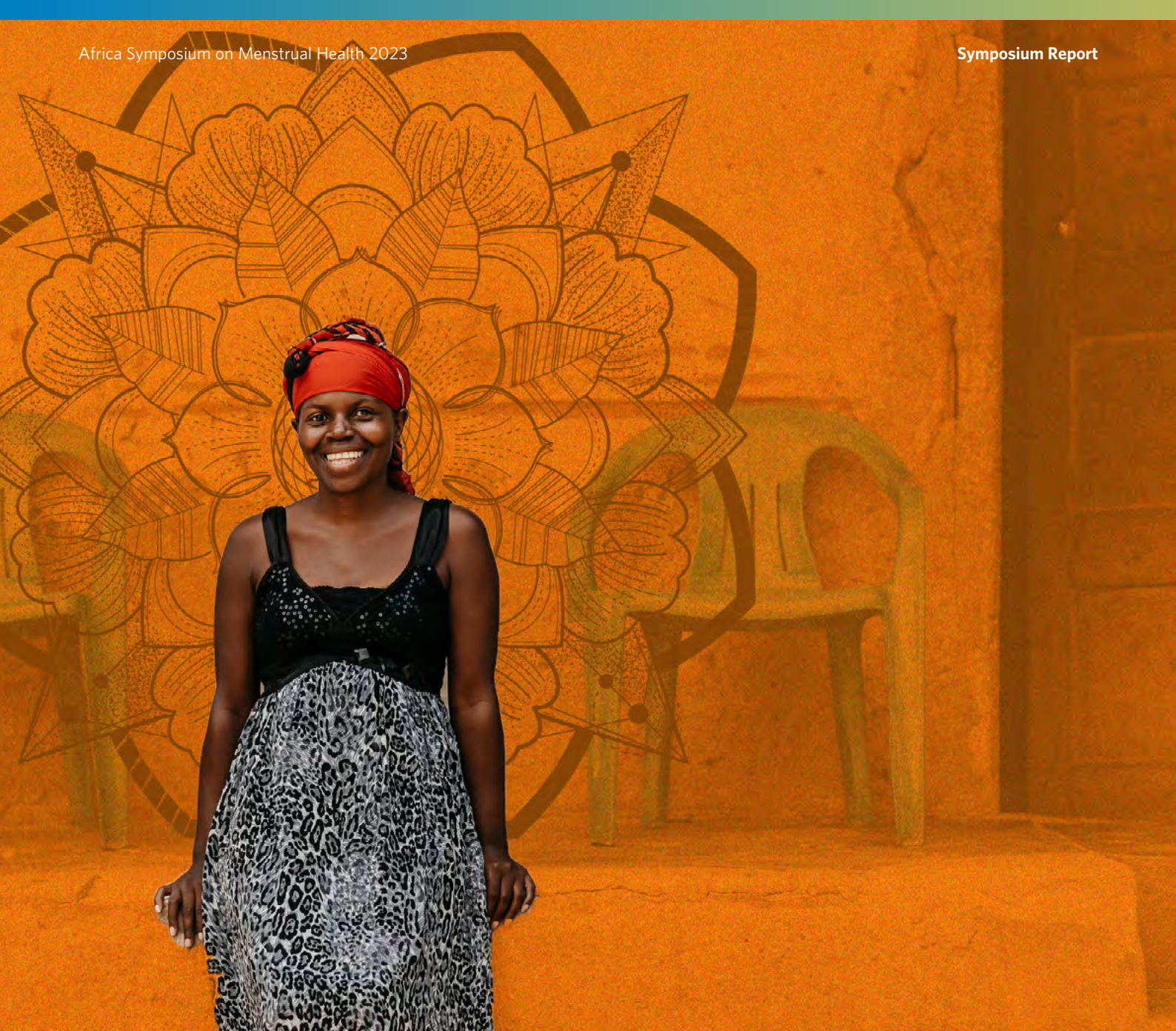


# Africa Symposium on Menstrual Health 2023

24-26 May  
2023  
Virtual

## Symposium Report





## List of **abbreviations**

<b>ACMH</b>	African Coalition for Menstrual Health
<b>MEL</b>	Monitoring, evaluation and learning
<b>RMEL</b>	Research, monitoring, evaluation and learning
<b>SDG</b>	Sustainable Development Goal
<b>SRHR</b>	Sexual and reproductive health and rights
<b>UNFPA</b>	United Nations Population Fund
<b>WASH</b>	Water, sanitation and hygiene

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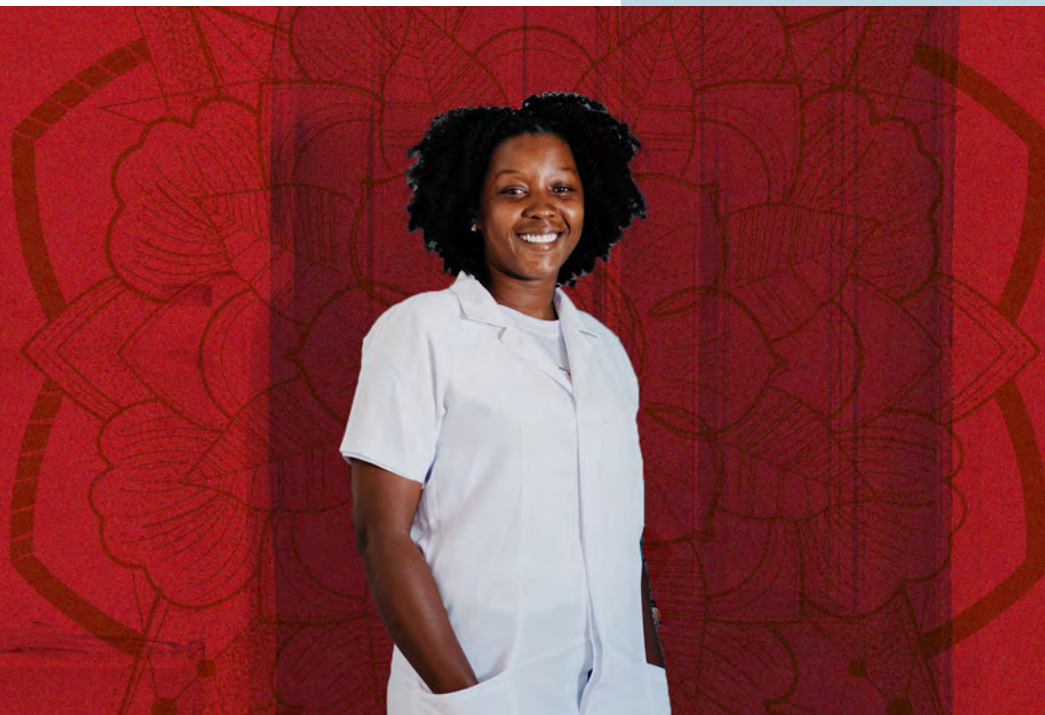
# Background

Today, many countries in Africa are moving towards more holistic responses to menstrual health throughout the reproductive life course, from menarche to menopause. Efforts are being undertaken to expand the focus on menstrual health from product availability as a stand-alone solution to integrated, cross-sectoral policy and programmatic responses, including in health, gender, social protection, education and water and sanitation sectors. These efforts are pursued through sexual and reproductive health and rights (SRHR) policies and programmes in both development and humanitarian settings. Despite these positive developments, in many African countries, there is inadequate coherence and evidence of the effectiveness of menstrual health interventions.

The first Africa Menstrual Health Symposium was held in 2018, and the second in May 2021 where a renewed Call to Action was endorsed with the promise of meeting again in 2023 to assess progress and share new ideas to further advance menstrual health in Africa. The African Coalition for Menstrual Health (ACMH), with support from the United Nations Population Fund (UNFPA), hosted the 3rd Menstrual Health Symposium on 24–25 May. The main purpose of this virtual symposium was to share updates and highlights, assess progress in each of the sectors involved in advancing this agenda, strengthen linkages and commitment, and share proven practices and innovations.

## Specifically, the symposium aimed to:

- Create a platform for advocacy, dialogue, knowledge and research sharing, skills building, networking and partnerships to strengthen policy, programming and research on menstrual health within the different health, human rights and development agenda;
- Strengthen the linkages between community-based organizations/entrepreneurs, private sectors and national, regional and global partners and leaders;
- Enhance (South-South) learning and sharing of best practices on successful, comprehensive and innovative policy and programme approaches on menstrual health;
- Strengthen and strategically position ACMH to facilitate the visioning process from the 2021 Menstrual Health Call to Action and improve advocacy, coordination and synergy among African countries.



## Opening addresses

The high-level session set the tone for the symposium by reminding us of the commitments made in the 2021 Call to Action and highlighting the importance of integration of menstrual health into key development areas on the continent. **Dr. Mashela Mogaila Mokgabudi**, ACMH Lead on Products, Standards and Value Chain highlighted access to sanitary products as a right, noting that periods don't stop during pandemics, wars and humanitarian emergencies. **An availability of different products, addressing inclusivity and cultural considerations, means we help ensure no-one is left behind.**

There must be a stronger focus on integration of menstrual health into mainstream education, as well as on the development of standards on products. This ensures quality and reliability of products. Waste management options should be made widely accessible whilst preserving the environment, and the development of policies and products should be inclusive to marginalized groups such as persons with disabilities. On monitoring, evaluation and learning (MEL), impact analysis must be conducted to determine good practices and areas in need improvement. All of these are the cornerstones to ensure integration of menstrual health is achieved.

**Ms. Lydia Zigomo**, Regional Director, UNFPA East and Southern Africa reflected that **since 2018, ACMH has grown as a cross-sectional partnership on menstrual health, committed, along with UNFPA, to coordinate efforts that continuously tackle menstrual stigma and shame, and provide relevant, accurate and culturally sensitive information.** The aim is to ensure menstrual health is not a silent issue. However, information alone is not enough. Girls, women and people who menstruate require access to climate friendly products, and must be able to access these products in spaces that are free from exploitation and violence. There must be menstrual literacy for girls, boys and communities to demystify what is a normal part of life and essentially part of broader SRHR.

Since 2018, there has been notable progress in some countries towards tax exemption on menstrual products and in humanitarian settings UNFPA works to ensure that menstrual health is a standard component of dignity kits. Despite this

progress, there must be greater and more effective integration of menstrual health into SRHR and also stronger connections to education, economic and social empowerment. There is also a need for more robust and standardized data to improve policies, as well as more focus on equity rights and justice to ensure persons with disabilities, gender non-binary persons, sex workers, prisoners, survivors of female genital mutilation and girls, women and people who menstruate have access to affordable products of choice in environments free of stigma and violence.

The **Hon. Mahamat Seid Farah**, Secretary General, Ministry of National Education and Civic Promotion, Chad, described how the Breaking the Barriers to Girls' Schooling programme, funded by UNFPA and implemented in certain provinces in Chad, reinforces the importance of menstrual health. The integration of life and reproductive health education into school curricula is a notable achievement and is also implemented in schools in refugee camps. The role of parents, the Minister noted, is paramount in the country's menstrual management strategy. There are concerted efforts to highlight the importance of dialogue between parents and children and raising awareness among parents and the community about educating girls, getting them into school and avoiding early marriage. This is aligned with the country's law against child marriage, enacted in 2015.

Hon. **Emma Theofelus**, Deputy Minister of Information, Communication and Technology, Namibia, maintained that the notion of menstruation and girls, women and people who menstruate as being 'dirty' is one that has been internalized by many groups in society. For this reason, menstruation remains a difficult topic to discuss. **An interesting contradiction is that while the birth of newborn babies is rightfully celebrated, there is a parallel failure to realize that it begins with menstruation. Discussions on menstruation must begin at the household level and move into policy spaces.** The Minister highlighted the disproportionate impact of COVID-19 on the health of women and girls, with an increase in teenage pregnancies, HIV infections and a worsening of period poverty. Within this context where household budgets were stretched, menstrual health was increasingly seen as an option rather than

a right or necessity. As of 2023, Namibia is one step closer to removing pink tax (a markup on goods and services marketed to women and for which men pay less for similar products and services).

Taking an intersectional perspective, the interconnectedness of menstruation, gender and age, means when girls are abused, and when men become aware they are menstruating and could get pregnant, they can be subjected to forced abortions. **The notion of menstrual health being not simply a woman or girls' issue but a human rights issue must be mainstreamed into health services.** Women and girls must also not be seen as passive beneficiaries in efforts around menstrual health but as active agents. Women in conflict, and/or those burdened by poverty or lack, need to contribute to making these hygiene products available.

**Hon. Gloria Orwoba**, Senator for Women, Republic of Kenya began her message with a personal story of having her period during a sitting of Parliament, and there being a noticeable stain on her trousers. She was subsequently asked to leave the Chambers. The Senator has always been a fierce supporter of women and a defender against period shaming. Since then, discussing menstruation in Parliament has become more normalized.

Kenya's menstrual health theme this year is commitment, a question that is posed as a challenge to all and an opportunity to reflect on what we are committed to doing, regarding being a change maker. **Whilst there may be effective policies and guidelines on menstrual health in Kenya, it remains important to legislate. Access to sanitary**

**products and managing menstruation with dignity can become reality if legislation is passed.** In 2023, there are now visible billboards in Kenya talking about menstruation. Hon. Orwoba reminded the meeting that everyone, despite their station in life, can make change. She challenged participants to pick an issue to champion. Communicating openly about menstruation, she noted, brings it out of a place of shame and silence.

**Ms. Joweria Namulondo**, Advocacy Officer, Youth Coalition for Sexual and Reproductive Rights, Uganda noted that in 2020 in Uganda, it was reported that girls miss on average, eight days per month due to menstruation. This is not only related to lack of products but also health issues including experiencing pain. Missing school because of menstruation affects dignity, health, education performance and future employment opportunities. This can lead to an overall increase in vulnerability which may lead to some girls being forced to engage in transactional sex and where sexually transmitted infections and unwanted pregnancies can be the result. In Uganda during the COVID-19 pandemic, Ms. Namulondo highlighted, there was an increase in transactional sex for menstrual products.

**Ms. Namulondo applauded UNFPA's catalytic efforts in supporting governments to respond to menstrual health needs and called for addressing intersectionality within menstrual health.** She stressed that there is a role for all actors, schools, civil society, communities, the public and private sector to ensure our environments are menstrual friendly.





# We deserve it all - Improving menstrual health through a human rights-based approaches

The session highlighted emerging practices to improve access to menstrual health and SRHR information and services. Speakers unpacked menstrual health as an integral part of SRHR and within a broader human rights agenda. By locating and integrating menstrual health in development and humanitarian efforts, there can be greater appreciation of the relationship between menstrual health and the protection and attainment of a range of rights. Evidence shows that programmatic connections between menstrual health and SRHR are still not the norm, with initiatives being implemented separately and with a disproportionate focus on SRHR. Evidence must also be used to inform policy, advocacy and programmatic actions to produce tangible results to improve menstrual health equity, as projects in Zimbabwe, Kenya and Mozambique demonstrate. At the community level, interventions on menstrual health open up dialogue on other issues related to SRHR. Locating menstrual health rights within labour rights, as groups in South Africa are championing, sheds light on the degree to which menstrual health impacts larger national concerns such as productivity and health.

**Monica Ferro**, Director, UNFPA Geneva Office, offered a unique perspective from a Human Rights Council panel discussion on menstrual health, human rights and SRHR integration. She noted that until recently, menstrual health was overlooked by SRHR and continues to be hindered by myth and social stigma. There must be increased advocacy for menstrual health to be seen as a component of SRHR, a key factor in women and girls' empowerment and contributor to meeting the Sustainable Development Goals (SDGs).

The experience of menstruation can facilitate or hinder broader rights. While menstrual health is a goal in itself, it must also be seen as a vehicle to the realization of other rights.





As a result of increased partnerships on the issue of menstrual health, the debate is gaining traction in Geneva. A resolution tabled in July 2021 on menstrual hygiene was pivotal. States must now ensure they have optimal and effective hygiene management, as well as equitable access to affordable and safe to clean water, soap and diverse products. While many of these issues were already enshrined in various human rights documents, frameworks and treaties, the resolution tabled in 2021 succeeds in bringing them together. This resolution required the Human Rights Council to convene a panel to discuss menstrual health, human rights and gender equality, states' obligations under human rights laws, challenges and best practices. UNFPA's Executive Director attended the panel discussion and in 2022, the Human Rights Council began working more closely with UNFPA and ACMH to integrate menstrual health into development and human rights.

Ms. Ferro called for more evidence gathering to reach legislators. In this way, actors working on menstrual health can earn a seat at the table where policies and programmes are discussed and designed.

**Anise Gold-Watts**, Manager, KPMG Norway presented aspects of the **Technical Brief on SRHR and Human Rights**. Using rapid review scoping methodology which gathered evidence from last five years, the key points that emerged regarding menstrual health and human rights are as follows:

- Menstrual health fits well into SRHR and human rights frameworks. Despite biological connections between menstrual health and SRHR, the former has been side-lined in favour of the latter, with menstrual health initiatives often being implemented separately.
- Although equality and non-discrimination are core aspects of human rights, the various needs of people who menstruate, refugees, prisoners, people who experience intersection etc., have menstrual health needs that remain unmet.
- Current policies target in-school adolescents but may exclude out-of-school adolescents.
- One study highlighted that women were reluctant to use a monthly vaginal ring for HIV prevention because of its negative perception with menstrual blood.
- Engaging in transactional sex for menstrual products leads to unintentional pregnancy, gender-based violence and sexually transmitted infections.
- There are major knowledge gaps and misconceptions on the continent regarding menstrual health.





**Chengetai Chikomwe**, Programmes Coordinator, Development Agenda for Girls and Women in Africa, Zimbabwe spoke to some of structural inequalities that inform the menstrual experiences of girls across Africa. Many girls are fearful about menstruation and do not experience it with dignity. Period poverty, affordability and access to products are recurring issues.

In the rural areas of Zimbabwe, where patriarchy is entrenched, many women are dependent on male partners who often see menstrual products as unessential or secondary in the priorities of the household.

In some communities, girls resort to unsafe menstrual practices such as using dried cow dung, wrapped in fabric to function as sanitary pads. Communities are also challenged with the availability of clean water. All of this results in girls missing schools and being left behind academically.

Zimbabwe's school health policy calls for comprehensive and effective support to schools for girls while they are menstruating. Schools in rural areas have demonstrated a need for additional support from government regarding water and infrastructure. Communication between parents and children on menstrual health must also be facilitated and improved.

**Alice Olawo**, Senior Technical Officer, FHI360, Kenya discussed the importance of policies being informed by research. It remains important to work closely with government throughout the entire process, from the period the research project is being developed to how the findings will be used to inform, develop or amend policy.

**FHI360's work, in collaboration with government, developed a counselling tool on menstrual changes induced by contraceptive use.** The development of this tool was informed by research data which showed that discontinuation in the use of contraceptives sometimes happens because women did not understand the menstrual changes they were experiencing (such as reduced bleeding) as a result of the contraceptives. If such changes are not communicated by health professionals during counselling, the study showed, it will lead to discontinued use because of lack of information. **Because of the research, FHI360 in collaboration with the Ministry of Health developed the NORMAL Job Aid which community health workers can use to educate women about potential menstrual changes resulting from contraceptive use.** At both national and county level, community workers can counsel women on what to expect when they use contraception, including the impact that contraceptives may have on their menstrual cycle. This job aid served as an opportunity to educate women more broadly about menstruation.



**Júlia Zandamela**, Senior Social Impact Manager, Be Girl, Mozambique discussed collaborating with young people on projects relating to menstrual health and using it as a gateway for helping to realize SRHR. Families in Mozambique generally believe that schools should be responsible for educating girls and therefore conversations around menstrual health are not the norm. The lack of knowledge about and conversation around menstrual health means girls and boys are ashamed to be with each other.

The organization recruited 112 adolescent mothers to act as ambassadors. This resulted in reaching 4,000 young girls, and spreading menstrual health education to parents, girls and adolescents. The project also provided employment to these adolescent mothers who, in turn, were a source of inspiration to others.

The issue of menstrual health served as an entry point to health and social issues facing communities and community members.

**Nokuzola Ndwandwe**, Founder, Team Free Sanitary Pads NPC, South Africa spoke about pushing governments in Africa to adopt legislation specifically relating to menstrual health. The organization submitted a petition with over 40,000 signatures and a memorandum backed by a collective of over 31 organizations to the South African government which was received and signed by a representative from the Department of Women, Youth and Persons with Disabilities. The campaign is advocating for a menstrual health rights law.

The organization believes that while the South Africa Sanitary Dignity Framework is an achievement, it is limited because it focuses solely on schools, and not on menstruators who are out-of-school. The impact of the Sanitary Dignity Framework in rural areas is unclear.

The organization is calling to implement menstrual leave within the country's labour laws. Employers in the private sector need to become more aware of menstrual health and its impact on health and productivity.

Team Free Sanitary Pads, together with Vivian Mokome Projects (Pty) Ltd, is championing their recently launched eight-layer organic Dignity long-lasting inspiration pad which will support girls and women across South Africa - and subsequently the whole of Africa - to menstruating with dignity. This is part of the demands for the Menstrual Health Rights Bill and Law, which calls for quality menstrual products for the African child. The 290 mm long and ultra-thin Dignity Organic Pad was launched in April 2023 and is suited for day and night use with a high absorbency organic cotton layer for all types of menstrual flows. It is also biodegradable, making it environmentally friendly. This is amongst the benefits in the pursuit to end period poverty, as well as protect the planet and foster job-creation through women-led businesses supported by preferential procurement. In essence, the project is aiming to achieve economic justice and rights through menstrual health rights.

# Holistic menstrual health interventions in the education sector: The journey towards institutionalization and sustainability

This session took a sector-wide approach in reflecting how the formal education sector seeks to improve menstrual health holistically and sustainably. By integrating menstrual health into education, schools become empowered to promote menstrual health to the school and broader community. This integration must be informed by evidence-based national guidelines relating to the provision of menstrual health education, product choices, and water and sanitation considerations. Such government ownership means the institutionalization and likely sustainability of menstrual health interventions. This, however, cannot exist without the direct involvement of educators and the community at large. Interventions that train community members on the importance of menstrual health and in the manufacture of menstrual products, increases the chances of all stakeholders speaking with one voice on the need for young girls to experience menstruation with dignity.

**Likho Bottoman** of South Africa's Department of Basic Education noted that the Department has recognized the need for partnerships to realize menstrual health as a right for girls in South Africa. To this end, it has worked with MIET AFRICA to develop menstrual health guidelines. To integrate menstrual health into education, the curriculum has been reorganized, teacher training conducted, relevant learner material developed or updated and in general, efforts made to institutionalize efforts around menstrual health.

The overall aim is to ensure schools are empowered to respond to the needs of menstruators and that menstruation is promoted as a normal aspect of life.





**Renjini Devaki**, Monitoring, Evaluation and Reporting Manager for South Africa Programmes at MIET AFRICA outlined how the organization, by developing menstrual health guidelines, has contributed to the institutionalization of holistic menstrual health interventions in the education sector.

The guidelines were based on the synthesis of the findings of the two studies, MIET AFRICA in collaboration with MatCH Research Unit and HEARD at the University of KwaZulu-Natal. The main gap identified from the synthesis is the lack of menstrual health guidelines for best practices in schools.

A sanitation survey was also conducted and found that, in addition to dealing with an inadequate water supply, almost one fifth of the population of the study admitted to using toilet paper as a sanitary product.

Learners also spoke of taking their used pads home.

The purpose of the guidelines is to provide education stakeholders at all levels, including NGOs and the private sector, with a comprehensive, evidence-based resource which can support menstrual health programming. The guidelines offer evidence-based guidance on the provision of menstrual health education, menstrual product choices, water, sanitation and hygiene (WASH) infrastructure and services, and a framework for addressing the challenges associated with managing periods safely and with dignity.

**Yeboua Ban**, Pedagogical Inspector, Ministry of National Education and Literacy, Ivory Coast provided insight on the challenges faced by schools and colleges in the country such as lack of a consistent supply of water and an inadequate number of functional toilets. While the country receives support from UNFPA, UNICEF, UNWOMEN for menstrual products for vulnerable children, a national policy on the supply of menstrual products does not exist. Currently, in partnership with certain school training institutions, structures for the manufacture of menstrual products with local and less expensive materials is being encouraged.



Yeboua Ban stressed that the Government of Ivory Coast needs to take ownership and initiative of the process; it must ensure that the curriculum is organized, teacher training, learning and teacher support is provided, and co-curricular programming takes place.

The national menstrual health guide in Ivory Coast focuses on the wellbeing of young girls during menstruation, the management of menstrual waste and hygiene rules for girls. It also addresses the stigma, taboos and false beliefs surrounding menstruation in many communities. It is hoped that teachers will find the guide's content useful and be able to integrate it into teaching manuals. Ivory Coast plans to revise its comprehensive sexuality education curriculum to include menstrual health and hygiene and other topics. There are also plans to produce pocket booklets with information for teenage girls and conduct advocacy with relevant ministries to develop policy to supply girls with menstrual kits in schools.

**Buya Mukonzo**, Country Manager, Days for Girls, Kenya spoke of a project to address critical issues such as lack of access to menstrual products which was impacting the educational experience of girls in Mt. Elgon in Kenya. The project is implemented in a community struggling with a lack of accurate, age appropriate and timely menstrual health education to girls and challenged with taboos and stigmas associated with menstruation.

Efforts to ensure buy-in by community leaders was essential and after meeting with 62 leaders was eventually successful. Community ownership was evident because community leaders requested the schools to teach menstrual health education. Days for Girls (DfG) organized stakeholder engagement forums and conducted a training-of-trainers workshop on menstrual health, along with a teachers' training. The training and stakeholder engagement resulted in the project having a wide reach and providing accurate information as opposed to reinforcing stigmatizing ideas. **The impact over two years includes the production and distribution of 11,000 DfG washable kits, the training of 50,000 women and men and 12 women and men employed.** The community is now synchronized and capacitated to advance menstrual health. The holistic strategy in which Days for Girls administered the programme allowed the community to take ownership of menstrual health in the same way, in the same spirit and with the same principles.



# Advocating for increased unlimited access to climate-friendly menstrual products for sustainable gender equity in humanitarian settings

This session highlighted the unsustainable menstrual product usage in humanitarian settings and its effect on the climate and environment. The diversity of menstrual products and the importance of product choice is key when implementing interventions during emergencies. While reusable menstrual products can benefit the environment, access to safe water, soap and private facilities are fundamental to successful programmes. Menstrual shame and isolation and its relationship to food access and services in humanitarian settings have a ripple effect on the menstrual, physical and emotional health of those who menstruate. Innovations around menstrual products, such as working with large garment manufacturers, should be identified and opportunities within these partnerships leveraged.

**Anise Gold-Watts**, Manager, KPMG Norway, presented aspects of the Technical Brief on Humanitarian Settings. The rapid scoping review and grey literature review using sources from 2018 to 2023 highlighted the following key points regarding menstrual health in humanitarian settings;

- Barriers to menstrual health products in the humanitarian setting are related to:
  - Decreased availability where some camps receive products while others do not.
  - Decreased affordability as many living in camps have no livelihood opportunities.
- Lack of funds to support menstruation which is a risk for early marriage and neglect by family members.
- Limited access to water and sanitation which translates to women being forced to share spaces with men. This can lead to sexual harassment or sexual assault and impact on mental health.
- Women and girls in humanitarian settings often sell food rations and other aid and/or turn to transactional sex to meet their menstrual health needs.
- Women and girls living with disabilities, and their caregivers, are more likely to face barriers to access and affordability of menstrual health products and SRHR information.





**Lillian Bagala**, Regional Director, Irise Institute East Africa, stated that if women and girls are to participate fully in worldwide activities, they must have access to sustainable menstrual health products and to be able to reduce the impact of these products on the environment. The integration of menstrual health into climate change will lead to increased sustainability and friendly disposal methods. Menstrual health players need to reach out to communities with affordable and user-friendly menstrual health products. Inadequate menstrual health management has a significant environmental impact; **access to single use menstrual products to those who can afford is often preferred over reusable pads and menstrual cups. However, in humanitarian settings, the reverse is true; when people in humanitarian settings have access to safe water, reusable menstrual products can benefit the environment and build self-esteem.**

**Dinatu Emmanuel Ishaku**, Executive Director, Kasham Girls, Women, Youth and Community Development Network, Nigeria stressed that there is great diversity of people in humanitarian settings who hold differing views on life, taboos, and philosophies. This must be considered in the humanitarian response and how it relates to mental health when addressing menstrual health.

Shaming and bullying makes women and girls 'unseen' and affects their availability to access food and participate in public activities and other services.

For example, in many instances, women who are menstruating cannot queue for food. Shame also pushes women to first collect used menstrual products and then dispose of them in an unsafe way, such as throwing plastic bags of pads into inappropriate areas, burning of pads in open bush or throwing them into water sources.

**Menstruating persons suffer silently and inadvertently experience detrimental health conditions instead of seeking support from health providers and menstrual health players.**

It is important to educate and widen sensitization of menstrual health to support the confidence of menstruating persons and commit to actions on environmental protection that will counter the effects of climate change.

**Emmanuela Dwatuka Ngoni**, President, AfriYAN, South Sudan highlighted that the onset of puberty and menstruation is the foundation of family planning, SRHR, safe motherhood and other related issues inextricably linked to menstruation. Women who are menstruating are often prevented from participating in normal or social activities as they are viewed as unclean. This has an impact on educational attainment, productivity and professional development.

Ms. Ngoni also noted that because of climate change, many livelihoods and homes are destroyed. This can lead to increased gender-based violence if women, as the traditional main salary providers of the family, are not able to work. The economic strife caused by climate change can lead to the forced/early marriage of girls and subsequent increased risk of fistula. It may also cause inadvertent actions on the environment such as charcoal burning to earn income. In this context, there is often little money for menstrual products. Under such circumstances, women and girls engaging in transactional sex, are forced into early marriage, and bear unwanted children. Some women are forced to isolate themselves during menstruation, more often using impure methods, making them more vulnerable to infections, abuse and attacks.

**More research is needed to better understand how people who menstruate are affected by war, displacement and availability of menstrual products. In this way, tailored solutions to the needs of menstruating persons living in close knit and diverse cultural backgrounds in the humanitarian settings can be developed.** Taking a holistic view, it is important to offer alternative income generation activities in humanitarian settings to preserve the environment.



Symposium participants were encouraged to reach out to the Africa Manufacturers Association to start the conversation in different countries with those already making the offcuts for donations across Africa and Asia. This can be seen as

a win-win for all – women and girls can have access to affordable menstrual health products, manufacturers decrease their climate footprint and high-end clients appreciate this decrease of textile waste as value-addition.

**Rachel Starkey**, Founder and Chief Vision Officer, Transformation Textiles, Egypt emphasized that it is possible to channel a non-stop pipeline of dignity items and kits by working with large textile manufacturers that will lead to effective climatological friendly outcomes. By committing to zero waste of materials such as textile offcuts which rank second to plastic waste, a project implemented by Transformation Textiles is saving hundreds of thousands of textile waste from dumping in landfills. **Upcycling quality textiles and training graduating adolescents, means menstrual products can be locally manufactured and menstruating persons can be assisted to meet their needs. This is an activity that will be passed on to generations of graduating adolescents. Social enterprises can use this business model to help provide needed, reusable pads (including in humanitarian settings) and help manufacturers reduce on their environmental impacts.**



# Investments in the menstrual product supply chain cycle: updates and recommendations for improving the health of people and the planet

Panellists discussed the development and progress made on menstrual health product standards in Africa. While there has been some progress, including the establishment of technical working groups in West and Central Africa, countries and regions still have a way to go in developing standards for both disposable and reusable menstrual products. In most cases, countries have also not made sufficient efforts to identify and utilize innovation opportunities in the menstrual product supply chain. The use of raw materials and the involvement of different stakeholders from young people to farmers, represents untapped resources. Alongside the focus on product development are interventions that address cultural taboos and behaviour change around menstrual health, in particular the disposing of products in an eco-friendly manner.

**Anise Gold-Watts**, Manager, KPMG

Norway presented aspects of the Technical Brief on Products, Standards and Value Change. Some of the key highlights of the rapid review (which in this case needed to employ more global literature given that the literature on products in Africa is low) include:

- Menstrual products vary and their choice depends on availability, affordability and personal choice. Products include single use pads, reusable pads, tampons, menstrual cups, toilet paper, mattresses, sponges, cow dung, among others.
- Cultural norms dictate how menstruation is perceived and managed; influencing if and how individuals decide on certain products as well as options to cope with menstrual pain.
- Socio-economic status influences access to menstrual products and while persons from both rich and poor backgrounds use pads, the poor use them for a longer period of time.
- COVID-19 impacted the supply chain of menstrual products to Africa, including restrictions on travel and movement.
- Advocacy, policy dialogue and political commitment remain important. Kenya is at the forefront on this with the provision of free pads for girls in school.
- There is a need for standardization as some countries have standards for both disposable and reusable menstrual products while others do not.



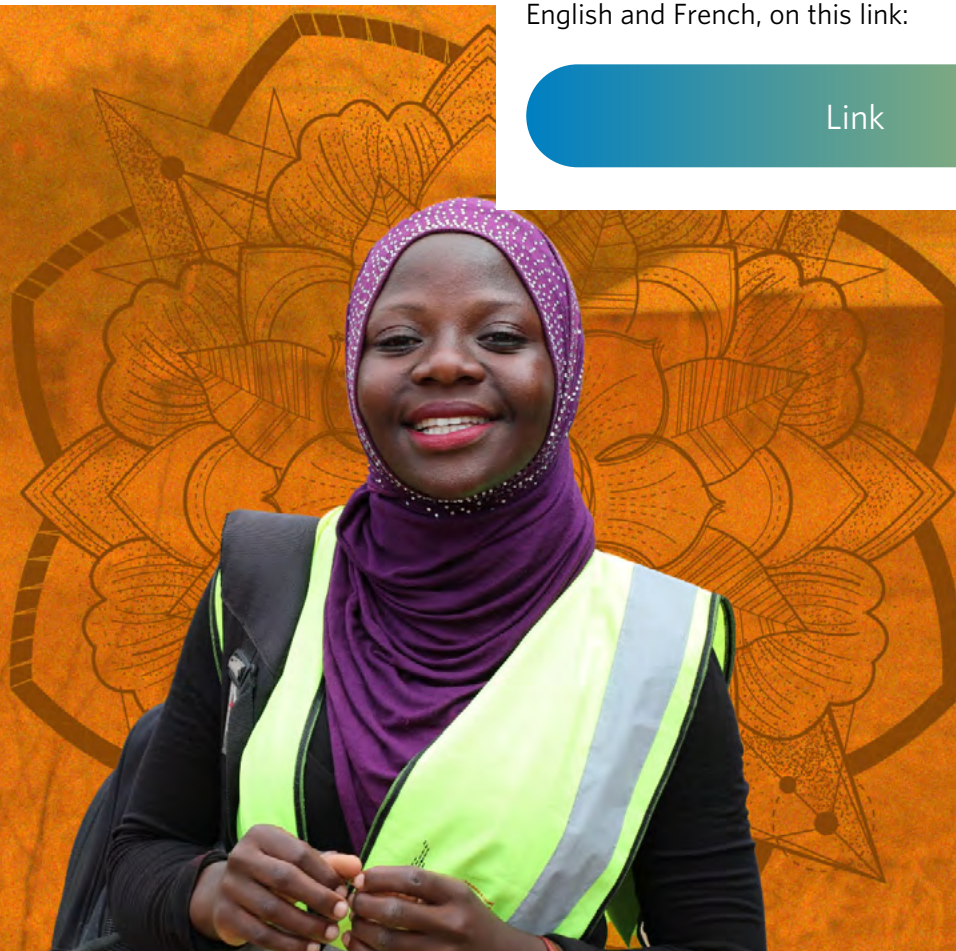
**Mary Nyaruai**, CEO and Founder, Nyungu Afrika, Kenya discussed Kenya's Basic Education Amendment Act which provides for the government to be responsible for supplying free and safe sanitary pads to learners. However, many learners still trade sex for sanitary pads and Kenya is leading in the high rate of teenage pregnancies. There have, however, been some important innovations along the products value chain. This is welcomed as currently most sanitary products are made with a lot of plastic. Different manufacturers are responsible for the three layers (top sheet, absorbent layer, and back sheet). Nyungu Afrika works with farmers to get waste from their farms with young people assisting on the project. This results in the entire value chain being a benefit to all.

Ms. Nyaruai stressed that **Africa must identify ways to catalyse innovation, using biomass and raw materials.** Menstrual health policies must be actioned and budgeted for and mainstreamed in other policies. Through the manufacture of sanitary pads, women, even those on the margins, can get involved and benefit from the process. Innovators need to increasingly become part of the conversation on product choice and supply chain.

**Paulson Kaserekalsevulambire**, WASH Expert, FLUSH LLC, New York, USA and WASARU Democratic Republic of Congo noted that between October 2022 and March 2023, an assessment was completed on the adoption of quality standards for menstrual health products for West and Central Africa. Within the region, standards were only identified for disposable pads in Ghana and Nigeria.

**There has been some progress on setting up menstrual health technical working groups in West and Central Africa countries.** Despite this, there are still gaps in integrating menstrual health in WASH and other sectoral policies in the region. To support advocacy on policy and standards, it remains important to advance stakeholder participation, government support to menstrual health and information sharing on a regional and national level. Regional actors can consider translating existing resources on menstrual health standards and market development into French, creating a regional menstrual health coalition, supporting engagement in the International Standards Organization Technical Committee for Menstrual Products, and providing professional development and mentoring on menstrual health, among other recommendations. The report, written by Lucy Wilson and Paulson Kaserekalsevulambire, on assessing the Landscape for Menstrual Products Standards in West and Central Africa is available and accessible in both English and French, on this link:

[Link](#)



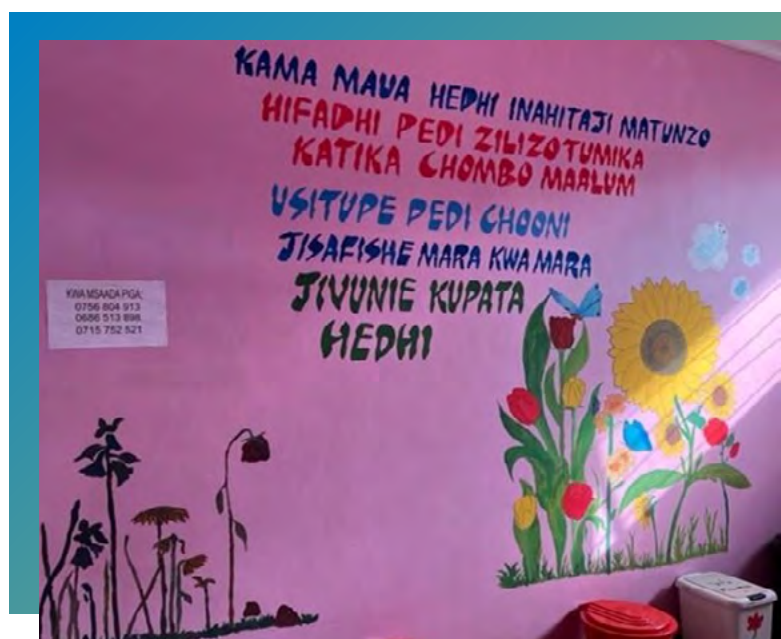
**Leyla Khalifa**, WASH advisor, SNV Netherlands Development Organisation, Tanzania showed how the WASH SDG programme focuses on a safe disposal of menstrual pads. It is implemented in two regions in Tanzania with behaviour change communication a key aspect of the intervention. The aim of the programme is to address unsafe sanitation practices such as the disposing of solid waste into toilets.

Formative research through key informant interviews and focus groups found that sanitary pads are 90 per cent of the waste thrown into toilets.

In Tanzania, burying or burning solid waste is not allowed. However, if the bins allocated for waste are not collected, the resultant garbage piles up and this attracts dogs and becomes unsightly. People then opt to throw sanitary towels into the toilet.

In addition, in most Tanzanian households, it is customary to have a bin in the kitchen but not in the toilet. Again, the inclination to dispose of sanitary pads down the toilet is easy and convenient. Coupled with this is a cultural belief that someone's used sanitary pad can be used for witchcraft against them. Therefore, flushing a pad down the toilet is seen as more favourable to putting it in a bin.

The project recommends that governments introduce special bins for menstrual pads which can be brightly decorated, install vending machines where women can purchase sanitary products and normalize menstrual health with colourful messages to inspire behaviour change.



**Sipiwo Matshoba**, Director, Department of Women, Youth and Persons with Disabilities, South Africa concluded the session by highlighting **the need to deepen the levels of advocacy on menstrual health, and broaden out to new the frontiers to ensure much bigger buy-in**. There must be integration of thought and work activities among those working on menstrual health, including a healthy interface with government so that information is communicated and shared seamlessly.

Without a financial mandate, plans and efforts on menstrual health cannot take root; **policy and legislative instruments are meaningless without a budget. Therefore, governments must be lobbied to allocate budgets towards menstrual health**. Beyond this meeting, ACMH must ensure members within the Coalition and its task teams stay active. Product safety within a product mix environment is key.

Integrating menstrual health into SRHR through the vehicle of education means implementing comprehensive sexuality education. In the case of South Africa, Life Orientation classes provide the perfect opportunity for this. Schools are the centre of learning and an environment ideally free of conservativeness, dogmas, judgements and hinderances are suitable places to hold open discussions about menstrual health.

# Prioritizing research, monitoring, evaluation and learning (RMEL) on menstrual health in Africa

RMEL in menstrual health is essential to better understand menstruation experiences, inform the design of programmes that address menstrual health and improve funding and resources for reproductive health-related RMEL. Too often interventions are developed based on opinions, beliefs and outdated information. While there is still a lack of validated qualitative and quantitative research methods, the session highlighted some of the data collection instruments currently in use and how they may be amended to suit different contexts and objectives. It is only through research and evidence building that unambiguous advocacy can be made for, for example menstrual health to become an integral component of SRH service provision.

**Anise Gold-Watts**, Manager, KPMG Norway presented aspects of the Technical Brief on Research and MEL. Key points emerging from the rapid assessment on RMEL are as follows:

- Although there is no specific SDG goal associated with menstrual health, educational attainment, SRHR, gender equality, human rights, water and hygiene etc., all have a relationship to menstrual health. Therefore, the latter is critical to making progress on these SDGs.
- There needs to be more explicit research if the needs of menstruators are to be met.
- There is still a lack of validated qualitative and quantitative research methods, as well as an absence of methods to assess effective programming.
- The literature notes that although household surveys have included menstrual health questions, there are inconsistencies that have posed problems in producing comparable evidence. There is, therefore, a need to standardise indicators.



**Jennifer Rubli**, Co-Investigator, at Partnering to Support Schools to Promote Good Menstrual Health and Well-Being stated that research and MEL are essential to understand how girls and women experience menstruation. For many years, it has been assumed that absenteeism is attributed to a lack of access to sanitary products. However, this may only be one aspect; girls may miss school for all types of reasons. The organization utilizes several tools – the integrated model of experience, the Menstrual Practice Needs Scale, which is a comprehensive questionnaire that measures how well needs are met and the Menstrual Practice Questionnaire which unpacks menstrual practices. The latter is shorter with open access. The organization has also developed a priority list of indicators, which while not a validated tool, aligns at national level and has been translated into multiple languages.

**Elialilia Okello**, Senior Social Scientist, Mwanza Intervention Trials Unit, Tanzania, adapted the Menstrual Practice Needs Scale model to refine an existing NGO-led menstrual sexual and reproductive health programme to better engage local governments, and enhance the school component through the engagement of boys, refinement of the pain management activities and inclusion of WASH facility improvement activities. The model was adapted by removing some aspects relating to household context and focusing rather on school. Existing monitoring and evaluation tools were used. The results showed that 34 per cent of girls missed school because of their period, 75 per cent of girls experience menstrual pain and 52 per cent missed school because of period pain.



**Mandikudza Tembo**, Postdoctoral Research Fellow, The Health Research Unit Zimbabwe and London School of Hygiene and Tropical Medicine spoke about the CHIEDZA trial- the community-based interventions to improve HIV outcomes in youths: a cluster randomized trial in Zimbabwe. The study aims to investigate the uptake, acceptability and effectiveness of a comprehensive menstrual health intervention integrated within a community-based SRH intervention among women aged 16-24 years in Zimbabwe.

Within the study, there was high menstrual health service uptake overall (97 per cent). Many respondents opted for reusable pads as opposed to menstrual cups which was usually chosen by the older group. The use of menstrual cup was not popular among younger girls as they worried about how using the cup would affect their virginity. The study found huge unmet need for menstrual health products, analgesics, and information/support across Zimbabwe. This was the case even as it was clear that addressing young women's health needs could be achieved using an integrated menstrual health and SRH service model.

The project recommended that menstrual health interventions be multi-component and provide a choice of menstrual health products, comprehensive education and support and pain management. It must be an integral component of SRH service provision at both community and primary care levels. Community engagement is key and must be factored into the programme at all levels.



**Paulson Kaserekasevulambire**, WASH Expert, FLUSH LLC, New York USA and WASARU, Democratic Republic of Congo, shared methods to assess the menstrual product standards in West and Central Africa. These include a literature review, key informant interviews, analysis of findings, validating results and disseminating findings.

One outcome of the assessment is a draft toolkit to support advocacy on standards. The toolkit includes a tool for rapidly assessing the menstrual product market. There has been a request for data collection tools to be shared through the Technical Working Group/Coalition for Menstrual Health, and for them to be linked to monitoring to further improve the work on menstrual health standards.

Several polls were shared to the audience during the session to determine what MEL is being done, as well as barriers and suggestions. Most respondents are not doing MEL in their menstrual health programmes or believe what they are doing is insufficient. The major barriers listed were lack of resources: human expertise, funding and tools.



## Closing addresses

**Fabrizia Falcione**, Deputy Regional Director, UNFPA West and Central Africa Regional Office began the closing ceremony by reminding the meeting that collective efforts have increased understanding of menstrual health as a human rights and development issue, and SRHR of girls, women and people who menstruate. Menstrual health is at core, a question of gender equality: addressing menstrual injustice is imperative in our march towards gender equality.

Ms. Falcione, on behalf of UNFPA, thanked ACMH for its collaboration with the United Nations and showed appreciation for the dedicated team of youth leaders and their unwavering commitment. The theme of 'addressing social justice' has been instrumental in tackling stigma. However, injustice persists as menstruation is still seen as impure or dirty.

**Menarche may lead to child marriage or sexual violence as for some, it signals girls are ready for motherhood and sexual activity. Therefore, work towards transforming discriminatory gender norms is critical.**

The Deputy Regional Director further noted that climate change and conflict is affecting the Sahel region which exacerbates poverty, gender-based violence and forces women to make difficult decisions with regards to menstrual health. When menstrual health becomes part of SRHR and related policies and programmes, the possibility of menstrual justice is within reach. It remains important to continue engaging leaders, youth, faith-based leaders and institutions, government actors etc. to challenge social norms. Menstrual injustice is everyone's business.

A statement by **Esinam Amuzu**, Adolescent and Youth SRHR Advocate from Ghana, on behalf of young people was a strong call to action in itself. She stressed that:

*The effects of climate change on menstruation are real* – The impact of climate change limits the ability of girls, women and people who menstruate to have hygienic periods due to limited access to clean water. It remains critical to advocate for disposal of menstrual products in a responsible manner to protect the environment.

*Menstruation with its current stigma and taboos, fuel mental ill-health for adolescents and youth*– Without sexuality education, the stigma surrounding menstruation and the taboos are overwhelming for girls regardless of levels of formal education and income status. This can have mental health repercussions.

*Menstruating is not cheap* – Access to safe water and the cost of menstruating still pose a barrier for girls in the region. Girls from low-income settings need menstrual products as well as sufficient underwear. The cost of making reusable pads of nationally accredited standards is high for young people.

**Dr. Venkatraman Chandra-Mouli**, who leads WHO's work on adolescent sexual and reproductive health, began by saying that it is important to recognize that menstruation is a health issue, not a hygiene issue. It is a health issue with physical, psychological and social dimensions, and one that needs to be addressed in the perspective of a life course from before menarche to after menopause.

He then made the following five points in relation to the themes of the symposium:

- The integration of menstrual health into SRHR programmes and policies is crucial to ensure a holistic and rights-based approach to addressing menstrual health challenges and advancing gender equality, SRHR and human rights.
- Comprehensive sexuality education, which includes menstrual health and puberty education, is effective in promoting good menstrual health. It should be adapted to local contexts, and languages, and reflect local power structures to be effective.
- It is critical to ensure access to and informed choices about quality menstrual health services as part of universal health coverage and an integrated package of comprehensive sexual and reproductive health services throughout the life cycle.
- Emergency preparedness and response should include menstrual health as a key component for SRHR and gender-based violence interventions, services and information.
- It is important to strengthen grassroots research, programmatic measurement, monitoring and learning.

He concluded by stressing that a comprehensive and multi-level approach to fight menstrual stigma should target gendered power relations at various levels, including individual, community, organizational and structural levels.

**Mary Grace Sanday**, Lead, Africa Coalition on Menstrual Health Humanitarian, Uganda, in her vote of thanks to the organizers, supporters and participants of the symposium, reminded the meeting that continuous efforts are required to address sociocultural norms and economic issues that contribute to menstruating persons to be stigmatized and dependent. **Amplifying the unheard voices at the grassroots and communities affected by natural disasters and conflict must remain a priority.** Alongside this, protecting the environment while focusing on disposal, ensuring proper infrastructure in schools, and providing sufficient information pertaining to changes in menstruation at different stages of life are all building blocks for a menstrual health strategy.

Research work needs to be heightened to ensure ownership of programmes and efficiency in utilization of resources. It is this effective MEL that will support advocacy to governments to include menstrual health funding in the budgets and policy. The same will enable adolescent peer educators to support upcoming generations. Research must be carried out in collaboration with government priorities and agenda.

## Conclusion and key takeaways

The symposium highlighted that the spirit and tenets within the 2021 Call to Action is still alive, relevant and functioning as a guide for menstrual health interventions across Africa. The coming together of more than 500 participants from United Nations agencies, governments, development partners and youth networks across Africa to discuss the latest challenges and opportunities in menstrual health is proof that momentum on the issue continues to grow.

The event demonstrated that while there is much to celebrate regarding strides made on menstrual health in Africa, glaring gaps remain. Programmatic connections between menstrual health and SRHR are still not the norm and initiatives must make a concerted effort to integrate menstrual health into SRHR efforts. **Menstrual health must be conceptualized, and programmes designed within a human rights agenda as the experience of menstruation can facilitate or hinder broader rights.** While menstrual health is a goal in itself, it must also be seen as a vehicle to the realization of other rights. **Discussions and projects relating to menstrual health can be used as a gateway and entry point for helping to realize SRHR, discussing shame and stigma related to menstruation** and addressing broader issues of health and social issues facing communities and community members.

Integrating menstrual health into education empowers schools to promote menstrual health to the school and broader community. Community ownership of menstrual health efforts contributes to building the capacity of communities to speak with a common voice and to call for the advancement of menstrual health. This is also a key ingredient in the sustainability of menstrual health interventions. **Menstrual health integration informed by evidence-based national guidelines offers thinking on the provision of menstrual health education, product choices and WASH infrastructure and services.**

**The diversity of menstrual products and the importance of product choice are key when implementing interventions during emergencies.**

The integration of menstrual health into climate change will lead to increased sustainability and friendly disposal methods. More research is needed

to better understand how people who menstruate are affected by war, displacement and availability of menstrual products. **Innovators need to increasingly become part of the conversation** on product choice and supply chain and **working with large scale textile manufacturers** has been shown to offer a win-win result for all involved.

While there has been some progress, including the establishment of technical working groups in West and Central Africa, **countries and regions still have a way to go in developing standards for both disposable and reusable menstrual products.** In both development and humanitarian settings, policies and products should be inclusive to marginalized groups such as persons with disabilities, gender non-binary persons, sex workers, prisoners and survivors of female genital mutilation. To support advocacy on policy and standards, it remains important to **advance stakeholder participation, government support** to menstrual health and information sharing on a regional and national level. **Governments must be lobbied to allocate budgets towards menstrual health policy development and implementation.**

**Research and MEL are essential to understand how girls and women experience menstruation.** While there is still a lack of validated qualitative and quantitative research methods, **there are data collection instruments currently in use which could be amended to suit different contexts and objectives.** Menstrual health interventions should provide a choice of menstrual health products, comprehensive education and support and pain management. **Community engagement** is key and must be factored into the programme at all levels. Several polls were shared to the audience during the session to determine what MEL is being done, as well as barriers and suggestions. The major barriers listed were lack of resources: human expertise, funding and tools.

