● Planning your training
Section 2: Menstrual Health Management (for boys and girls)	
11:00-12:00	Session 2: Puberty and the Reproductive system <ul style="list-style-type: none">● Introduction to puberty● Puberty quiz● Changes during puberty● Peer-pressure and how to handle it
12:00-12:45	LUNCH
12:45-14:00	Session 3: Menstruation <ul style="list-style-type: none">● One word about menstruation● Sandra's story● Female reproductive anatomy and how menstruation works● The menstrual cycle● Menstruation puzzle
Section 3: Menstrual Health Management, Menstrual Cups and Reusable Pads (For Girls)	
14:00-14:15	BREAK
14:15-14:45	Session 4: MHM for girls <ul style="list-style-type: none">● Recap of the menstrual cycle● Monitoring your cycle (predicting your periods) Period cycle maths
14:45-15:45	Session 5: Menstrual Management <ul style="list-style-type: none">● Introduction to different menstrual management methods● Menstrual hygiene● Menstrual cramps Menstruation myths and facts

15:45-16:00	Closing remarks
09:00-10:00	DAY 2: Opening remarks and recap from previous day
10:00-12:15	Section 3, session 6: Menstrual cups <ul style="list-style-type: none"> ● Intro to the menstrual cup ● Advantages and disadvantages of the cup ● Female anatomy and cup insertion ● Hymens, virginity and the menstrual cup ● Insertion and preventing leakage ● Pulling out the cup ● Cleaning and re-inserting the cup (during periods) ● Sterilising the cup (between periods)
12:15-13:00	LUNCH
13:00-14:15	Section 3, session 6: Continued <ul style="list-style-type: none"> ● Lower abdominal pain – Knowing the difference ● Storing the cup (between periods) ● The “3 cup commandments” ● Questions and concerns ● Role play: Discussing menstruation and cups
14:15-14:30	BREAK
14:30-15:30	<ul style="list-style-type: none"> ● ToT Menstrual cup demonstrations
15:30-16:00	<ul style="list-style-type: none"> ● Planning Discussion ● Closing remarks
09:00-10:00	DAY 3: Opening remarks and recap from previous day
10:00-11:00	Section 3, session 7: Reusable Pads <ul style="list-style-type: none"> ● Intro to reusable pads ● AFRIPads demonstrations ● Advantages and disadvantages of reusable pads
11:00-11:30	Group demonstrations: Preparation
11:30-12:15	Group demonstrations: Presentations
12:15-13:00	LUNCH
13:00-14:15	Group demonstrations: Presentation continued
14:15-14:30	BREAK
14:30-15:30	<ul style="list-style-type: none"> ● Knowledge retention test and evaluation form ● Distribution of handbooks and menstrual kits
15:30-16:00	Closing remarks

APPENDIX 3:

Overview of WoMena Training of Beneficiaries activities and meetings

ACTIVITY	OUTCOME	DATE(S) 2018
WoMena internal training	Preparing WoMena trainers for the ToB in Buikwe; introducing them to the setting, project objectives and goals.	9. March
Planning meeting Ngogwe Baskerville SS	Planning of intervention in school with relevant school staff, including time scales for parents meeting, baseline data collection, training of schoolgirls, and product distribution within the 1- school term.	14. March
Planning meeting Victoria Ssi SS	Planning of intervention in school with relevant school staff, including time scales for parents meeting, baseline data collection, training of schoolgirls, and product distribution within the 1- school term.	14. March
Parents meeting Ngogwe Baskerville SS	Information session for parents of schoolgirls. Information about menstrual health, menstrual cups, reusable pads, the MHM intervention in the school, and a Q&A session was provided.	15. March
MDD Competition Victoria Ssi SS	Information session for parents, as part of the Music, Drumming and Dancing (MDD) Competition. Information about menstrual health, menstrual cups, reusable pads, the MHM intervention in the school, and a Q&A session was provided.	16. March
Planning meeting Nyenga SS	Planning of intervention in school with relevant school staff, including time scales for parents meeting, baseline data collection, training of schoolgirls, and product distribution within the 1- school term.	21. March
Planning meeting Najja Sacred Heart SS	Planning of intervention in school with relevant school staff, including time scales for parents meeting, baseline data collection, training of schoolgirls, and product distribution within the 1- school term.	21. March
ToB Ngogwe Baskerville SS	Training of 222 schoolgirls on menstrual health and management.	21. March
ToB Nyenga SS	Training of 357 schoolgirls on menstrual health and management, reusable pads and menstrual cup use.	22. March
ToB Victoria Ssi SS	Training of 94 schoolgirls on menstrual health and management, reusable pads and menstrual cup use.	27. March
ToB Nyenga SS	Training of 555 schoolgirls on reusable and menstrual cup use.	28. March
Parents meeting Najja Sacred Heart SS	Information session for parents of schoolgirls. Information about menstrual health, menstrual cups, reusable pads, the MHM intervention in the school, and a Q&A session was provided.	4. April
Data collection Victoria Ssi SS	Baseline data collection with 46 girls	5. April
Product distribution Victoria Ssi SS	Distribution of 110 Ruby Cup menstrual cups and 110 AFRIpads reusable pads deluxe kits to school going girls.	5. April
Data collection Nyenga SS	Baseline data collection with 50 girls	6. April
Parents meeting Nyenga SS	Information about the MHM intervention in the school was provided as part of a general parents meeting.	10. April
Data collection Najja Sacred Heart SS	Baseline data collection with 37 girls	11. April

ToB Najja Sacred Heart SS	Training of 204 schoolgirls on menstrual health and management.	11. April
Data collection Ngogwe Baskerville SS	Baseline data collection with 38 girls	12. April
Product distribution Ngogwe Baskerville SS	Distribution of 243 Ruby Cup menstrual cups and 243 AFRIpads reusable pads deluxe kits to school going girls.	12. April
ToB Najja Sacred Heart SS	Training of 202 schoolgirls on reusable pads and menstrual cup use.	16. April
Product distribution Ngogwe Baskerville SS	Second round of distribution, 34 Ruby Cup menstrual cups and 34 AFRIpads reusable pads deluxe kits to school going girls	18. April
Product distribution Najja Sacred Heart SS	Distribution of 246 Ruby Cup menstrual cups and 246 AFRIpads reusable pads deluxe kits to school going girls.	18. April

APPENDIX 4:

Opt-out consent document



Opt-Out Consent Document

This form is to be completed by a parent or guardian who **DOES NOT AGREE** to their child taking part in the WoMena Menstrual Health in Schools project at their child's school in Buikwe district.

Project Information

WoMena Uganda is conducting a project in collaboration with the Embassy of Iceland (ICEIDA) on behalf of the Buikwe District Fishing Communities Development (BDFCDP) Partners. The WoMena project support the training of children in 4 secondary schools in Buikwe district; Nyenga, Najja Sacret Heart, Nwogwe Baskerville and Victoria Ssi. The children will be trained in menstrual health management, and on using safe reusable menstrual products, including the menstrual cup and reusable pads. The project will also distribute both products for free to the schoolgirls in the schools. The aim is to support the girls on how to comfortably go through their period while being in school, and to avoid having any girl dropping out of school because of their menstruation.

Risks / discomforts: There are **NO** direct risks identified in this project.

Incentives / rewards for participating: There is **NO** compensation for taking part in this project, besides a **free** menstrual cup and a package of free reusable pads.

We would like to take some photos to put on our website. This could possibly identify your child as being part of this project. We will ask for your child's consent to take photos, but it is not a requirement for taking part in the project and is completely voluntary.

Please only fill out the information below if you DO NOT wish for your child to take part in this project:

Your Name

Child's full name

Child's school

Signature of Parent/Guardian

Date of Signature

Who do I ask/call if I have questions or a problem?

You can contact the team using the details below:

WoMena: Anna Gade, Project Coordinator, Tel: 0775 188 390, Email: anna.gade@womena.dk

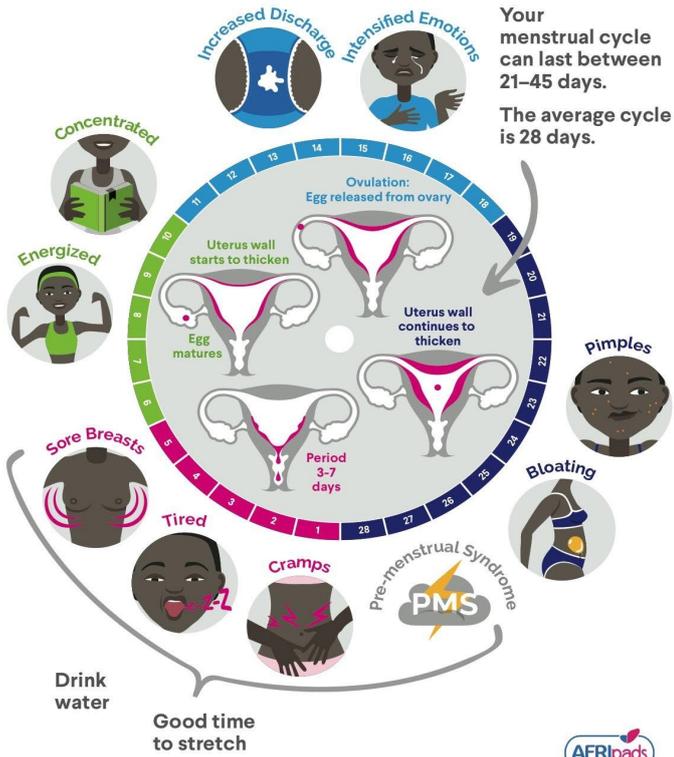
ICEIDA: Maurice Ssebisubi, Senior Programme Officer, Tel: 0783 185 981,

Email: mauricessebisubi@utn.stjr.is

APPENDIX 5:

MHM flipcharts, 12 pages

MY MENSTRUAL CYCLE & HOW I FEEL



MY PERIOD TRACKER

MO	TU	WE	TH	FR	SA	SU
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



PERIOD PUZZLE

1	2
3	4
5	6



HAPPY & HEALTHY DURING YOUR PERIOD



- 8 -

AFRIpads USE & CARE



DO NOT BLEACH



DO NOT USE HOT WATER



DO NOT IRON



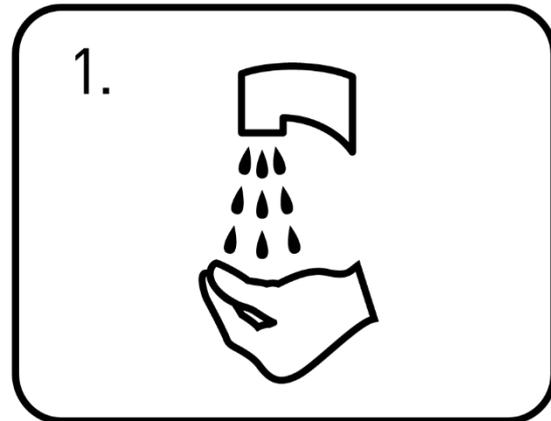
DO NOT LITTER

- 10 -

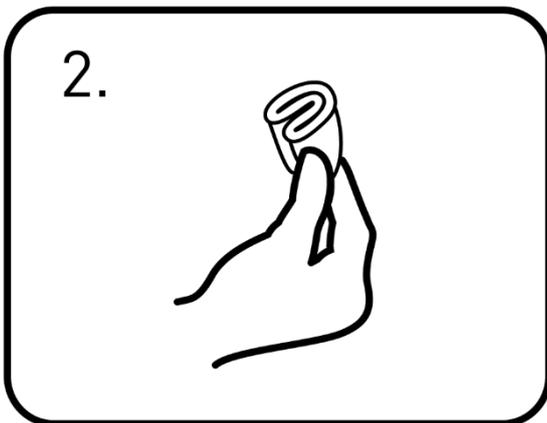


HOW TO INSERT YOUR CUP

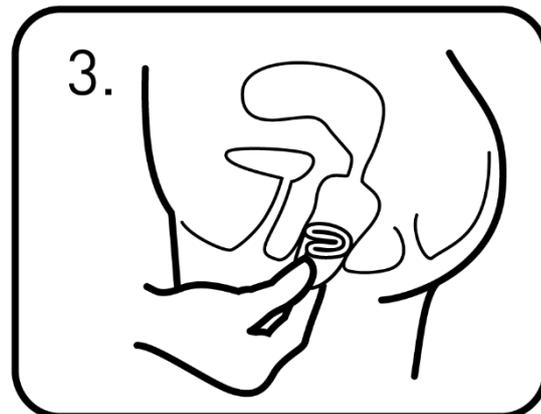
1. WASH
HANDS



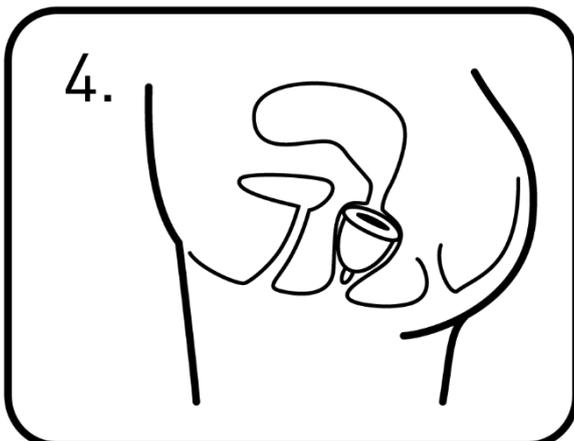
2. FOLD
AND HOLD



3. INSERT
AND ENSURE

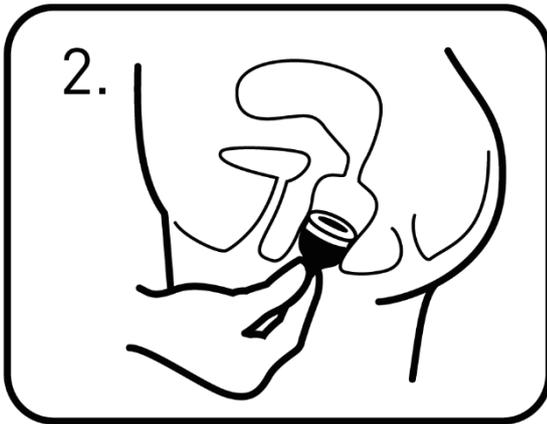
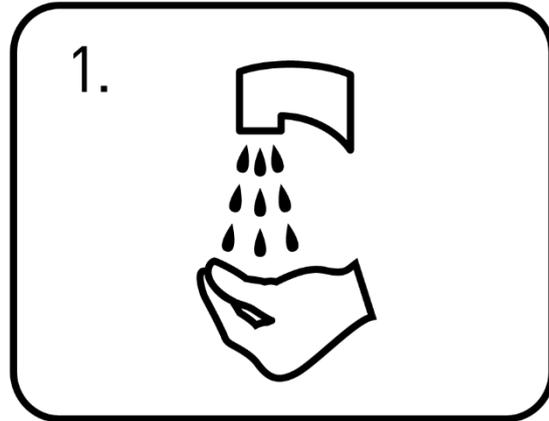


3. USE FOR UP
TO 12 HOURS

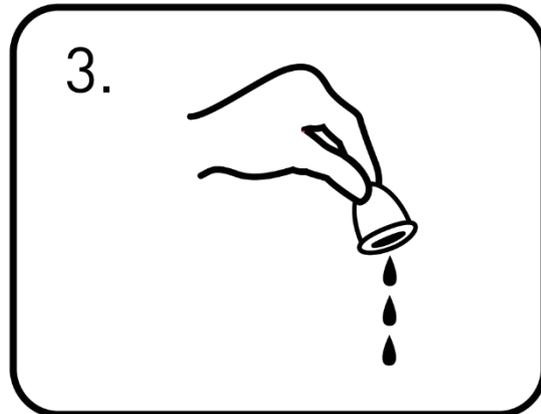


HOW TO REMOVE YOUR CUP

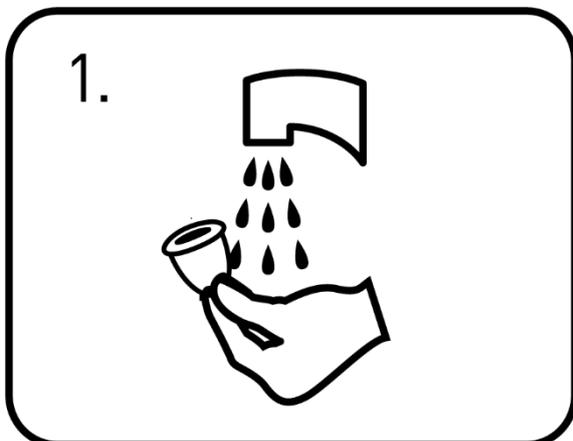
1. WASH
HANDS



2. REMOVE



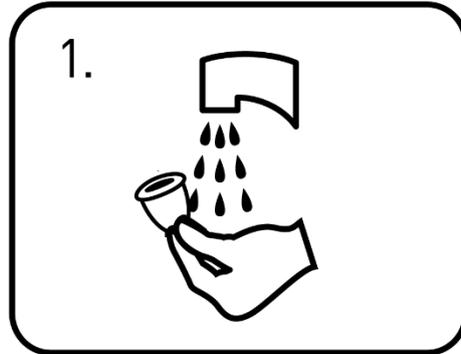
3. EMPTY



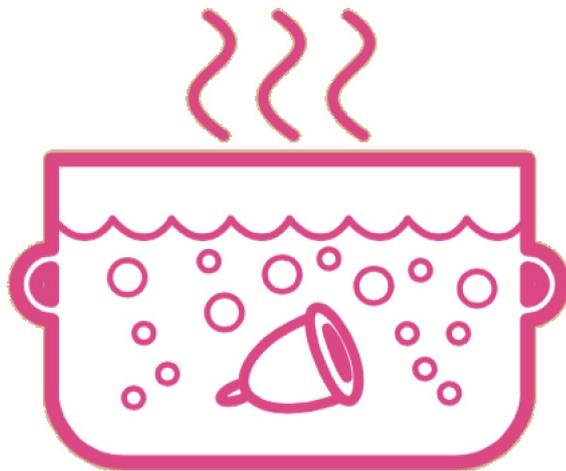
4. RINSE

HOW TO CLEAN YOUR CUP

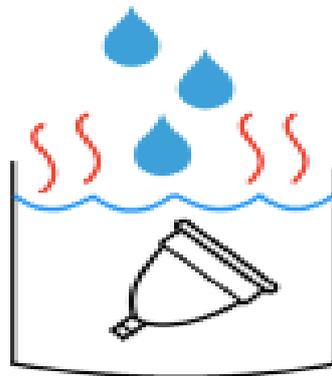
RINSE IN CLEAN
WATER



BOIL FOR 5 MINUTES
AFTER EACH PERIOD

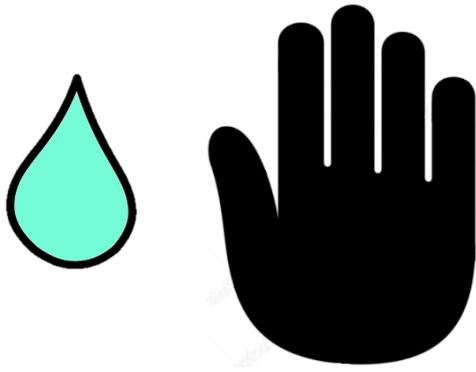


POUR BOILING
WATER OVER YOUR
CUP 3-4 TIMES

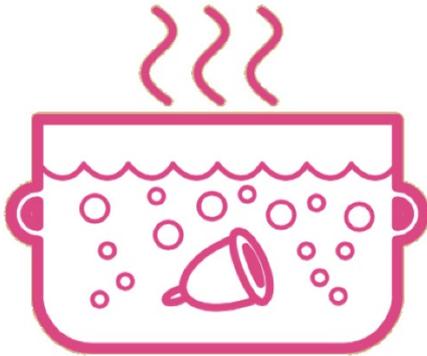


THE 3 CUP COMMANDMENTS

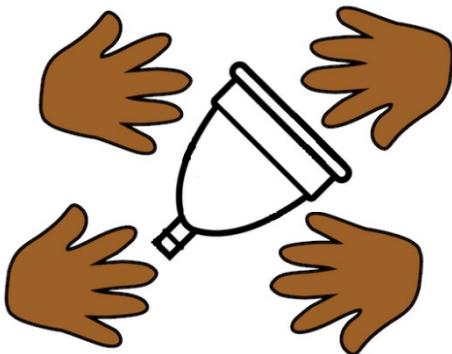
MENSTRUAL CUP HYGIENE



ALWAYS WASH YOUR HANDS
WITH SOAP AND CLEAN WATER
BEFORE INSERTING AND
REMOVING YOUR CUP



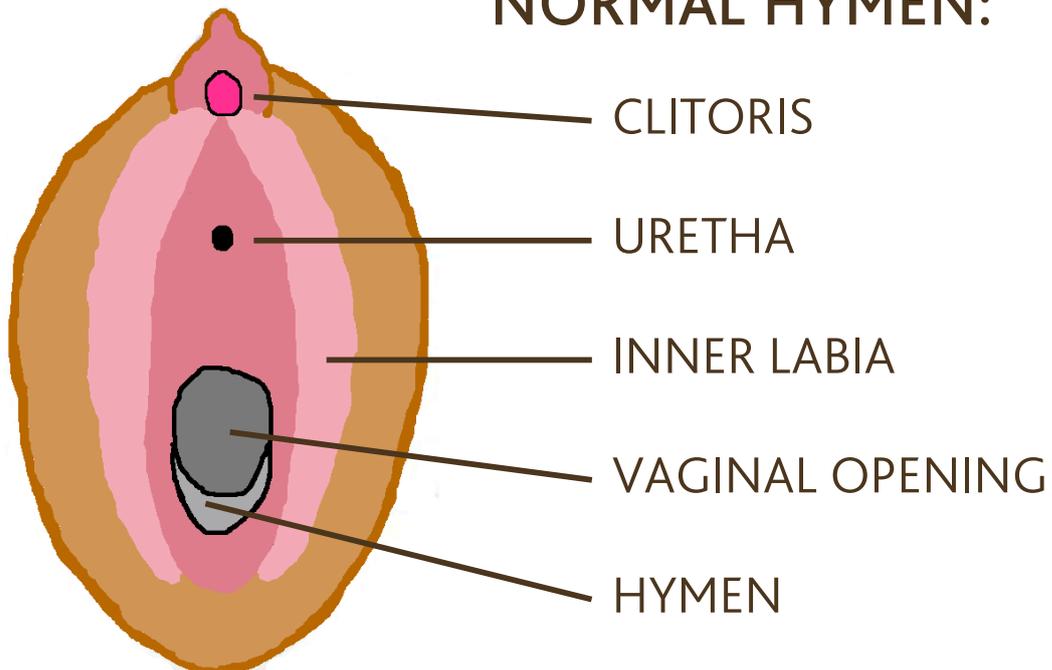
DISINFECT YOUR CUP
BETWEEN PERIODS



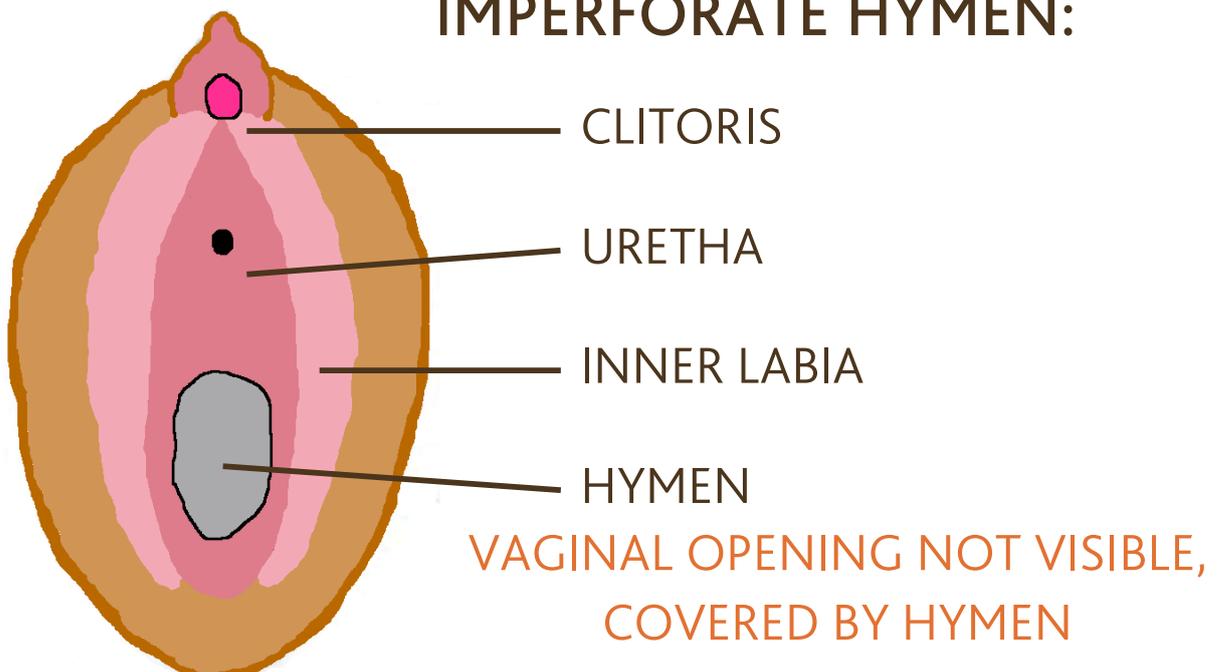
KEEP IT FOR YOURSELF –
DO NOT SHARE WITH
ANYONE TO AVOID
INFECTIONS

HYMENS AND VIRGINITY

NORMAL HYMEN:



IMPERFORATE HYMEN:



SANDRA'S STORY



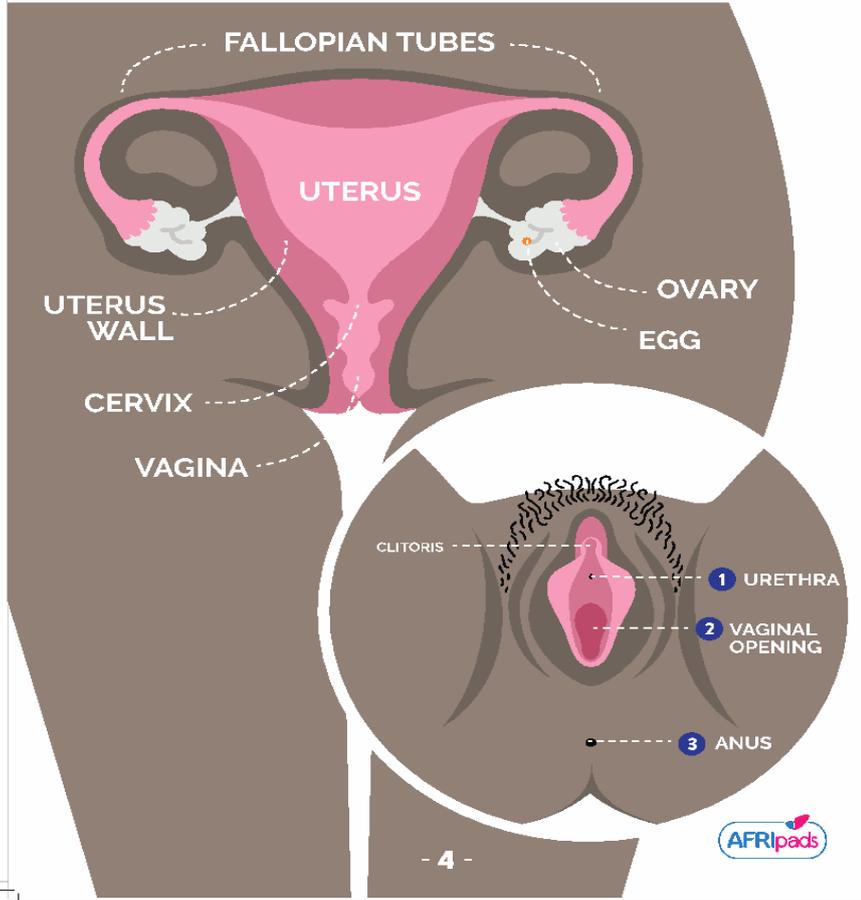
HELLO, I AM SANDRA

SANDRA'S MENSTRUAL LIFE CYCLE

Born with millions of eggs in her ovaries	First period 9-16 years old	Periods every 21-35 days	No periods during pregnancy	Menopause 45-55 years old

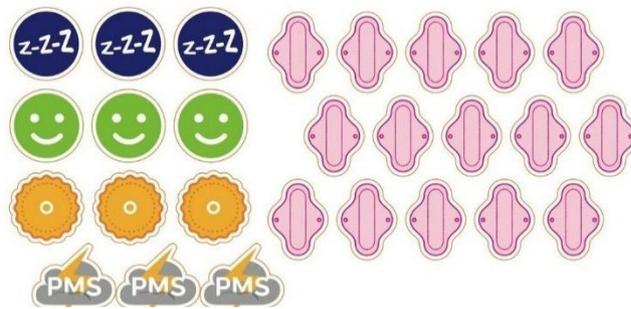


MY REPRODUCTIVE SYSTEM & HOW IT WORKS



APPENDIX 6:

Icon add-ons for interactive sessions for flipchart, MY PERIOD TRACKER and PERIOD PUZZLE



APPENDIX 7:

Menstrual information sheet, 1 page

MENSTRUAL INFORMATION SHEET

WHAT IS THE PROBLEM?

GIRLS in Buikwe District often do not have money or access to safe or comfortable menstrual health products. They are therefore not able to participate fully in activities such as school during their period, and can miss out on up to 5 schooldays per month. When girls do not perform optimal in school, they end up dropping out. This can ultimately lead to early marriage and teenage pregnancies.

WHICH SOLUTIONS ARE THERE?

REUSABLE PADS can be re-used for more than **one year**. You wear them in your knickers like a disposable pad for up to 6-8 hours. They do not leak or smell, and they are easy to wash with only cold water and soap. Wear, soak, wash, dry and wear again!



A MENSTRUAL CUP can be re-used for up to **10 years!** You wear it instead of a pad for up to 12 hours, so girls can be in school the whole day while wearing it. You cannot feel the cup, and you can freely sit, run, jump and even swim comfortably without leakages! Cleaning your cup is very simple, you just boil it in water for 5 minutes after each period - once per month.

The girls can freely choose which product they want to use and when. With these products, the girls and their families can save money on menstrual products for up to 10 years!

SECONDARY SCHOOLS:

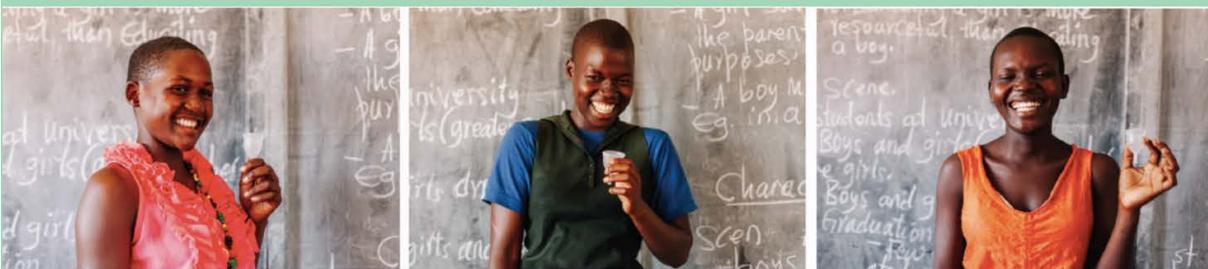
NAJJA SACRET HEART - NYENGA - NWOGE BASKERVILLE - VICTORIA SSI

WHO IS WOMENA?

WOMENA supports all schoolgirls in the 4 schools with a **free** menstrual cup and reusable pads, and education on how to manage their menstruation. With this, the girls can go through their period with comfort and dignity, and can focus on their school without any worries about their period!



WoMena works with Buikwe District and ICEIDA to support school-going children in fishing communities to improve their school attendance.



COST-SAVING ✓

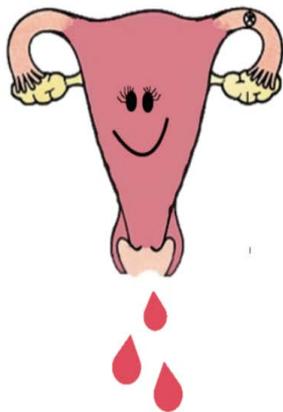
SAFE ✓

COMFORTABLE ✓

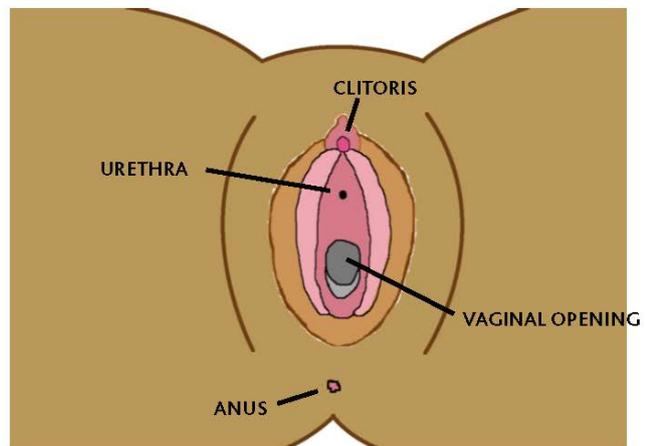
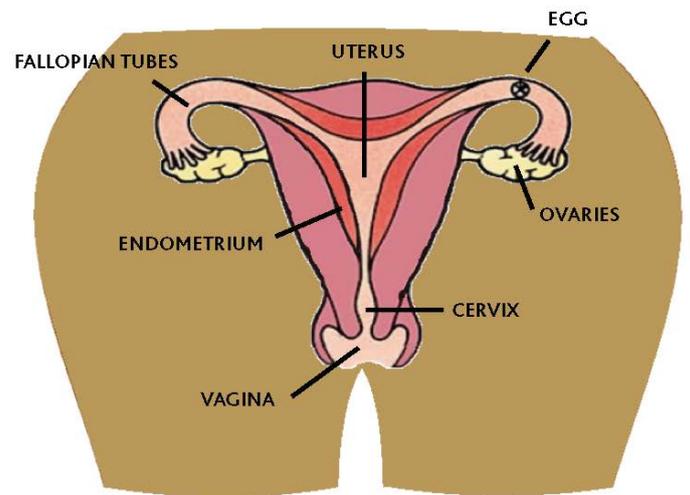


MY PERIOD GUIDE

NAME: _____



MY FEMALE ANATOMY



MY MENSTRUAL CYCLE TRACKER

MARK THE DAYS OF YOUR MENSTRUAL PERIOD WITH AN X.
YOUR CYCLE GOES FROM THE FIRST DAY OF YOUR PERIOD, TO THE DAY BEFORE YOUR NEXT.

2018 MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

							1
	2	3	4	5	6	7	8
APRIL	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30						

		1	2	3	4	5	6
	7	8	9	10	11	12	13
MAY	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

					1	2	3
	4	5	6	7	8	9	10
JUNE	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	

							1
	2	3	4	5	6	7	8
JULY	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31					

			1	2	3	4	5
	6	7	8	9	10	11	12
AUGUST	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

						1	2
	3	4	5	6	7	8	9
SEPTEMBER	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30

	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
OCTOBER	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

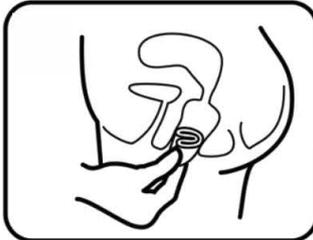
HOW TO **INSERT** MY CUP



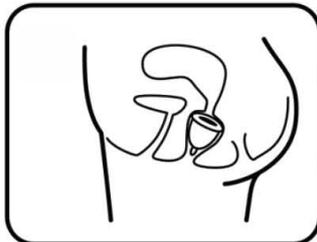
1. WASH HANDS WITH CLEAN WATER AND SOAP



2. FOLD YOUR CUP IN C-SHAPE OR PUNCH-DOWN FOLD

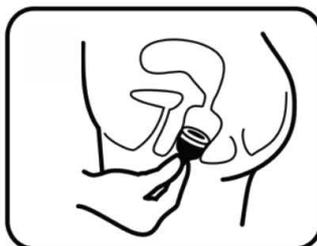


3. SQUAT DOWN AND INSERT YOUR CUP INTO YOUR VAGINA

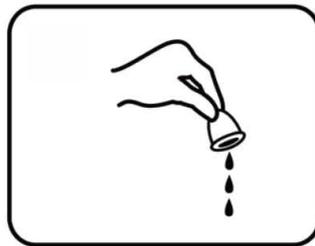


4. WEAR YOUR CUP FOR UP TO 12 HOURS

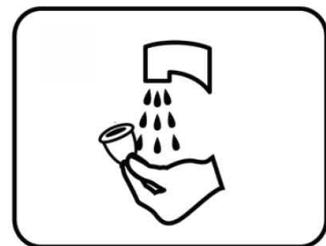
HOW TO **REMOVE** MY CUP



5. WASH HANDS, SQUAT, AND PULL OUT YOUR CUP



6. POUR THE BLOOD OUT INTO THE LATRINE



6. RINSE OR WIPE THE CUP BEFORE RE-INSERTING IT

HOW TO **DISINFECT** MY CUP



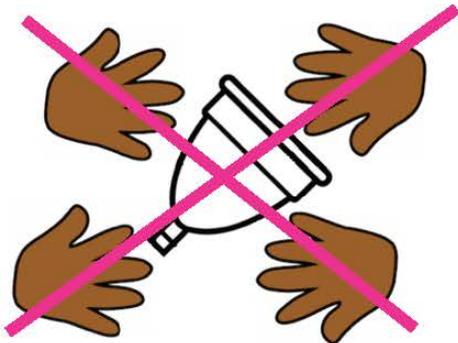
BOIL THE CUP FOR 5
MINUTES BETWEEN YOUR
PERIODS

OR POUR BOILING WATER
OVER IT 3-4 TIMES

... AND REMEMBER:



ALWAYS WASH YOUR
HANDS WITH SOAP AND
CLEAN WATER BEFORE
INSERTING AND
REMOVING YOUR CUP



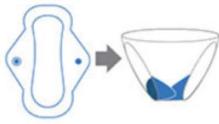
KEEP IF FOR YOURSELF -
DO NOT SHARE YOUR
CUP WITH ANYONE!

HOW TO USE MY AFRIpads

NOTES

WEAR THE PAD
FOR 6-8
HOURS

SOAK THE USED
PAD IN COLD
WATER



WEAR



SOAK



WASH



DRY

WASH THE PAD
WITH CLEAN COLD
WATER AND SOAP

DRY THE PAD
COMPLETELY
BEFORE RE-USE



Do not
bleach



Do not use
hot water



Do not
iron

IT CAN TAKE SOME TIME BEFORE YOU GET USED TO YOUR CUP.
REMEMBER TO **RELAX**, DON'T **STRESS**, AND KEEP **PRACTICING**!

THE FIRST TIMES YOU USE YOUR CUP, IT IS A GOOD IDEA TO ALSO
WEAR ONE OF YOUR AFRIpADS UNTIL YOU GET **COMFORTABLE**
WITH YOUR CUP, AND HOW IT WORKS.

FEEL FREE TO **MIX** THE TWO PRODUCTS; YOU CAN USE YOUR
AFRIpADS ONE DAY, AND YOUR CUP THE NEXT DAY
- WHATEVER MAKES YOU **COMFORTABLE**!

APPENDIX 9:

Overview of the Training of Beneficiaries curriculum taught in the four secondary schools

SESSION #	PARTICIPANTS	TOPIC
Session 1: Puberty		
Sub-session 1.1	Boys and girls	Intro to puberty and puberty quiz
Sub-session 1.2		Changes during puberty
Sub-session 1.3		Peer pressure & how to handle it
Session 2: Menstruation		
Sub-session 2.1	Girls	One word about menstruation and feelings about menstruation
Sub-session 2.2		Sandra's story
Sub-session 2.3		Female reproductive anatomy & how menstruation works
Sub-session 2.4		The menstrual cycle
Sub-session 2.5		Menstruation puzzle game
Sub-session 2.6		What products are used to manage menstruation?
Session 3: Menstrual management		
Sub-session 3.1	Girls	Menstrual hygiene
Sub-session 3.2		Menstrual cramps
Session 4: Menstrual cups		
Sub-session 4.1	Girls	Intro to the menstrual cup
Sub-session 4.2		Advantages and disadvantages of menstrual cups
Sub-session 4.3		Female anatomy and cup insertion
Sub-session 4.4		Hymens, virginity and menstrual cups
Sub-session 4.5		Insertion and preventing leakage
Sub-session 4.6		Pulling out the cup
Sub-session 4.7		Cleaning and re-inserting the cup during your period
Sub-session 4.8		Sterilising the cup between periods
Sub-session 4.9		Storing the cup between periods
Sub-session 4.10		Menstrual cup hygiene
Session 5: Reusable pads		
Sub-session 5.1	Girls	Intro to reusable pads
Sub-session 5.2		AFRIpads demonstration
Sub-session 5.3		Advantages and disadvantages to reusable pads