



women

Department:
Women
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Menstrual
Health
Management
Symposium
2018

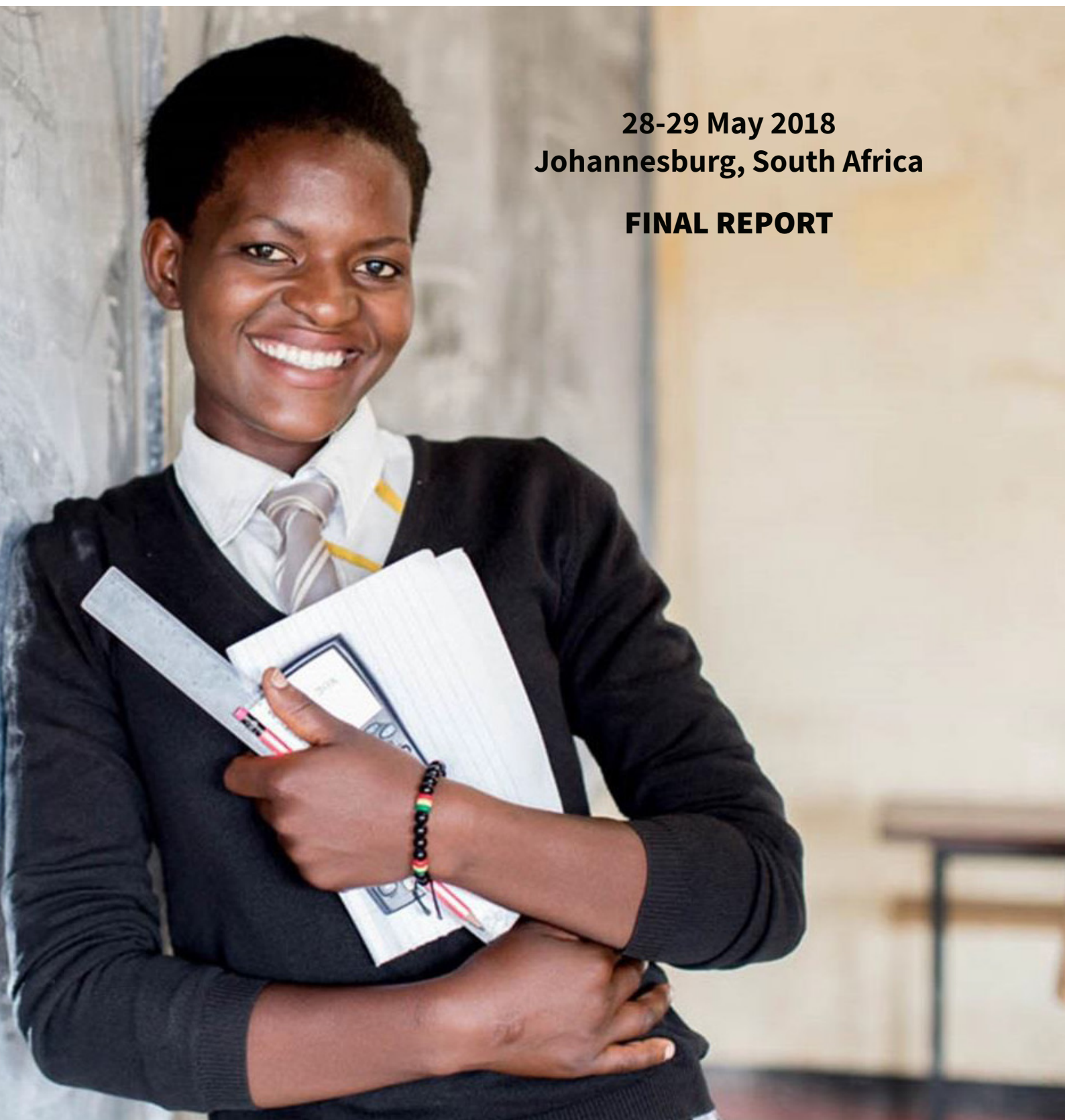


First East and Southern Africa Regional Symposium

Improving Menstrual Health Management for Adolescent Girls and Women

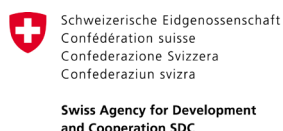
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Johannesburg, South Africa

FINAL REPORT



Acknowledgements

The Department in the Presidency Responsible for Women and UNFPA East and Southern Africa wish to warmly acknowledge the generous support of the various organizations that provided financial assistance and/or other forms of support for the Symposium:



Celebrating:



Abbreviations

CSE	Comprehensive Sexuality Education
DfID	Department for International Development
DRC	Democratic Republic of the Congo
ESA	East and Southern Africa
ESARO	East and Southern Africa Regional Office
IASC	Inter-Agency Standing Committee
ICW	International Community for Women Living with HIV
IRC	International Rescue Committee
KZN	KwaZulu-Natal
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MHH	Menstrual Hygiene and Health
MHM	Menstrual Health Management
PMA	Performance Monitoring and Accountability
PSI	Population Services International
RSS	Refugee Social Services
SDGs	Sustainable Development Goals
SIF	Supplies, Information, Facilities
STIs	Sexually Transmitted Infections
SRHR	Sexual and Reproductive Health and Rights
TIRZ	Transgender Intersex Rising Zimbabwe
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization



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Executive summary

As a result of strengthened global and localized advocacy, menstrual health management (MHM) has gained greater attention in recent years. It is now understood as an integrated, cross-sectoral response involving sexual and reproductive health and rights (SRHR), education and life skills, water, hygiene and sanitation, and waste disposal, both in development and humanitarian contexts. In addition, MHM requires further discussion and action on the need for a stronger evidence base, as well as deeper dialogue around innovative approaches, and a more effective response to issues of stigma and discrimination. It is against this background that UNFPA East and Southern Africa Regional Office (UNFPA ESARO) and the Department of Women in the Presidency of the Republic of South Africa co-hosted the first East and Southern African symposium on MHM from 28 to 29 May 2018 in Johannesburg, South Africa.

The symposium attracted a large number of diverse actors across the MHM spectrum. Panellists from civil society organizations shared their insight and experiences with government officials, bilateral agencies, social entrepreneurs, media personalities and performance artists. Engagement was honest and robust during the plenary and breakaway sessions, in which participants were able to explore identified themes in more detail. This resulted in groups identifying key priorities that would be advanced subsequently by an African Coalition for Menstrual Health Management.

Discussions on the relationship between **SRHR and MHM** highlighted the dearth of data and general silence around vaginal bleeding that occurs outside menstruation (this can be related to a number of medical conditions, including post-partum bleeding, endometriosis and/or fibroids). People who menstruate and health-care workers need information on what constitutes normal and abnormal vaginal bleeding and when to seek medical attention. There is also a need for more hard data on the risks of infection (including sexually transmitted infections (STIs) and bacterial vaginosis) during menstruation; sexual activity and sexual coercion during menstruation; and transactional sex as a means to support MHM. These are critical issues in ESA, given that the region remains the epicentre of the HIV epidemic.

Women's fears or uncertainties about the effect that particular contraceptives may have on their menstrual health are a contributing factor to **unmet need** in some countries. This highlights the importance of rethinking product information in order for women to make an informed choice. Participants were also interested in discussing pain management during menstruation and its impact on well-being, productivity, family planning and menstruation for women and girls.

The meeting discussed the importance of improving **Menstrual Health Management education**, by ensuring menstrual literacy before menarche. Normalizing menstruation (through, among other things, a robust policy framework) can also act as an entry pathway to discussion about more sensitive, health-related issues. It is vital to ensure the normalization of menstruation and to promote self-dignity, self-esteem and self-worth among the menstruating population. Ensuring MHM is integrated into broader comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) information is key. Education on MHM must adopt a life-cycle approach, be rights based, and be developmentally and culturally-appropriate, all the while being supported by scientifically accurate information. The participants agreed unanimously on the importance of a multi-sectoral approach to MHM, including education; in addition to learning institutions, community, religious and traditional leaders must be involved in coordinated delivery of education and services relating to MHM.

¹ The co-hosts of the Symposium adopted the term 'menstrual health management', which builds on the WHO definition of health as "a state of complete physical, mental and social well-being" (WHO, 1946). Menstrual health is considered to be "an encompassing term that includes both menstrual hygiene management as well as the broader systemic factors that link menstruation with health, well-being, gender, education, equity, empowerment, and rights" (FSG, 2016).

The manner in which menstruation is understood and practised is affected significantly by **negative social norms and beliefs**. Women and girls continue to experience **stigma and discrimination** as a result of the lack of normalization of menstrual health, while negative cultural practices such as child marriage continue to be linked to menarche. Community involvement, particularly that of **boys and men**, traditional and religious leaders, is key to changing perceptions, practices and policy. There is also a need for more research on the extent to and manner in which social norms, stigma and discrimination affect MHM.

The participants agreed that much still needs to be done to ensure adequate supply of and access to **water, sanitation and waste disposal** for the menstruating population. Supportive infrastructure, including access to water and sanitation systems, must be established in a sustainable, safe and acceptable manner. The delegates discussed environmentally friendly, culturally appropriate, safe and efficient disposal systems and waste management approaches, while agreeing on the need for more research into suitable options in the region. Again, the manner in which social norms influence MHM with regards to water usage, sanitation and product disposal cannot be overstated.

There was a commitment to increase efforts to **innovate and expand Menstrual Health Management product availability** by considering affordability, acceptability, preference, quality, sustainability, disposal, and opportunities for local manufacturing. Tax incentives for MHM investors was a popular suggestion, with many countries in the region already in the process of advocating for tax barriers to be removed from MHM products. With the needs of the rural market largely untapped, increased product availability can be realized through the strengthening of private-public partnerships, supporting social entrepreneurship, and creating an enabling environment for microfinance programmes and small business in rural areas. Development of manufacturing standards was also a key issue, with experts acknowledging that while it remains a lengthy process, it must be a collaborative one. Stakeholders wanting to ensure standards are developed and adopted should come together to advocate to the relevant regulatory bodies.

In emergency settings, with many actors offering various types of support, it is necessary to ensure MHM is not relegated to the periphery. In addition, where MHM is offered by different agencies and organizations, a lack of coordination can result in a less-than-effective service. To effectively address **Menstrual Health Management in humanitarian settings**, there is a need to harmonize toolkits currently being used, with a preference for integrating other approaches into the new *MHM in Emergencies Toolkit*. Humanitarian actors should advocate for a policy guidance note at the level of the Inter-Agency Standing Committee (IASC), which will facilitate inter-agency coordination, as well as more effective advocacy and resources mobilization efforts. It was agreed that the minimum package of MHM in humanitarian settings must include supplies, information and facilities (SIF).

Another point of agreement among the participants was the need for more robust research into MHM, and to increase efforts to link research findings with programme design and implementation. **Linking practice to research** involves the development of suitable indicators (which should feed into national monitoring systems) to track validity and progress. Packaging research findings in order for them to be easily accessible by a wide range of actors is important, as is the use of innovative and relevant technology to gather and disseminate data.

The symposium aimed to amplify the voices of **marginalized and vulnerable communities**, many of which are often forgotten in the MHM spectrum. Remaining true to the belief that no one must be left behind when addressing MHM means ensuring vulnerable and marginalized populations are considered in all contexts, including in humanitarian settings. This includes responding to the needs of young people, people with disabilities, people living with HIV, transgender people, sex workers, prisoners, people who use and inject drugs, female genital mutilation survivors, homeless people and rural communities. Improved public education regarding the menstruation challenges experienced by these groups and the importance of making available to them more customized products and facilities, including toilets and hygiene facilities that are female friendly and accessible, is paramount.

The importance of **sustainable financing** for MHM led to the sharing of experiences to improve resource mobilization efforts. These include penetrating the market to offer more commercial choices for menstruators, working with social impact investors and hosting fundraising events. A key topic

was advocating for the removal of value-added tax on sanitary materials and governments' experiences regarding this. The provision of free sanitary materials in schools by governments must ensure an effective coordination system is in place, that schools are involved during the initial phases of the programme, and that an adequate budget line has been allocated.

Connected to this is the importance of multi-sectoral policy planning in order to ensure that interventions are long term and impactful. There were several examples of parliamentarians working together to call for the removal of duties and VAT on sanitary products. In addition, the importance of menstrual health champions within the Legislature and Parliament was raised as this speaks to issues of ownership and sustainability. Governments have seen the benefits of investing in baseline research to inform their strategies and programmes and to ensure a comprehensive response is felt at the community and school levels. This is evident, for example, **in the establishment of MHM focal persons within Departments of Education**, school-based WASH technical committees, and working with private sector partners to support nutrition programmes in schools.

A **Call to Action**, which identified the emerging priorities for MHM in Africa and committed to further action led by an African Coalition for Menstrual Health Management, was presented to meeting participants. There was positive feedback and general endorsement of the document.

Dr. Julitta Onabanjo and the Hon. Bathabile Dlamini confirmed that the symposium was an historic meeting of committed professionals and an important step towards consolidating support for strengthening MHM in the region, particularly since it is implicit in the attainment of several Sustainable Development Goals and those within Agenda 2063. Both organizations welcomed future opportunities to deepen their collaboration. UNFPA ESARO committed to serve as Secretariat for the African Coalition for Menstrual Health Management and reconvene in 2020 to review progress.



Background to the meeting

The onset of puberty and the menstrual cycle is a fundamental and healthy aspect of the lives of women and girls. Menstrual health management (MHM) is linked directly to the fulfilment of human rights and is an integral component of the Sustainable Development Goals (SDGs) and the Programme of Action of the International Conference on Population and Development. It is also essential for the advancement of the African Union Agenda 2063, and is a key element in implementing the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030.

Girls and women must be provided with the necessary information, resources, and support to manage their menstrual needs throughout the life cycle, prior to menarche and in peri-menopause. Yet many girls and women in Africa have little to no access to age-appropriate information on MHM. This hinders their daily activities, increases the risk of school absences, leads to stigma and discrimination, affects work performance, and has negative implications for their sexual, reproductive and mental health.

As a result of strengthened global and localized advocacy, MHM has gained greater attention in recent years as an integrated, cross-sectoral response involving sexual and reproductive health and rights (SRHR), education and life skills, water, hygiene and sanitation, and waste disposal, both in development and humanitarian contexts. It is also increasingly recognized as a topic requiring more in-depth research and a stronger monitoring, evaluation and learning (MEL) focus. In addition, the manner in which social norms affect MHM across different societies is an emerging discourse, while product availability and usage continue to be areas for research. At the moment, MHM efforts are largely donor, aid, and charity dependent and lack a strong, cohesive, evidence-base and sustainable approach. The need to develop effective and innovative approaches to ensure a wider range of interventions - including education, products, supply management and distribution - has been identified. It was against this background that UNFPA East and Southern Africa Regional Office (UNFPA ESARO) and the Department of Women in the Presidency of the Republic of South Africa co-hosted the first African symposium on menstrual health management from 28 to 29 May 2018 in Johannesburg, South Africa.



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Meeting objectives

The symposium sought to strengthen commitment to better respond to the MHM needs of people who menstruate, throughout their menstrual life cycle, by supporting the evidence base and showcasing a range of innovative and sustainable models.

The symposium aimed to:

- Create a platform for high-level dialogue, foster national championing, strengthen the policy and programme environment, and enable sustainable menstrual health management responses at regional and country levels;
- Share information about the latest evidence on and findings from research on social, health, economic and gender-related barriers and the consequences of unmet need for menstrual health management;
- Foster knowledge sharing on successful, comprehensive and innovative policy and programme approaches applied by regional and national partners to increase access to menstrual health education and guidance, health, water, sanitation, disposal and waste management facilities and products in a cost-effective, sustainable and scalable manner throughout the menstrual life cycle;
- Identify sustainable solutions to advance MHM programmes in Africa;
- Build cohesion and create a network among partners that work on menstrual health management to improve advocacy, coordination and synergy among programmes in Africa.



Welcome remarks

eSwatini-born hip hop artist and poet, KrTC, set the vibrant tone of the meeting with a powerful poem that called for debunking the myths and social constructions associated with menstruation in Africa. The poem spoke of the naturalness of menstruation and the importance of male support. KrTC's biblical reference to Noah's Ark as evidence of effective planning in anticipation of a disaster was applauded and referenced at the meeting.

“Noah's legacy was not that he saw a storm but that he built an ark.”

KrTC, Hip Hop artist and Poet



Dr. Julitta Onabanjo, Regional Director, UNFPA East and Southern Africa, welcomed the 300 participants and emphasized that this first-ever MHM symposium for Africa was a defining moment. She applauded the Government of South Africa for its leadership and highlighted the number of SRHR-related initiatives currently underway in South Africa, including the SheDecides campaign, DREAMS partnership and She Conquers campaign.

In acknowledging the support of the Department of Women in South Africa, Dr. Onabanjo expressed deep gratitude to the Minister in the Presidency Responsible for Women, Honourable Bathabile Dlamini, for the Department's contribution

to the championing of women's SRHR rights.

The role of other UN agencies - in particular, UN Women, UNICEF, UNESCO and WHO - as well as bilateral donors such as the Swiss Agency for Development and Cooperation and the Danish Embassy in South Africa, was highlighted as critical to Africa realizing the SDGs and Agenda 2063. Dr. Onabanjo remarked on the diversity of the symposium participants, who were drawn from all sectors, including civil society, academia, government, bilateral agencies and social entrepreneurs. The extraordinary nexus of partnerships, she noted, is essential to achieving goals related to MHM.

In contextualizing the current challenges relating to MHM, Dr. Onabanjo noted that 800 million women and girls are menstruating every day and therefore, the issue of its management cannot be ignored.



“When between a quarter to a third of the world's population – over 800 million women and girls between 15 and 50 years – are menstruating on any given day, and over 350 million in Africa, clearly this must stand as one of the global, regional and national human rights and development priorities.”

Dr. Julitta Onabanjo, Regional Director, UNFPA East and Southern Africa

This symposium was also timely as discussions on the attention to and resources required for MHM will be forerunners to the 25th anniversary of the Cairo Conference in 2019. This will be a poignant time to reflect on the progress made on MHM, as an integral part of sexual and reproductive health and rights.

Honourable Bathabile Dlamini, Minister in the Presidency Responsible for Women, agreed with Dr. Onabanjo that the symposium symbolized a historic moment, noting that 2018 marks 55 years of the Organization of African Unity (renamed the African Union). In this way, the meeting represented a gathering of proud descendants carrying forward the legacy of African development. In addition, South Africa is celebrating the centenary of the Bantu Women's League, an organization that was instrumental in the formation of the ANC Women's League. Minister Dlamini acknowledged notable women in South Africa's struggle for freedom, such as Albertina Sisulu, Winnie Madikizela-Mandela, Thandi Modise and Barbara Hogan. The Honourable Minister's address captured the essence of women as human beings and not mere statistics, and she called for more recognition of the role women have played in the achievements of Africa to date.



In recognizing the connection between education outcomes and MHM, the Government of South Africa will soon be rolling out a programme to provide free sanitary pads to girls in quintile one to three schools (non-fee-paying schools). This is aimed at reducing the number of school days missed as a result of menstruation. In addition, through the Ministry of Finance, the government is currently reviewing products that should be tax exempt. The Department is advocating for sanitary pads to be included in the list.

The Minister reminded the meeting that many individuals who and groups that attempt to speak for and decide about women's bodies are in fact not women. Women must be empowered to speak about their own bodies, including menstruation, with confidence and without shame. Similarly, young girls must be taught about menstruation and be encouraged to embrace their femininity. Beyond this, women should be supported to take greater ownership of aspects of the MHM supply chain and not simply be relegated to the status of consumers.



"Menstrual hygiene is not a luxury but a necessity. Cultures evolve and so we must accept change and embrace it, take the good and do away with the negative practices."

Honourable Bathabile Dlamini, South Africa's Minister in the Presidency Responsible for Women





A multi-stakeholder perspective on Menstrual Health Management

This panel discussion comprised **Chieftainess Malerotholi Seeiso**, Chairman of the Queens National Trust Fund in Lesotho, **Ms. Flo Carson**, Social Development Advisor at the Department for International Development (DfID), journalist **Ms. Pontsho Pilane** of the Mail & Guardian and **Mr. King Kaka**, Kenyan music celebrity. The session was moderated by Ms. Justine Coulson, Deputy Regional Director, UNFPA ESARO.

Speaking about why MHM is topical and what should be done to advance the agenda, Chieftainess Seeiso said that despite the pivotal role women play in society, many continue to be faced with a range of hardships, including female genital mutilation, child marriage and challenges associated with menstruation. To speak of MHM effectively means dialogue around gender equality, discrimination, education, and empowerment of women in general.



Financial constraints and their effect on menstruation (period poverty) are not limited to women in developing countries. According to Ms. Carson, from DfID, one in ten women in the United Kingdom cannot afford sanitary pads. DfID is aware that this challenge is exacerbated for women and girls in developing countries, with some being forced to engage in transactional sex in order to acquire sanitary pads. DfID focuses on increasing public consciousness relating to MHM, such as highlighting discriminating practices and inherent risk in, for example, forcing women and girls to sleep outside the home during menstruation. In addition, DfID is committed to supporting environmental sustainability, given the fact that sanitary pads contain high levels of plastic and can take 500-800 years to decompose. This potential environmental degradation is exacerbated in the absence of effective sanitary conditions. Therefore, there is a responsibility to support initiatives that explore alternative, more environmentally-friendly options. DfID supports research to build the MHM evidence base globally.

Creating more awareness about menstruation requires creative, divergent thinking, such as closer engagement with celebrities to articulate social issues. Mr. King Kaka became aware of the challenges and stigma around menstruation through his work with UNICEF in 2017. He leveraged his access to the media and his celebrity status and, with his own funds, purchased sanitary pads for girls in a community just outside of Nairobi. Many of these girls were seeing sanitary products for the first time, while others were involved in transactional sex with motorbike (boda-boda) drivers in exchange for cash for sanitary products. Through this pilot project, King Kaka realized the educational and health risks that many young girls endure and challenged his manager to increase his reach to 100,000 Kenyan girls in 12 months.

Journalists also play a key role in raising the profile of MHM. Ms. Pilane noted the lack of adequate journalistic attention to MHM. In offering advice on how to improve this situation, she stressed the importance of factual information. Reporting on health accurately and responsibly must involve using statistics and evidence. In order for journalists to advocate for a certain position, they must be presented with research and not simply ideas. Data, however, must be disseminated in a digestible format for the audience. In addition, how the issue is communicated is critical. The Mail & Guardian now refers to “people who menstruate” rather than simply girls and women, in order to include transgender persons who may be transitioning and still menstruating. Ms. Pilane argued for the need to destigmatize MHM by being mindful about how it is being reported; reporting positive stories, adopting interesting and new angles to the issue, adopting language that normalizes menstruation and making use of edutainment are all strategies that could be adopted.

“Which menstruating girls are we not reaching? What about girls who aren't going to school? Girls with disabilities who aren't allowed to go to school? Women on the move? ”

Honourable Bathabile Dlamini, South Africa's Minister in the Presidency Responsible for Women



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Setting the scene



Via video link, **Ms. Siri Tellier**, lecturer at the University of Copenhagen and Senior Reproductive Health Advisor, WoMena Knowledge Management Team, gave a brief overview of the links between menstrual health and SRH. The presentation was based on highlights from the recently published review of MHM in East and Southern Africa, undertaken by the non-governmental organization WoMena.

The review paper's main findings include:

- **Clarity on concepts and indicators** – building an evidence base for menstrual health continues to be a challenge, with a plethora of concepts and varying levels of calculations and trends. Priority should be given to achieving agreement on consistent, meaningful and realistic indicators, which could also be introduced in a revised version of the SDGs. Possibly some of the experience with family planning indicators could be useful – a concept such as 'unmet need for family planning' took decades to develop;
- **Education on menarche** – those who are able to teach (parents and teachers) are often too shy or ashamed to do so effectively. There should be targeted information and sensitization among both parents and young girls to emphasize that menarche does not indicate a readiness for sex or early marriage;
- **Linking contraceptive choice to MHM** – in many countries, unmet need for family planning remains high, in part due to women's fears or uncertainties about the effect particular contraceptives may have on their menstrual health. This highlights the importance of rethinking product information in order for women to make an informed choice;
- **Product and supplies** – despite great financial investments in menstrual health products in Africa over the past years, there remains little comparison between different products in order to empirically compare the characteristics of different products (effectiveness, cost, environmental factors, safety etc). Consumers should be provided with information on the advantages and risks of a wide range of products in order to make informed decisions;
- **Humanitarian situations** – there has been increased attention on the importance of product availability for women and girls in humanitarian situations, with the provision of dignity kits now more widely available. However, with refugee camps in Africa prone to last for decades, sustainability of MHM programmes within refugee settings is critical.

“Choice is not choice unless it is informed.”

Ms. Siri Tellier, Lecturer, University of Copenhagen and Senior Reproductive Health Advisor, WoMena

A panel, comprising **H.E. Therese Olenga**, Provincial Minister of Gender in the Democratic Republic of the Congo (DRC), **Dr. Chimwemwe Chipungu**, Chief Director, Safe Motherhood at the Department of Health in Malawi, and **Ms. Hilda Alberda**, Senior SRHR Programme Manager at Simavi in the Netherlands, and moderated by Ms. Anne Githuku Shongwe, Representative, UN Women South Africa Multi-Country Office, discussed the points raised in Ms. Tellier's presentation and the extent to which they resonated with the realities and contexts in their own countries.

Via video link, Ms. Siri Tellier, lecturer at the University of Copenhagen and Senior Reproductive Health Advisor, WoMena Knowledge Management Team, gave a brief overview of the links between menstrual health and SRH. The presentation was based on highlights from the recently published review of MHM in East and Southern Africa, undertaken by the non-governmental organization WoMena. The Beautify Malawi (BEAM) Trust, founded by the First Lady of Malawi, Ms. Gertrude Mutharika, is one initiative that was changing the way society treated women and girls. Dr. Chipungu, Ministry of Health, Malawi, indicated that such efforts were needed to change practices and attitudes that put young girls at risk. One such practice is that performed by the "hyena", in which a man, known as the hyena man, would be assigned to have sex with a young girl at menarche. Dr. Chipungu also noted that in instances where soiled clothing would identify girls who were menstruating at school, these girls would become the target of laughter and ridicule, often opting not to return to school out of shame. The Beautify Malawi initiative promotes CSE among both males and females and champions dignity and respect for girls. It also supports girls who became pregnant at school to return to complete their education. The programme highlights the dangers many women are placing themselves in by vaginally inserting cultural or traditional medicines, as this has been shown to lead to cervical cancers and increased infertility rates.

What's the one big thing your country can do to be a game changer?

Education, sensitization and a good budget.
DRC

Pads are costly; the menstrual cup is a viable option to keep girls in school.
Malawi

Work across sectors, with the private sector, with communities, with men.
The Netherlands

Menstruation is still considered taboo in high-income countries; for example, in the Netherlands many people would prefer not to see campaigns around menstrual health on social media. Simavi recently launched a campaign to help break the silence about menstruation and provide information to young girls about their bodies. Ms. Alberda, Simavi, found the Regional Review Paper prepared by WoMena very helpful for Simavi's programme implementation. She advocates focusing on the positive aspects of menstruation as an empowering experience.



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Menstrual Health Management and Sexual and Reproductive Health and Rights

Professor Marni Sommer, Columbia University, discussed the issue of vaginal bleeding throughout the life course of women in low and middle-income countries. Vaginal bleeding outside menstruation is not a topic widely discussed at most levels of society and as a result, there is a dearth of data on the subject. Vaginal bleeding outside menstruation includes, for example, postpartum bleeding, which lasts approximately four weeks; bleeding after a miscarriage, which lasts approximately six weeks; endometriosis; fibroids; and different types of cancers that are associated with heavy bleeding. Menstruators need information on what constitutes normal and abnormal vaginal bleeding and when to seek medical attention. Both menstruators and health-care workers need better access to health information, with health-care workers requiring the necessary training to address the needs of menstruators and help lift the veil of secrecy surrounding MHM.



During vaginal bleeding, a menstruator requires access to supplies and materials, supporting water and sanitation facilities, disposal and waste management, and the necessary information. Materials are not limited to sanitary products such as pads and cloths; menstruators also need underwear, a wash basin, soap and water. People who are menstruating need supportive facilities that allow them to change in comfort and privacy, and in a manner that safeguards their dignity.

“The design of the female-friendly toilet offers more space as compared to the male toilet. It should have a lock, a clothes hook, running water and be a safe space for the menstruator to visit at night.”

Prof. Marni Sommer, Columbia University

Dr. Penelope Phillips-Howard, Senior Lecturer, Liverpool School of Tropical Medicine complimented Professor Sommer's presentation by highlighting the need for more research and rigorous data on different aspects of MHM. While there is some data on the relationship between MHM, self-esteem and levels of concentration at schools, there is virtually no data on ability to concentrate or absenteeism due to menstruation in the workplace, and nothing relating to transgender people's needs or access to menstrual health facilities and products. There is also a need for more research on the risk of infection during menstruation, such as STIs and bacterial vaginosis. In a study, bacterial vaginosis was at a significantly lower prevalence among Kenyan schoolgirls who were provided with menstrual cups. There is also a need for more research into sexual activity and sexual coercion during menstruation, as well as the issue of transactional sex as a means to support MHM. Exploring these issues in more detail and accumulating more evidence will indicate how MHM can better contribute to greater empowerment, equity and economic potential of women and girls and reduce stigma, violence, morbidity and mortality.

The panel, moderated by Ms. Anneka Knutsson, Chief, SRHR Branch, UNFPA, addressed concerns from meeting participants, including scarcity of water in parts of Africa and its effect on the proper use of menstrual cups. Panellists indicated that although more studies are required, the initial findings of a recent study in Kenya indicated that cups required less water than reusable pads, and that girls were able to compensate by bringing their own water from their homes to wash their hands. Cup contamination appeared to be due to dropping the cup in the early phase of familiarization. This is usually resolved after girls have gained experience with using the product. However, this illustrates the need for sustained teaching to support safe and effective use of menstrual cups, as well as ensuring good quality WASH facilities are available, such as adequately sized toilets with a lock, and a shelf to place items on.

While school absenteeism associated with period poverty is well reported in qualitative studies, fewer quantitative studies have identified menstruation per se as the cause of absence. Meeting participants discussed the broader MHM-related issues that affect the educational experience of girls, including menstrual pain, discomfort and other symptoms associated with menstruation. Many girls in countries with poor health-care systems may not be able to access or afford modern pain medication.

The panellists agreed that menstrual pain is an issue requiring much more attention. There is still some debate as to whether advocating access to and use of painkillers is advisable as it may construe menstruation as a medical problem and not a naturally occurring physical phenomenon. Some health-care professionals prefer to suggest the use of hot water bottles, rest and exercise, or the use of traditional herbs. However, severe menstrual pain that routinely requires painkillers may suggest a more serious, underlying medical issue.



Key thematic areas within Menstrual Health Management

Different thematic discussions were convened concurrently in breakaway rooms. In addition to presentations by experts on the theme, participants in each thematic area were further divided into small groups and identified key priorities that should be reflected in the MHM agenda going forward. After further refinement, these were presented to the plenary for discussion.

Thematic Area 1: Menstrual Health Management Education: protecting, enabling and empowering

This thematic discussion was moderated by Ms. Beverly Dyason, CEO and Ms. Jennifer Norins, Monitoring and Evaluation Specialist, both of MIET AFRICA. Presenters included **Ms. Ntiyoso Shingwenyena**, Senior Programme Manager, SRHR at Save the Children International, ESARO, **Ms. Christus Unyolo**, Head Teacher of the Nkhonde Secondary School in Malawi, **Ms. Nombuso Mabuso**, Youth Director, Youth Development and Transformation Directorate, at the KwaZulu-Natal Department of Education, South Africa, and **Dr. Emily Wilson-Smith**, Director of Irise International.

Presentations highlighted studies and interventions in the region that aim to respond to some key challenges across the MHM spectrum. Participants agreed that an enabling, protective and empowering educational environment is essential for securing the health and well-being of children. Evidence suggests that the longer a girl stays in school the more likely she is to delay sexual debut; this reduces the possibility of early and unintended pregnancy and early marriage. However, education on menarche is often introduced too late. This is evident in the case of the South African curriculum, in which information on puberty is introduced only in grades 6 and 7, when some girls have already experienced their first period. The session discussions identified the various challenges and gaps experienced by children in school settings in regards to MHM, such as inadequate information about puberty; inadequate supply of menstrual health products; poor WASH facilities that negatively impact school attendance/performance and confidence; the need for an enabling policy and legislative environment; and the importance of support systems within the school and community. Discussions also identified the need to ensure that education on puberty and menstruation includes boy learners, community members and parents. Interventions must also include out-of-school girls and boys.

Key presentation and discussion topics

Presenting on behalf of **Kiya Gezahegne Wotere**, Researcher at Gender and Adolescence: Global Evidence (GAGE) programme, Ethiopia, Ms. Jen Norins gave highlights of a study exploring the gendered experience of a sample of 18,000 adolescents and young people between the ages of 10 to 19 years from 6 countries in Africa and the Middle East. It is anticipated that this study will provide evidence and motivation to ensure young girls and boys are provided with accurate and age-appropriate information about their bodies and to improve advocacy on MHM at the policy and programme level.

Ms. Shingwenyena, Save the Children International, ESARO, described lessons learned from the “SRHR knows no borders” project, which is implemented in five SADC countries (Lesotho, Malawi, Mozambique, eSwatini and Zambia). The project implementers found that only Mozambique and Zambia have established National Guidelines on MHM programmes, which provide the basis for CSE in schools. Further, attention to MHM has been dedicated disproportionately to girls in school, excluding those out of school. In addition, work appears to be underway in silos, signalling the need for greater mobilization and integration efforts among regional, sub-regional and national level actors and stakeholders.

Ms. Unyolo, Nkhonde Secondary School in Malawi, explained the invaluable role of community engagement in the delivery of MHM in her school. The Mothers Support Group, which is a nationally mandated school support structure, has been instrumental in demystifying the menstrual cycle for girl

learners, and has helped with information on puberty, bodily transformation, menstruation (its frequency and coping mechanisms) and management both at school and at home. Information on menstrual health was combined with distribution of locally made sanitary pads, as well as the construction and maintenance of girl friendly toilets and change rooms. The efforts of the Nkhande Secondary School Mothers Group had positive effects on the education and overall well-being of the girl learner.

Ms. Mabusu, KwaZulu-Natal Department of Education, South Africa, noted that in addition to the loss of school time each month due to menstrual poverty, girls may drop out of school due to their inability to catch up with their classmates. It remains important to break down stereotypes associated with menstrual health by engaging more meaningfully with a range of stakeholders, including communities, private institutions, policy makers and civil society organizations. The KZN Department of Education decided to address the material needs of girl learners through the provision of sanitary pads, as a way of responding to these needs.

Dr. Wilson-Smith, Irise International, presented the key learnings and preliminary findings from a recent study on the development of a menstruation-friendly package for East African schools. The package was developed to address three key challenges that affect schoolgirls with regards to menstrual health management: 1) lack of information about menstruation and puberty; 2) lack of sanitary products and gender-sensitive facilities; and 3) negative social taboos and norms. The intervention involved a pad-making enterprise, in which Irise developed a relationship with suppliers and entrepreneurs to enable better and efficient distribution of products. This process also involved the development of capacity-building toolkits. Results from the pilot study and a mixed-method randomized controlled trial point to great improvements in accurate knowledge about puberty and menstruation for girl learners and teachers following the menstruation package. Dr. Wilson-Smith ended with key learnings for strengthening MHM and education, which are that a) social norms need to be shifted for the cycle of misinformation and myths to be broken; and b) the community (and community champions) needs to be enabled to break the cycle.

On improving Menstrual Health Management education, the following priorities were identified:

- Menstrual literacy before menarche begins is key. It is vital to ensure the normalization of menstruation and to promote self-dignity, self-esteem and self-worth. In this way, MHM can be framed as an entry pathway to discussion about more sensitive, health-related issues.
- MHM must be integrated into broader comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) information, aligned with international technical guidance on CSE. Education on MHM must be steeped in a gender and rights-based approach; be age, developmentally and culturally appropriate; and be supported by scientifically accurate information.
- Education must move beyond the schoolgirl and use the life-cycle approach, including life-long learning throughout the reproductive life for girls and women. There needs to be multi-sectoral collaboration that involves various stakeholders, including community, religious and traditional leaders, in the coordinated delivery of education and services relating to MHM.
- Efforts must promote an enabling environment that includes policy frameworks, support networks, advocacy and sensitization for all stakeholders, including communication around MHM as a biological norm for half of the world's population

Thematic Area 2: Addressing social norms, beliefs, stigma and discrimination on Menstrual Health Management, including the involvement of men and boys

Presenters on this thematic issue included **Professor Esther Mombo**, Director of ACT Alliance Regional Office, **Chief Kachindamoto** of Malawi, **Mr. Abraham Tecle**, Director of Monitoring and Quality Assurance Division, Ministry of Education in Eritrea, and **Mr. Patterson Sirma**, Regional Communications Specialist at UN Women. The session was moderated by Mr. Julius Otim, Policy Specialist, Peace and Security, UN Women and Mr. Tapiwa Manyati, Regional Coordinator, Sonke Gender Justice.





Mr. Teclé, Ministry of Education, Eritrea, presented findings from a study in Eritrean middle schools that aimed to identify and understand the personal challenges and needs girls have during menstruation. The study found (1) MHM was not included in existing policies; (2) there are many negative cultural perceptions, restrictions, norms, and taboos around menstruation; (3) WASH facilities in schools are insufficient; (4) commercial sanitary pads were financially inaccessible; (5) girls displayed limited understanding of the biological processes related to menstruation and were uncomfortable broaching the topic with their teachers; and (6) girls struggled with managing heavy flows and pain. These led to high rates of absenteeism, lack of concentration, emotional distress and social isolation. The study called for, among others, greater sensitization and education of parents, teachers, boys, health-care workers and the media.

There is a need to build a strong campaign and advocacy to ensure that targeted messages around MHM are communicated to the appropriate audience and decision-makers and those who can influence change. Advocacy for policy, legislative, and bureaucratic changes, claimed Mr. Sirma, UN Women, are important, as is media advocacy, including advocacy that uses social media platforms. Efforts that harness the role and influence of celebrities as champions for the cause should also become more popular. There is a need to identify key allies and build joint advocacy efforts with key stakeholders at all levels.

On addressing [social norms, beliefs, stigma and discrimination in Menstrual Health Management, including involvement of men and boys](#), priority must be given to:

- Addressing the varying perceptions of menstruation across differing societies; while in some societies it is viewed as a transition to womanhood, in others it serves as an opportunity to perpetuate stigma and discriminatory practices;
- Breaking negative stereotypes around menstruation. The socialization of boys and the engagement of men is key to achieving this;
- Programmes that identify and work with key gatekeepers in communities, such as community, religious and traditional leaders, equipping them with the correct information in order to strengthen ownership and sustainability;
- Advocacy for policy, legislative, bureaucratic and media-related (including social media) changes;
- Increasing efforts that harness the role and influence of celebrities as champions for the cause;
- Designing programmes in a youth, men and boy-friendly manner that build on existing good practices;
- Strengthening research and the evidence base intended to inform MHM programmes that speak to the social norms, stigma and discrimination associated with MHM.

[Thematic Area 3: Water, Sanitation and Waste disposal: At the heart of menstrual hygiene](#)

Presenters on this thematic issue included [Ms. Vivian Onano](#), WaterAid Global Youth Ambassador, [Ms. Yirgalem Solomon](#), WASH Specialist, UNICEF Eritrea, [Ms. Sakhile Khaweka](#), WASH Advocacy and Communications Officer, WaterAid, [Mr. Antony Odili](#), Researcher, University of KwaZulu-Natal, South Africa, and [Dr. Julie Hennegan](#), Post-Doctoral Fellow at Johns Hopkins Bloomberg School of Public Health. The session was moderated by Ms. Chilufya Chileshe, Regional Advocacy Manager, WaterAid, Southern Africa. The discussion was a rich sharing of research and interventions addressing the poor state of WASH facilities in schools in selected countries, noting the dearth of available information on WASH for women in the communities and the workplace.

Key presentation and discussion topics

In some of the 223 schools supported by WaterAid in Burkina Faso, Islamic religious taboo on menstruation was found to have posed a challenge to breaking the silence. Ms. Onano, WaterAid, stated that as a result of WaterAid's intervention, an increase in public dialogue on MHM was mirrored by the establishment of more ablution facilities for girls. The situation in schools in Mali was similar to that of Burkina Faso.

WaterAid has worked with schools and partners to develop curricula to include MHM and sexual and reproductive health. According to Ms. Khaweka, WaterAid, a regional desktop study on MHM revealed that most policies are silent on the issue. WaterAid's efforts in the Thaba Tseka District in Lesotho include campaigns, MHM training and a partnership with the media as well as the Queen of Lesotho to mobilize for the provision of sanitary pads in rural schools. A study in Malawi suggests that a lack of WASH facilities contributed to higher rates of vaginal infection, and that women using unhygienic materials to absorb blood flow after delivery resulted in a longer duration required for healing after pregnancy. WaterAid calls for the scale-up of safe, culturally appropriate waste disposal mechanisms at the community level, eco-friendly sanitary products, and efficient WASH facilities for women and girls.

Ms. Solomon, UNICEF Eritrea, presented the findings of a qualitative study of 11 schools in Eritrea that revealed inadequate WASH facilities, including communal toilets for boys and girls, latrines with no soap or toilet tissue, no sanitary disposal systems, and handwashing facilities in only three toilets. In response to the findings, UNICEF organized a series of national dissemination workshops to update the WASH guidelines. These were attended by over 800 participants. The effort resulted in a revised standard for school health guidelines to incorporate WASH/MHM, plus 240,000 booklets on MHM that were printed and disseminated in schools, and Eritrea's Ministry of Education taking the lead in the implementation of WASH in schools.

Mr. Odili, University of KwaZulu-Natal, South Africa, discussed an assessment of MHM and perceptions of innovative sanitation prototypes in 50 sampled households in two informal settlements in Durban, South Africa. The assessment showed that despite available communal ablutions within walking distance of households, they were rarely used. Reasons for this included lack of safety at night and lack of water during the day. Most women and girls were made to use buckets, while men urinated outside. The lack of hot water in the communal ablutions also resulted in community members preferring to wash in their rooms, particularly during winter. The lack of privacy, safety, and proper disposal facilities posed particular challenges for women and girls during menstruation. The university is currently testing a waste disposal prototype that will separate the waste into solids and liquids and recycle the latter. The recycled water/liquid can be used for toilets, household cleaning and agriculture. Communities have responded positively to the potential benefits of this approach.

In response to the need for large-scale data on MHM, Performance Monitoring and Accountability (PMA) 2020 was created to collect data on health and development indicators. Dr. Julie Hennegan, Johns Hopkins Bloomberg School of Public Health, described the PMA2020 data collection process, which uses Resident Enumerators to survey women and households. Responses are inputted into a mobile survey application and uploaded for rapid dissemination. PMA2020 collects nationally representative data on the type of menstrual health products used, locations for menstrual management, disposal of menstrual materials, where women change and self-reported unmet menstrual needs in 11 countries. One-page briefs and data sets for each country are available from the PMA website for public use. Data presented showed the inadequacy of existing national sanitation indicators for capturing access to sanitation for MHM, with women using a range of locations for menstrual management. The national data also highlighted inequalities, with 54 per cent of the wealthiest women surveyed in Ethiopia reporting they had everything they need to manage their menstruation, while only 13 per cent of the poorest women reported this.

Overall, the studies showed that women still face significant challenges (many of which are underpinned by social norms) in regards to accessing WASH facilities and disposal systems. With

menstrual hygiene being a relatively difficult and unpopular topic to collect data on, more innovative methods to collect relevant information are required.

On responding to issues of **water, sanitation and waste disposal** on Menstrual Health Management, the following priorities were identified:

- Water, sanitation and hygiene (WASH) is part of the holistic MHM approach and must address a multiplicity of challenges in a context-specific manner.
- Supportive infrastructure, including access to water and sanitation systems, must be established in a sustainable, safe and acceptable manner. This includes integration into household sanitation as well as infrastructure in schools, workplaces and public facilities by a range of providers.
- National guidelines and quality assurance around water, sanitation and waste disposal needs to be consistently in place. There must be acknowledgement of the social norms that determine the ability of girls and women to manage their menstrual health safely and hygienically, including waste disposal.
- There must be more focus on environmentally friendly, culturally appropriate, safe and efficient disposal systems and waste management.
- Research is needed to understand current disposal practices and support improved disposal and waste management options.
- There is a need to better understand how women are managing menstruation in the context of increasing water scarcity.

Thematic Area 4: Ensuring comprehensive access to Menstrual Health Management in humanitarian settings

Presenters on this thematic issue included **Prof. Marni Sommer**, Columbia University, **Mr. David Clatworthy**, Environmental Health Technical Advisor, International Rescue Committee (IRC), **Ms. Diana Nalunga**, Administrative Assistant/Lead Trainer, WoMena and **Ms. Florence Wanjira Munyiri**, Gender Programme Specialist, UNICEF ESARO. The session was moderated by Dr. Jonathan Ndzi, Humanitarian Specialist, UNFPA ESARO. The discussion centred largely around the need for better coordination of MHM interventions across the various agencies and actors that work in humanitarian settings.

Key presentations and discussion points

A global review on MHM in emergency response and displaced populations in 2012 found that displaced women and girls lacked the necessary sanitary supplies, did not have access to private facilities, and struggled with stigma and taboo around menstruation. There was a lack of clarity on what the minimum response on MHM in humanitarian settings should look like, as well as limited coordination among actors, and inadequate guidance on MHM response. This represented a lack of effective leadership. Due to this guidance gap, Professor Sommer, Columbia University, outlined a partnership between Columbia University, the IRC and more than 40 humanitarian organizations that worked to collectively develop an interagency toolkit on integrating menstrual hygiene management into humanitarian response. The development of the toolkit was highly participatory, with a global desk review and in-country assessments conducted for displaced populations and responses. The toolkit was eventually piloted with Congolese and Burundian refugees in Tanzania. The pilot advocated a minimum package of (1) materials and supplies; (2) supportive WASH facilities (including toilets and bathrooms); and (3) information and some type of puberty education. Ideally, an MHM focal point should conduct training at all levels, helping to ensure buy-in and improving coordination among relevant sectors.

Building on Professor Sommer's presentation, Mr. Clatworthy, IRC, highlighted the 'four Cs' of MHM in humanitarian settings - Coordination, Culture, Communication and Consultation. Privacy in an emergency setting can be a challenge and therefore the issue of a private shelter for MHM is key. However, in cases where special toilet stalls have been set up (and labelled) for menstruation management, this has had the unexpected consequence of creating stigma and low levels of use among women and girls. This underscores the importance of consulting girls and women on the

design and location of female-friendly toilets and bathing spaces. Humanitarian actors must also provide basic information on the use of menstrual products being introduced in an emergency setting if they differ from those that the displaced population used previously, in order to ensure girls and women feel confident in using the materials, and how to dispose of them hygienically.

Minimum package for MHM in humanitarian settings - Supplies, Information, Facilities (SIF)

Ms. Nalunga, WoMena, indicated that during the acute phase of an emergency, it is important to provide products that refugee populations are familiar with, as there is little opportunity to introduce or educate about new products. The recovery period, however, can provide the opportunity for training, as well as the introduction of new products. Therefore, applying innovative approaches and a mix of products (including menstrual cups, disposable and reusable pads) is important. While reusable pads require supporting materials such as a basin, soap, water and underwear, menstrual cups were found to be challenging to some users in regards to insertion and removal. Overall there were high levels of satisfaction with both products. WoMena also makes use of the disrupted dynamics to seek opportunities that emergencies often bring to establish new normative behaviour and by introducing discussions on new social and gender norms and attitudes.

Pad production in camps? This is being tried in some camps although raw materials may not always be available in-country.

Incinerators as disposals? There are many social as well as health-related taboos around burning. While some camps do have incinerators, they remain far away from the population. Cultural considerations are a must in regards to incinerators.

A move towards cash-based initiatives? This is happening but not on a huge scale for menstrual products. There still exists a sense that provision of cash to refugees does not mean women will necessarily prioritize menstrual products.

In taking stock of MHM in emergencies, both in 2012 and 2017, Ms. Munyiri, UNICEF ESARO, noted that while Supplies, Information and Facilities (SIF) were already covered, there were gaps in refugee consultation and beneficiary feedback. This has shaped the organization's framework around what is required for a more comprehensive approach to menstrual hygiene and health. There is now a closer focus on monitoring product use and product satisfaction, while being cognizant of a gendered socialization process within the camps that speaks to broader issues of control and access to WASH, products and services. UNICEF has been working through boys' and girls' clubs as well as with teachers to reach young people with life-skills training. It uses its ability to work across the various sectors within the camp (including WASH, Child Protection, Nutrition, Education, and Communication for Development) to advocate for improvements in MHM. Recently, UNICEF, UNFPA, and UNHCR came together to form a steering committee on MHM.

On ensuring comprehensive access to [Menstrual Health Management in humanitarian settings](#), the priorities identified include:

- There is a need to harmonize toolkits currently being used.
- With various MHM toolkits in use, humanitarian actors should aim to draft a policy guidance note at the level of the inter-agency standing committee (IASC). This guidance note will facilitate inter-agency coordination and more effective advocacy and resource mobilization.
- The minimum package of MHM in humanitarian settings must include SIF.
- There is a need to advocate for female-friendly toilets/spaces that allow girls and women, in particular those who are menstruating, to use the space with dignity, and in comfort and safety.

[Feedback on priority areas identified](#)

Panellists were in general agreement regarding the key areas in need of prioritization, which emerged during the breakaway groups. [Ms. Lindiwe Dlamini](#), Educational, Testing, Guidance and Psychological Services, Ministry of Health in eSwatini, agreed on the need for better coordination of efforts in light of the plethora of efforts underway on MHM. eSwatini is already implementing CSOE, using the UN

technical guidelines. In a deviation from other countries in the region, where free sanitary supplies are rolled out, eSwatini is about to embark on a self-reliance project to encourage communities and families to purchase their own sanitary supplies and reduce financial obligations on the government.

Ms. Lorence Kabasele, AfriYAN President, advocated for the meaningful inclusion and participation of young people at regional and national levels in MHM initiatives in the region. This includes involvement in the supply chain, where social entrepreneurship initiatives should ensure young people are involved in design, piloting and manufacturing of menstrual products.

Ms. Megan White Mukuria, CEO of Zana Africa, stressed the importance of applying a positive lens on menstruation by reactivating community and inter-generational conversations about the important right of passage for girls that is menstruation. Conversations around MHM tend to be rooted in individualism and are, arguably, western. Ms. Mukuria made a case for standardizing curricula in ways that young people would find accessible and which could re-vitalize intergenerational communication. This would also go a long way to debunking the long-held myth that CSE will encourage more and/or earlier sexual activity in young people. In addition, deeper engagement with the technological sector is crucial, to map schools where interventions are undertaken in order to more effectively track and coordinate them and therefore, reduce duplication.

Mr. Remmy Shawa, HIV and Health Education Officer, UNESCO ESARO, called for increased mentoring of teachers who wish to teach MHM but are unclear as to the correct methods and strategies. In this digital age, teachers should have easier access to a community of teachers and practices in other countries and regions. He championed renewed commitment to keep girls and boys in school for as long as possible, ensuring at the same time that schools be enabling environments free from harassment, abuse, judgement, discrimination and stigmatization, and that allow young girls to reach their full potential.

Thematic Area 5: Linking practice to research – strengthening evidence-based programming on Menstrual Health Management in East and Southern Africa

Participants in this thematic group focused on the need to enhance the evidence base for menstrual health management, the importance of rigorous data collection and how it is measured, and the role this plays in project design, policy and programme interventions for menstrual health and hygiene issues. Presenters included **Mr. Robert Thomson**, Consultant, WHO's Africa Regional Office, **Dr. Julie Hennegan**, Post-Doctoral Fellow at Johns Hopkins Bloomberg School of Public Health, and **Dr. Penelope Phillips-Howard**, Senior Lecturer, Liverpool School of Tropical Medicine. The session was moderated by Professor Marni Sommer, Columbia University.

Key presentation and discussion points

Central to WHO's approach to MHM is the necessity to support young girls to understand and adequately live with the new experience of menstruation, stated Mr. Thomson, WHO Africa Regional Office. Adolescents require a supportive environment in which menstruation is perceived as normal. This environment must include education, WASH infrastructure, menstrual care and psychosocial support, and home and community support. Adult women need to be made aware of the possible reasons for irregular bleeding, including cervical cancer, and be guided on normal and abnormal bleeding so they can seek timely health care. WHO also argues strongly for an evidence-based approach to understanding the physical and psychosocial aspects of menstrual health for adolescents. This includes the public health literacy approach, which is an important component of a supportive, user-friendly environment. The relationship between action, research and policy is critical, as researchers benefit from engaging closely with practitioners, bringing a human face to the issue and ensuring policy recommendations are technically sound but easily understood.

Dr. Hennegan, Johns Hopkins Bloomberg School of Public Health, advocated for the need for a more comprehensive approach to collecting and dealing with data associated with MHM. This should take into account what is being measured and how, and the way these methodologies will influence understanding and policy decisions on the issue. Practices and biases associated with MHM

measurements have the potential to negatively impact programme interventions and those they are meant to assist. A bias towards quantitative data alone, such as a focus on product choice without adequately capturing women and girls' perceptions or experiences of the product, could lead to erroneous conclusions. Sampling biases may also produce a less-than-holistic picture and researchers are therefore encouraged to utilize various forms of data collection techniques and be cautious of the flaws associated with self-reporting.

In her work, Dr. Phillips-Howard, Liverpool School of Tropical Medicine, highlighted some critical gaps in research on MHM issues, recognizing that most research has been conducted among schoolgirls, and that research among women, transgender and marginalized populations is also needed. These include (1) research to better understand why MHM is still socially neglected; (2) the need to understand the broader impact of the WASH infrastructure on MHM, beyond the school context, and the importance of waste management and disposal; (3) inclusion of acceptability and cost effectiveness related to MHM interventions in research, for example cost-effectiveness of specific products on health, recognizing that research is also needed on finding ways to improve healthy use of existing products, including traditional practices and products; (4) research to address gaps around modes of service delivery and among marginalized populations that require MHM support (e.g. homeless people, prisoners, persons with disabilities); (5) building more robust monitoring and evaluation systems with appropriate indicators for measuring success.

On [linking practice to research](#), the priorities identified include:

- Development of global, regional and national MHM indicators to support validity and to track progress. These should feed into national monitoring systems;
- Establishment of a baseline on MHM; this will provide in-depth knowledge of where and how interventions are currently being implemented and the gaps in response;
- Tailoring research findings in different ways to ensure they can be understood and acted on by specific audiences;
- Encouraging both practitioners and researchers to use relevant technology more effectively to gather and disseminate data and research findings to a wider audience;
- Building a global and country-specific dataset and knowledge repository. These must include account budgeting for M&E and dissemination of information.

Thematic Area 6: Leave no one behind: Menstrual Health Management for the most marginalized and vulnerable groups

Presenters on this thematic issue included [Ms. Christina Changaira](#) of FEMPREST, [Ms. Yasmin Rajah](#), Director, Refugee Social Services (RSS), [Mr. Tinashe Sande](#) of Transgender Intersex Rising Zimbabwe (TIRZ), [Ms. Laura Thuo](#), International Community for Women Living with HIV (ICW), and [Ms. Wan-jiru Kepha](#), Country Director at Huru International. The session was moderated by Ms. Mildred Mushunje, Country Director, Southern African Trust, Zimbabwe. The session offered a vibrant and interesting discussion of the challenges that many marginalized populations experience in regards to MHM. Many of these instances are often not considered or fall far from the national and regional gaze.

Key presentation and discussion points:

In Zimbabwe, sanitary pads are donated to prisons by individuals or organizations, impacting on availability. It is common for prisoners to tear off pieces of blankets and use them as menstrual pads. In addition, pads are only accessible at a designated hour of the day and if menses begin after the designated time, female prisoners must wait until the next day to receive a pad. Water was limited, soap and underwear were in short supply; at least 200 women shared 10 toilets

“I was arrested and tortured for more than a month at a remand prison in Harare, Zimbabwe. I asked a female police officer for sanitary pads. She refused, saying this was not part of her job. I eventually used a bra as a sanitary towel. I was able to shower two days after being arrested even though I was menstruating.”

Ms. Christina Changaira, FEMPREST

which had no flushing system and in the same open space as the showers, providing no privacy or dignity. Ms. Changaira, FEMPREST, is currently working with the Zimbabwe Prisons Service to implement a rapid response programme to provide female prisoners with sanitary pads. Further, information dissemination and training programmes targeting prison service staff are currently being implemented in some of the country's prisons.

The majority of refugees seeking support from RSS are from Rwanda, the Democratic Republic of the Congo (DRC), Eritrea and Burundi. Many, Ms. Rajah, RSS, stated, are unable to speak English. Most of the programmes offered by RSS are meant to ensure that refugees and internally displaced persons are integrated into their communities of choice. Many refugees face different types of trauma in their country of origin and on their journey to South Africa. Many do not have any documentation. Women may have experienced sexual assault during the course of their migration or be experiencing medical problems in need of attention. Very few are willing to speak out about their experiences. Among the refugees are people living with disabilities, people living with HIV, and people from the transgender community. Although MHM was imbedded within other RSS programmes, Ms. Rajah indicated that she would be introducing a stand-alone MHM programme following the symposium.

Mr. Sande, TIRZ, spoke of the challenges experienced by transgender men, including lack of information regarding available services or products; depression as a result of limited spaces to address the psychosocial issues affecting the trans community; and lack of sanitary materials designed for the trans community since in many cases, tampons or menstrual cups are not preferred or sometimes impossible to use. As a result of strong religious and cultural beliefs in Zimbabwe, community and societal reaction to Mr. Sande's identity as transgender has been negative and judgmental. TIRZ provides psychosocial support and information and also assist with identifying suitable facilities and services to assist transgender men.

Huru International provides reusable sanitary pads and SRH education to girls on the continent. This is part of the organization's many strategies to ensure girls from marginalized and poor communities do not miss school because of menstruation. Ms. Kepha, Huru International, noted that Huru International has a programme focusing specifically on disabled young girls and women. Since there are different categories of disability, it is important to provide products that would address the needs of specific disability groups. WASH facilities are often not easily accessible to the physically disabled. Sexual exploitation of disabled persons within or outside facilities is common and urgent protection is needed. Those with severe disabilities do not know what menstruation is and this poses hygiene and health challenges within the facilities. The issue of stigma is also a common experience for disabled people. Huru International believes it is important to work with the entire community, including teachers, parents and guardians, siblings, community heads and local government representatives. Usually, a support group is formed, which acts as a safe space for disabled girls and women.

Ms. Thuo, ICW, who learnt of her HIV status at the age of 14, has been involved in advocacy and campaigns in areas such as policy influence, human rights, gender and equality. Since HIV compromises the immune system and causes hormonal imbalances, the menstrual cycle can also be affected and may be erratic, with heavy or painful flow. Antiretroviral treatment can cause depression, and this exacerbates mood swings already associated with the menstrual cycle. In addition to the stigma often borne by HIV-positive women, women also have to fight against the notion that HIV infection will be transmitted via menstrual blood. This situation is worse for impoverished girls who end up engaging in transactional sex with older men. This results in new infections, and puts those already infected at the risk of reinfection. According to Ms. Thuo, some girls and women have been forcibly sterilized after nurses or doctors become aware of their HIV status.

On leaving no one behind: [Menstrual Health Management for the most marginalized and vulnerable groups](#), the following priorities were identified:

- Remaining true to the belief that no one must be left behind when addressing menstrual health management, by ensuring vulnerable and marginalized populations are considered in all contexts, including in humanitarian settings;
- The need for customized information for, as well as improved public education about, menstrea-

tion challenges and needs among marginalized groups including young people, disabled, people living with HIV, transgender people, sex workers, prisoners, injecting drug users, female genital mutilation survivors, homeless people and rural communities;

- Greater efforts to make available more customized products and facilities for marginalized groups to better manage menstrual health, including toilets and hygiene facilities that are female friendly and accessible by persons with disabilities and transgender persons;
- The need for quantitative and qualitative data that reveal experiences of marginalized groups;
- Exploring innovative methods to ensure voices of marginalized groups are recognized and elevated through advocacy efforts;
- Additional efforts to secure adequate resourcing and develop funding strategies within an integrated approach to fulfil the needs of all people who menstruate.

Thematic Area 7: Innovating and expanding Menstrual Health Management product availability

Presenters on this thematic issue included **Ms. Phumla Nkosi**, Programme Associate, MATCH Research Unit, Wits University, **Mr. Tinashe Guramatunhu**, Managing Director of Kings Online, **Ms. Lydia Asimwe**, Co-founder and Project Coordinator of Eco Smart Pad, and **Mr. Adrian Dongus**, Managing Director, LivingGoods/Afripads. The session was moderated by Dr. Mags Beksinska, Deputy Executive Director, MATCH Research Institute, Wits University and Ms. Sylvia Wong, Innovation Coordinator, UNFPA HQ. The session highlighted various solutions for women, girls and those who menstruate, as well as the importance of quality standards, different distribution channels and greater choices to meet various MHM needs. Educating and empowering the user is also fundamental, as products alone are not enough. There was robust discussion on the various MHM products available and the need to identify innovative and, where possible, local solutions to new and old challenges. This divergent thinking must be applied to resource mobilization efforts as well.

Key presentation and discussion points



In order to secure additional ways of transporting products such as menstrual cups in a cost-effective manner, Kings Online has partnered with multiple delivery companies, including a food delivery company and a courier company. Mr. Guramatunhu explained how delivery companies that use scooters are able to get their products to destinations quickly although they cannot cover long distances. The company has adopted a marketing strategy that makes use of mobile devices, targeting urban-based women aged 18 to 45 years who are highly active on social media. Providing information and increasing awareness are key, as is the need to come up with the correct messaging and exciting visual content. In providing information on lesser known products such as the menstrual cup, Kings Online crafts messages around trust and safety.

Ms. Nkosi, Wits University, gave an overview of a project currently underway with 18 to 24 year-olds to create awareness and information about the menstrual cup (lasting up to five years) and its usage. The project is currently in its first phase of implementation in three districts in KwaZulu-Natal (KZN). Pre- and post-assessments are a central aspect of the project, as are interviews and focus group discussions. Parents are also included at one stage in the project. To date, 4,612 women have been trained and 2,936 menstrual cups have been distributed on 34 campuses in KZN. Initial project findings indicate that 25 per cent of research participants admitted to using toilet paper and 12 per cent to using rags during menstruation. Of those who missed school for reasons relating to menstruation, 17 per cent cited menstrual pain as opposed to lack of menstrual products. Initial evaluations indicated that 93 per cent would recommend the menstrual cup to family and friends, while 87 per cent indicated they would continue to use it. The affordable nature of the menstrual cup

is also attractive; it would cost R40 per year as opposed to R400 a year for sanitary pads. However, there continues to be pockets of resistance to the menstrual cup; for instance, due to the belief that virgins should not use them. The project creates platforms and dialogues to discuss these issues.

Regarding the Eco Smart Pad, Ms. Asiimwe explained its manufacture from sugar cane residues in Uganda. It is an innovative idea that won support from UNFPA's Innovation Accelerator Programme. The project started in response to the lack of sanitary materials in poor communities, villages and slums, and in general, areas where many large companies often don't reside. In addition, these communities are often battling with more severe development crises such as malaria and HIV, and therefore menstrual health is not viewed as life threatening. The research underpinning the decision to start Eco Smart Pad included 432 participants aged 12-45 years of age and revealed that 90% were not using pads or had no knowledge of what they were. Affordability was the main concern with participants indicating they could pay US\$1.5 for a packet of pads. Currently Eco Smart Pads will cost US\$2 and therefore there are efforts underway to reduce the manufacturing costs.

Mr. Dongus, LivingGoods/Afripads, gave an overview of Afripads' brief history of starting in a small village in rural Uganda in 2009, with the dream of removing the main barrier to MHM-access to affordable products. Working with many partners and ensuring the end user is involved in the process has resulted in Afripads' reusable pads now being available in Somalia, Nigeria, South Sudan and some Middle Eastern countries. The company has 200 employees (96 per cent of which are women) across Uganda, Kenya and Malawi. In just under 10 years, 2.5 million girls on the continent have been reached. Through Afripads' partnership with NGOs and academic institutions, it has seen an increase in school attendance as a result of the programme. Afripad feels passionate about using the market to reach more girls and women, viewing them as consumers who are willing to exercise choice and pay for a quality product. Afripads' experience of getting standards approved were discussed with the group; Uganda was the first country in Africa to have standards for reusable pads. After an eight-year, multi-sectoral effort involving local manufacturers, NGOs and government officials, standards were adopted. Organizations wanting to ensure standards are passed must address the issue of stigma in menstrual health (this is key as many of the government officials are men).

“Products that look as though they are only branded for the poor will not be widely accepted. Communities hold a general caution in accepting new innovations; information should be available about a new product, including where it has been tested.”

Adrian Dongus, LivingGoods/Afripads



On innovating and expanding Menstrual Health Management product availability, the following priorities were identified:

- There must be more awareness and availability of a range of products to meet the different needs of all who menstruate, i.e. all products should be promoted equally to ensure informed choice.
- There is a need to consider affordability, sustainability, disposal, and opportunities for local manufacturing in order to enhance product availability. Governments can facilitate this type of coordination.
- The needs of rural markets (which remain largely untapped), can be addressed by strengthening public-private partnerships, supporting social entrepreneurship, and creating an enabling environment for microfinance programmes and small businesses in rural areas.
- Product availability can also be increased by getting products into smaller markets, including hair salons and small shops or pharmacies.
- Development of standards must be a collaborative effort; stakeholders wanting to get standards developed and adopted should advocate together to the relevant regulatory bodies.
- Innovative ways should be used to remove stigma from menstrual health products, including working with celebrities to endorse specific products.

Feedback on priority areas identified

Ms. Sylvia Wong, Innovation Coordinator at UNFPA HQ, led a discussion with panellists **Ms. Pontsho Pilane**, journalist at the Mail & Guardian, **Honourable Upendo Peneza**, MP Tanzania, and **Ms. Oabona Kamona**, Youth Advocate and Social Entrepreneur in Botswana. The panellists were asked to reflect on their key takeaway messages from the sessions (evidence, product availability, and leave no one behind), and suggest ways to ensure the recommendations can be turned into concrete actions.

Honourable Upendo, Tanzania, emphasized the importance of breaking the silence around menstrual health, engaging communities to be vocal and visible, using basic statistics to fuel local advocacy, and pushing for funding and accountability. She recounted when her private motion on the provision of free sanitary pads in primary and secondary schools was not passed in Parliament, and she then resorted to social media in a bid to involve the public. Her campaign went viral and soon attracted men and women across religious, political and cultural divides. Drawing from her experience, she reiterated the need for research in MHM. She stressed the importance of monitoring the release and use of allocated funds through school visits.

Ms. Pilane, Mail & Guardian, underscored the importance of linking research with practice, drawing from global and national evidence, and indicators in addressing MHM issues. She stressed the importance of communicating and packaging research in a manner that the public and policy makers can digest easily. Local budgets for MHM can be tapped when one convinces with evidence, communicates for social change, and builds on local and grassroots efforts.

Ms. Kamona, Botswana, used the platform as First Princess in the Miss Botswana beauty pageant to advance her social enterprise idea of local and affordable sanitary products for women and girls. She advised the audience to collaborate with companies with proper distribution logistics models. This would enable the most vulnerable to be reached with sanitary products. Free sanitary materials also need to have aesthetic appeal to avoid notions of exclusion.





Achieving increased choice and access to Menstrual Health Products through sustainable financing

Ms. Linda Kalenga, Resource Mobilization and Partnership Advisor, UNFPA ESARO, facilitated the discussion among panellists, who shared ideas and experiences about MHM from the perspective of users, suppliers and marketers. The discussion highlighted some of the challenges to achieving access to menstrual health products and presented ideas for sustainable financing towards MHM.

Ms. Okeri Ngutjinazo, a member of the Namibian-based NGO, Power Pads, described how her organization has been successful in mobilizing resources through events such as Quiz Night and Speak Out. These events raised funds for sanitary wear for women and girls in need in the Himba community, who face challenges such as transactional sex and child marriage.

From a survey on MHM in Ethiopia, Population Services International (PSI) learned that product affordability and availability are the two main barriers preventing women from buying sanitary product. Availability, indicated **Ms. Rediet Seleshi**, Marketing Manager at PSI, was marred by challenges such as currency fluctuations, which in turn led to sanitary product stock-outs at retail stores. Often, products do not reach the rural areas because the supply chain is weak. When girls can afford to buy them they prefer commercial products, which they see as superior in quality, absorbency and stickiness. This is important in determining levels of comfort and freedom. When they do not have access to money, they use pieces of clothing and other home-based solutions. Among the recommendations were the distribution of wipes for the girls in water-impooverished areas and the involvement of consumers in product design.

According to LivingGoods/Afripads managing director, **Mr. Adrian Dongos**, the company attributes its sustainability model in part to the skills and expertise of a diverse board of directors. Engaging closely with social impact investors meant delving into questions of sustainability and impact beyond profit-making. Mr Dongos also noted that high marketing costs make it difficult for new brands to penetrate the market and believes in creating a framework in which innovators and investors can contribute. This framework is only viable if investors can be persuaded through hard evidence on the return on their investments, and not simply presented with anecdotal information from social media.

Dr. Jeanne Patrick, SRHR programme manager at the Ministry of Health in Kenya, shared the Kenyan government's model of funding free sanitary materials. This was attained after the National Treasury removed import duty and VAT in 2011. The move was informed by research that revealed absenteeism and high dropout rates amongst girls were MHM-related. Some challenges to date include duplication in the supply chain, where some local partners and government were supplying the same schools. Another is the lack of appropriate WASH and waste facilities to dispose of sanitary wear in schools.

Governments aspiring to provide free sanitary materials should:

- Have thorough policies and strategies in place;
- Conduct a landscape analysis to identify areas most in need and prioritize these for distribution;
- Establish good coordination mechanisms to ensure those in hard-to-reach places are included;
- Involve teachers from the outset;
- Allocate a budget line for free sanitary provision in the national budget line. Initially, Kenya allocated Ksh60 million and is currently looking at increasing it to Ksh500 million;
- Coordinate, cooperate and collaborate with other similar national initiatives. Kenya is currently coordinating with the Office of the First Lady.

Addressing Menstrual Health Management through multi-sectoral policy planning

Facilitated by Ms. Shoki Tshabalala, Acting Director-General in the Department of Women, South

Africa, this session had rich examples of programmes that have flourished through partnerships and as a result of working with a cross-section of actors involved in the MHM sector.

Ms. Kasweka Chinyama Sinyinza, MHM Focal Person at the Ministry of General Education in Zambia, gave a brief overview of the country's MHM programme. The baseline research showed a lack of formalized strategies and guidelines, resulting in poor coordination and limited resources to implement MHM programmes in schools. Additionally, there were no monitoring indicators on WASH and MHM, limited female-friendly WASH facilities, and poor knowledge of menstruation hygiene among girls. Since the programme's implementation, some notable successes include that 14,000 girls from vulnerable households are now receiving free sanitary products; national WASH Technical Committees have been established in schools; toilets have been renovated to provide increased privacy for girls; an MHM focal person has been appointed in the Ministry of Education; and US\$100,000 has been made available in the government budget.

In Zimbabwe, **Honourable Priscilla Misihairabwi-Mushonga** joined hands with other parliamentarians to advocate for the removal of VAT on raw materials associated with MHM products and production. Although this was achieved through a series of meetings with key stakeholders, such as the Minister of Finance, consumers and manufacturers, the success was short lived as other administrative costs not initially factored in (such as warehousing) kept the costs high and inaccessible to consumers. However, in many respects this represented a significant step forward as the process led to a national debate on MHM. In light of these lessons, Honourable Misihairabwi-Mushonga suggested that similar efforts in other countries should ensure there are menstrual health champions within the Legislature and Parliament. This speaks to the issue of ownership and sustainability. In addition, Zimbabwe is currently offering tax exemption to investors in the MHM sector.

According to **Ms. Gugu Madlala** of the KZN Department of Education, South Africa, it is estimated that more than 3,770,000 girls in South Africa are unable to purchase pads. Following advocacy for free sanitary pads at the International AIDS Conference and the SheConquers campaign in 2016, the Department of Education in collaboration with the Department of Social Development heeded the call. Free sanitary pads are being distributed through the integrated School Health Programme on a monthly or quarterly basis. The school's Life Orientation educator, or a person designated by the principal, distributes the pads. Working with a local producer in KZN ensures the cost of production is lowered and therefore enables the provincial government to cater for a wider reach. The province is working with municipalities in regards to disposal management, although with the high number of pit toilets, this remains a challenge. KZN has partnered with UNILEVER on WASH, which is also supporting the school nutrition programme. The MEC for Education in KZN, along with provincial Parliamentarians, act as MHM champions for the project. Ms. Madlala advised that products should be attractive, packaged well, and include certification information and expiry dates on the packets, in order to give clients quality assurance.



Way forward and Call to Action

In the penultimate session of the symposium, a number of panellists offered key takeaway messages for reflection. This was also an opportunity for some countries and organizations to make public commitments on how they intend to support the strengthening of MHM in the region.

“

My two take-home messages are ‘Leaving no one behind’ and ‘Nothing for them without them’. Countries need to take stock of what we have, and use that to leverage and strengthen MHM. In Namibia, gender equality and child welfare, as well as youth sport and national service, will be our vehicle to strengthen MHM under Sexual and Reproductive Health. We have a training manual on integrated school health, which covers menstrual health, and we will review the school health policy to feature MHM under comprehensive sexuality education. ”

*Ayesha Wentworth,
Ministry of Education, Arts and Culture, Namibia*

“

In Madagascar, we will be investigating the drafting of an MHM policy that will use a multisectoral approach across ministries and with the participation of all relevant ministries. We need to increase awareness of the programme and begin implementation of certain policies and action plans. We are finalizing the Action Plan for youth and we hope to add menstrual health. We will also include menstrual health in the Life Skills guide. ”

Brutho Bezaka, Director-General of Youth, Ministry of Youth

“

It’s natural; let’s normalize it so boys don’t bully girls, so politicians realize that half of their constituents are menstruating, so that parents know what is happening in their daughters’ lives. How do we integrate it? We plan to continue putting MHM as part of CSE. After these discussions, I thought to myself that I had never had ‘that talk’ with my daughter. I thought, let me go home and see how much she knows and try to have ‘the talk’. I want the first menarche to be a happy day for her. ”

Christian Engler, Swiss Agency for Development and Cooperation

“

We need to prioritize menstrual health to fulfil the SDGs. I was inspired by the Kenyan story and the strides made in Zambia and KZN, the points of intervention used by the Parliamentarians, the enhancement of local supply chain production and the substantial financing of areas of this business. The environmental aspects should not be an excuse not to roll out menstrual health programmes. We could also do more to engage more young people. The Danish government will support both the integrated approach of MHM and SRHR but also menstrual health as a stand-alone. ”

Trine Rask Thygesen, Danish Ambassador to South Africa

A CALL TO ACTION, which identified the emerging priorities for MHM in Africa and committed to further action led by a coalition, was drafted and endorsed. **See Appendix 1.**

Closing session

Dr. Julitta Onabanjo expressed sincere gratitude to UNFPA staff, as well as the entire UN family, who contributed to the success of the symposium. She thanked the Department for Women in South Africa for co-hosting the event, stating that UNFPA welcomes the opportunity for continued collaboration in the future. She thanked participants for being generous with their experiences and knowledge around MHM. In her parting words, she emphasized being bold, vocal and visible on the issue of MHM.

Honourable Bathabile Dlamini congratulated her Department and UNFPA for a successful, historic conference, expressing her satisfaction with the Call to Action in particular. Inspired by the Kenyan experience of free sanitary product provision to girls in schools, the Hon. Minister committed her Department to resubmitting the motion for Zero VAT on sanitary products. The Department has already been working with the National Treasury on this issue. She also spoke briefly about Project 107, which calls for the criminalization of transactional sex and has serious implications for the buyer, and which the Department will be implementing with the support of the Nordic countries. The Hon. Minister closed the meeting by urging participants to include boys and men in awareness creation around menstrual health, reiterating the importance of creating an economically empowered generation that would break the poverty cycle and afford equal opportunities to both girls and boys.



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JOHANNESBURG CALL TO ACTION

- No More Limits -

Improving Menstrual Health Management in Africa Johannesburg, South Africa 29 May 2018

We, representatives of Governments, Development Partners, United Nations, Academia, Civil Society Organizations, Youth Networks, Parliamentarians, Traditional Leaders, Faith-Based Organizations, Philanthropic Foundations, Private Sector and Media, recognize our role as agents of change and providers of social services at all levels and acknowledge our responsibility to **safeguard the sexual and reproductive health, rights and justice of all**.

We note that the increased attention accorded to menstrual health management is now paving the way for it to be widely recognized as a component of the **human right to health** and a key building block for development, building on progress made in the Africa region to improve menstrual health management for all.

We acknowledge the importance of addressing issues of menstrual health management to support the achievement of the **Sustainable Development Goals**, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Programme of Action of the International Conference on Population and Development (PoA ICPD), the Addis Ababa Declaration on Population and Development in Africa beyond 2014 and Agenda 2063: **The Africa We Want**.

We agree on the need to **'leave no one behind'** and address menstrual health management issues of vulnerable and marginalized populations, including young people, the disabled, people living with HIV, transgender people, sex workers, prisoners, injecting drug users, and female genital mutilation survivors, through ensuring participation, inclusive language and customized interventions.

We are cognizant of the limitations that poor menstrual health management places on people who menstruate **in all contexts**, in particular those from vulnerable populations, low-income contexts such as rural, pastoral and slums, as well as those who are displaced, homeless, mobile or in humanitarian settings.

We affirm the need for strengthening and harmonizing the policy environment on menstrual health management in the region, including **integrating** menstrual health management into **multisectoral and sectoral policies, as well as ensuring sustainable financing** and creating opportunities for small-scale enterprises.

We understand the **life cycle approach** in how it supports menstrual health management, as well as integrated approaches to providing age-appropriate information and knowledge of the menstrual cycle, from pre-menstruation to menopause, ensuring bodily literacy of all people who menstruate.

We recognize the need to ensure access to **supportive health services**, including those that address menstrual stigma, menstrual disorders, vaginal bleeding and psychosocial issues.

We acknowledge the need to **harmonize and develop guidelines and standards** with minimum requirements for products, supplies, water, sanitation and disposal/waste management, adhering to the AAAQ framework – Availability, Accessibility, Acceptability and Quality.

We are aware of the **influence that social, religious and cultural norms** and stigma about menstruation have on self-esteem, agency, and the basic daily practices of people who menstruate throughout their life.

We emphasize the **role of communities, parents, men and boys** in overcoming social stigma and creating a supportive and gender-equitable environment, by promoting knowledge and an enabling environment around menstruation as normal and healthy, and providing guidance on the appropriate methods to manage menstrual health and hygiene.

We highlight the **role of the education and health sectors** in improving the quality of MHM education in and out of school as an entry point for comprehensive sexuality and life skills education, thereby replacing beliefs and misconceptions with accurate and age-appropriate information.

We recognize the need to undertake systematic efforts to **improve water and sanitation facilities, including environmentally friendly disposal and waste management** in schools, communities and workplaces.

We are cognizant of the need to increase efforts in **generating systematic evidence, and promoting innovative approaches and documenting best practices**, as well as developing and using any evidence-generated and disaggregated data to support policy and programming on menstrual health management, especially in relation to its links with education, empowerment and mental health, and sexual and reproductive health outcomes.

WE COMMIT TO

Breaking the silence on issues of menstruation.

Establishing an Africa Coalition for Menstrual Health Management, with the aim of sharing experiences and available evidence, and coordinating efforts to address menstrual health management issues in Africa.

Strengthening national efforts to support policy reviews and/or policy development to promote and integrate menstrual health management.

Strengthening integration and coordination of menstrual health management matters into existing development and humanitarian programmes in areas such as health, including sexual and reproductive health and rights, education, water and sanitation, trade and industry, environment, gender equality, and empowerment programmes.

Partnering with global, regional and national organizations to support the development of a blueprint comprehensive framework - including SMART goals, tangible outcomes, indicators and a shared Theory of Change - to guide national multisectoral MHM programmes.

Increasing efforts to engage with communities, religious and cultural leaders as well as men and boys, with the aim of addressing social and cultural norms upholding positive practices and transforming discriminatory and unhealthy practices for improved menstrual health.

Calling on decision makers at all levels to coordinate efforts to promote integrated and comprehensive Menstrual Health Management at legislative and policy level with adequate financial resources to ensure sustainability and accountability.

Finally, we commit to holding a symposium on MHM every two years to update each other on progress made, frameworks, and research; and share key successes, challenges and lessons learned.

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