



MINISTRY OF EDUCATION AND SPORTS (MOES)

**SITUATION ANALYSIS STUDY ON MENSTRUAL HEALTH AND
HYGIENE MANAGEMENT (MHM) IN UGANDA**



2020

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LIST OF ACRONYMS

BTVET	Business Technical Vocational Education and Training
CSO	Civil Society Organization
EAC	East African Community
FGD	Focus Group Discussion
MHH	Menstrual Health and Hygiene
MoES	Ministry of Education and Sports
MoWE	Ministry of Water and Environment
NGOs	Non-Government Organization
PWDs	People With Disabilities
SDG	Sustainable Development Goals
SMT	Senior Men Teachers
SWT	Senior Women Teachers
UN	United Nations
UNESCO	United Nations Education Scientific and Cultural Organization
UNICEF	United Nations International Children's' Emergency Fund
UPE	Universal Primary Education
USE	Universal Secondary Education
WASH	Water, Sanitation and Hygiene.
WSCC	Water and Sanitation Collaborative Council

1.0 EXECUTIVE SUMMARY

Menstrual Health and Hygiene Management is both a health and social issue that is increasingly gaining prominence on the global development agenda. Due to the increased recognition of poor MHM in the country, and its negative socio-economic and health impacts to women and girls in reproductive age, Government through the Ministry of Education and Sports (Gender Unit) with support from, IRC, spearheaded the process of developing a National MHM Strategic Plan. As part of the processes, a country Situational Analysis was carried out during the months of August - September 2020 in 14 districts sampled on regional basis. These included; Wakiso, Gomba, Soroti, Kamuli, Moroto, Abim, Kyenjojo, Sheema, Bundibugyo, Kasese, Nwoya, Apac Nebbi and Arua.

The study consultants adopted largely a qualitative approach, with statistics generated as well from the same primary and secondary sources of information. In total, **426** respondents participated in the Study. These included girls and boys in and out of school, female and male teachers, community men and women/ parents, district officials from the departments of Education, Health, Water and Gender, Sector officials from Gender, Education, Health and Water, representatives of multi-lateral agencies, Development partners and CSOs.

Summary of findings.

Knowledge, Attitudes and Perceptions:

- There was generally limited knowledge about MHH among respondents. None of the 413 respondents (girls, boys, teachers, community men and women and district key informants) reached could clearly articulate all the components of the MHH framework. To many, menstrual hygiene management stopped at accessing and using pads.
- The role of parents in passing on basic MHH knowledge and information was found minimal.
- The limited knowledge was more pronounced among the men and boys attributed to mainly culture that locked them from women's menstrual issues. Of the 102 men and boys interviewed **60%** of them expressed very limited knowledge about menstruation, while **50%** of the 152 girls interviewed expressed shock at their first menarche due to limited knowledge and inadequate preparation for menstruation.
- A majority of **79%** of women and girls interviewed experienced menstrual pain (dysmenorrhea) as their main challenge for which they expressed limited knowledge to manage.
- Cultural perceptions still consider menstruation is a women's preserve in all contexts especially among the rural communities and was supposed to be kept secret from men.

Access to Information: It was largely observed that there was limited access to the right and adequate MHH information among respondents. The male folk (men and boys) were the most affected. Of the 143 respondents reached, **65%** indicated having access to basic MHH information. The major source of information was schools for (61%) of respondents; mainly for

teachers, school going boys and girls. Other major sources of information included; peers reported by 45% of respondents, workmates (37%) and CSOs/ NGOs (27%).

The major source of information for community women was their peers and elderly women while for other working categories it was their workmates. For mothers, only 43 (10.4%) respondents reported accessing information from them. Senior Women teachers were the main source of information in schools. Children with Special Needs rarely accessed MHH information that was packaged according to their type of disability. Senior Men teachers rarely prepared boys for puberty changes.

Access and Use of MHH Materials: Disposal pads was the most commonly used material among schoolgirls and career women. Rural women and girls commonly used pieces of cloth for padding. Out of the 250 women and girls interviewed; 52% used disposable pads, 32% used pieces of cloth, 6% re-usable pads, 5% cotton wool, 3% used toilet paper, while 2% used other materials. Use of disposable pads was most common among school going girls and career women.

Of the 152 girls, 46% of them specifically used disposable pads, while 29% of girls and 13% of women used re-usable pads. The use of disposable pads was however not consistent. Sometimes, these would alternate to pieces of cloth due to lack of money to purchase adequate disposable pads. 75 of the 152 girls indicated having lacked pads at one point in time. Eight (8) districts representing 57% of those sampled for the study indicated providing for emergency pads. Of the 152 girls interviewed, 43 of them reported having emergency pads at school while 109 (71%) of the girls had none in their schools.

Access to Water: While findings revealed that all schools and communities accessed safe water, the supply was quite inadequate especially in rural settings. Of the 353 respondents (comprising of girls, boys, teachers, community men and women), only 207 representing 59% had regular access to water. Findings also revealed that schools and communities in hard-to-reach areas faced serious challenges with the water supply. It was found out that most water sources in schools were not conveniently located near washrooms and changing rooms as directed by the MoES directive.

Access to other sanitation facilities: 86% of the 14 districts sampled indicated having separate toilet facilities for boys, girls and staff. It was only in Bundibugyo and Kasese where cases of lack of separate latrine facilities were reported. The pupil stance ration mainly ranged from 49:1 to 103:1, over and above the national ratio standard of 1:45. Only Wakiso district had a ratio of 30:1. Ninety three percent (93%) of the sampled districts indicated having no latrines for Children with Special Needs. Less than 50% of schools had washrooms, while less than 10% indicated having washrooms in good condition. Changing rooms were a rare facility in schools. The same applied to hand washing facilities. About 20% of leaners (girls and boys) indicated having a hand washing facility at school.

Waste disposal: 80% of female respondents (girls and women) disposed their used pads in latrines, while quantitative findings from the district education departments indicated that over 80% of public schools did not have incinerators. Other places for waste disposal revealed by respondents

included bushes and rubbish pits. There were concerns that some cultures prohibited the burning of used menstrual pads.

Access to other MHH support: Only 3 of the 14 districts provided emergency clothing for the girls at school. These included Kyenjojo, Nebbi and Wakiso districts. Out of the 79% women and girls that indicated experiencing menstrual pain, only 28% had access to pain killers. Very few schools were found to provide soap and basins to the girls and female teachers. Thirty (30) out of the 152 girls reached reported to have lacked soap during their menstrual periods. With regard to psycho-socio report, 15% of the 152 girls reached indicated having access to some form of psycho-socio support, while only 30 out of the 120 teachers interacted with indicated having had a training in MHM.

General Menstrual Health and Hygiene Challenges

Physiological

- i. Menstrual pain that manifests in different forms like abdominal/ stomach pain (dysmenorrhea) and back pain to which women and girls had limited knowledge and skills for their management. Other physiological challenges included; headache, stress, mood swings, body weakness and fatigue.
- ii. Heavy, prolonged and repeated menstrual flow which is socially and economically costly for the women of reproductive age-to which they associated with “uptake of Contraceptives”.

Social challenges

- i. The existence of negative cultural practices and attitudes that override the contemporary menstrual hygiene management practices.
- ii. Culture largely affected men’s access to menstrual hygiene information and support to women and girls during their menstruation.
- iii. The exclusion of boys from menstrual discussions especially in school settings which partly contributes their negative mentality towards menstruation.
- iv. Traditional lifestyles in some communities that impede a shift in attitudes towards adoption of better menstrual hygiene management practices; a case of Karamoja sub region.
- v. Diminished Parental Roles in MHH: Most parents are not playing their role of educating, supporting, and preparing girls for menstruation.
- vi. Limited social support networks at both school and community level.
- vii. Low education levels that have affected adoption of modern MHH practices; noticeable in rural areas.
- viii. Limited reporting about MHH situation for women and girls by the media.

Economic Challenges

- i. Widespread poverty especially in rural areas that has limited the capacity of women and girls to afford decent, safe and appropriate MHH sanitary materials e.g. pads.
- ii. Limited funds in schools to provide the basic MHH facilities for girls and other needed support. The facilities include water, washrooms, changing rooms, rest rooms, hand washing facilities, and drying facilities among others.

Environmental Challenges

- i. Poor menstrual waste disposal in schools, public places and at household level largely attributed to lack of resources to provide appropriate waste disposal facilities.
- ii. Waste disposal education is not emphasized under the hygiene and sanitation programmes by the different stakeholders.
- iii. Poor Hygiene practices among communities

Structural & Institutional Challenges

- i. There was generally limited access to the basic and recommended facilities for MHH in the different environments e.g., schools, homes, communities, and workplaces. These include water facilities, changing rooms and rest rooms, incinerators, washrooms and hand washing facilities among others.
- ii. The low implementation of standardized infrastructural designs in schools thus affecting the integration of relevant MHH facilities for girls and female staff.
- iii. Limited access to and prioritization of other relevant support for the girls and women due to generally limited resources; (e.g., emergency pads, pain killers, soap and basins and emergency clothing (like knickers, wrapping cloths, drying cloths) that are rarely provided by institutions and other support stakeholders.
- iv. Limited psycho-socio support for girls and women undergoing menstruation: -partly attributed to poor attitude for some of those responsible towards the girls, rare demanded by those affected, and limited basic MHH counselling skills among teachers and other support networks.
- v. The WASH committee structures in schools are either non-existent or non-functional in most of the school establishments thus affecting the effective monitoring of the functionality of WASH facilities in schools.
- vi. Senior women and men teachers are faced with inadequate training in their roles and responsibilities, MHH, basic counselling skills and generally least facilitated to fulfill their mandate.
- vii. There is limited access to timely, right and adequate MHH information by stakeholders. The limited public education and the lack of a standardized package for MHH information for the public compounds the problem.
- viii. The loose MHH coordination mechanism/ structures at national level are affecting effective affecting MHH at the different levels.
- ix. The role of the health sector is critical but has been observed to be minimal in addressing some of the MHH information gaps. The public health work force is limited especially in districts, and this is worsened by the limited availability of resources thus affecting public

education and programming at both national and decentralized level. There is also a weak link between menstrual health and reproductive health in programming.

- x. The civil society organizations are not offering and training girls and women including other stakeholders on the whole MHH comprehensive framework. One or two elements are often emphasized (mainly pads) at the expense of others therefore affecting programming and prioritization in implementation of MHH and all its components.
- xi. There is a general lack of MHH Policy to provide government direction/ trajectory, guidance, accelerate programming and propel budgeting in MHH by different stakeholders.
- xii. The limited research and documentation about MHH Programmes, approaches and best practices has partly affected advocacy for MHH implementation in the country and in the different environments.
- xiii. There is limited public private partnerships to support implementation of MHH in the various settings.
- xiv. There is no direct government financing for MHH programmes in the country. Most of the funding is integrated in nature thus affecting focus on addressing major MHH issues affecting girls and women of menstrual age.
- xv. There are weaknesses in enforcing regulatory standards for the production of MHH materials such as sanitary pads in the country. Although Uganda National Bureau of Standards (UNBS) provides Guidelines (2017) for the manufacturing of MHH products (e.g., the re-usable pads) in the country, their enforcement of the provisions contained therein is a challenge. The women and girls have limited awareness about their MHH sanitary consumer rights and therefore cannot hold the manufacturers accountable for any defects and side effects during usage. This exposes the consumers of such products to health risks.

RECOMMENDATIONS

- i. There is need to develop a multi-stakeholder approach towards Menstrual Health and Hygiene interventions. Key consideration should be given to the information sharing strategies/ mediums, packaging to the different categories of people and age groups.
- ii. There is need for an all-inclusive approach to MHH by involving men and boys in the promotion of menstrual hygiene management for girls and women. Deliberate efforts should be made to involve men and boys in MHH trainings and sensitization programmes.
- iii. There is a strong need to break the cultural barriers to effective MHH through change of positive attitudes and perceptions by stakeholders.
- iv. Specifically, there is need to develop a deliberate strategy to engage cultural and religious leaders on menstrual health and hygiene management as a means to breaking the negative attitudes and cultural barriers.
- v. The parents need to be reminded of their cardinal role of offering basic MHH information, preparing the girls for puberty and providing for their MHH needs.
- vi. Government and development partners should consider nationwide skilling of teachers in the different education institutions in the comprehensive MHH framework.

- vii. While the current MHH interventions focus on mainly public primary schools, it is important to increase coverage to include private schools, secondary schools, community women and men and at the workplaces.
- viii. Government of Uganda and the development partners need to scale up skilling of the women, girls, boys and men in making re-usable pads.
- ix. Government should through the Uganda Bureau of standards strengthen regulatory standards for the locally manufactured re-usable pads.
- x. Water access in schools and communities revealed disparities. Different stakeholders are therefore urged to support water access interventions in the country. It is therefore pertinent that water interventions are scaled up in all settings and more so in more populated areas like schools.
- xi. Improve access to MHH facilities in schools and workplaces. Other than prioritizing toilets, other facilities like washrooms, changing rooms, rest rooms, drying and hand washing facilities should be provided to girls and women. These facilities should be in good condition as well.
- xii. Disposal of menstrual waste is a key challenge. There is therefore a need to provide and either improvise menstrual disposal facilities in all environments. The provision of incinerators in schools, work places and public incinerators in communities is necessary.
- xiii. There is need for a clear and formal multi-sectoral coordination mechanism for menstrual hygiene management at all levels in the country; from national to local government level.
- xiv. There should be deliberate efforts to prioritize MHH integration and programming at sector level. This will provide an opportunity to provide independent funding for MHH for improved response for the girls and women of menstrual age. The focus should be on key sectors of Health, Education, Gender, Water, Finance and Local Government among others.
- xv. The private sector can play a key role in supporting MHH interventions and therefore needs to be approached for support.
- xvi. Menstrual Health and Hygiene Management is comprehensive in nature. There is therefore need for a policy and institutional framework including national guidelines to facilitate its programming and implementation.
- xvii. The MHH coalition, development partners and sector stakeholders are encouraged to advocate for the integration of MHH situational analysis into the national data base and National Household surveys conducted by the Uganda Bureau of Statistics (UBOS). This will aid in planning and programming for MHH in the country.
- xviii. Enhance the knowledge capacity of the media in MHH. Engage them to create awareness about MHH challenges facing girls and women of menstrual age in the country, and the importance of addressing such challenges for the promotion of dignity for the women and girls.

1.0 INTRODUCTION AND BACKGROUND

Around the world, a growing coalition of academics, donors, nongovernmental organizations (NGOs), United Nations agencies, and other stakeholders are mobilizing resources to address the menstrual-related challenges for women and girls in reproductive age. Menstrual Health Hygiene is both a human rights and health issue; where women and girls are entitled to live a life of dignity¹.

According to the UN Sustainable Development Goals (2015-2030), all nations should work towards ensuring healthy lives and well-being for all at all ages (SDG 3). There is need to ensure inclusive and equitable quality education and promote lifelong learning (SDG4), achieve gender equality and empower all women and girls (SDG 5); ensure availability and sustainable management of water and sanitation for all (SDG 6), and ensure decent Work & Economic Growth (SDG 8). In an effort to ensure dignity for women and girls, the United Nations in (2014), declared May 28th of every year a Menstrual Hygiene Day that aims to create awareness and highlight the importance of MHH to different stakeholders.

In spite of the glaring hope about MHH for women and girls, many of its pertinent issues remain underserved. In Low- and Middle-Income Countries (LMICs), families, communities, and schools have not been adequately provided with MHH guidance, information, sanitation facilities and materials for girls and women making, it difficult for them to adapt to their body changes and the external environment².

The limited redress to MHH challenges is a historic issue. Some scholars indicate that many school environments in LMICs were constructed at a time when girls were not permitted or encouraged to attend school, and therefore, the design and construction of water and sanitation facilities, were oriented to the needs of students who were mainly boys³. Besides, majority of governments in LMICs had few women in leadership positions, and hence could not effectively advocate for menstrual hygiene management. This was exacerbated by the perception that it was a “taboo” to discuss menstrual issues in public as per the culture of a myriad of societies.⁴ The above barriers implied inadequate planning, response and resource allocation to address menstrual challenges and is still a challenge that has persisted overtime.

Studies have shown that there are many negative social and economic impacts of not attending to the menstrual needs of girls and women. Anecdotal evidence shows that 1 in 10 school-age African girls skip school during menstruation or drop out entirely because they lack access to necessary sanitary products. By contrast, MHH response has largely focused on sanitary materials as a “magic bullet” that will solve menstrual challenges for girls and women⁵ yet MHH is beyond pads.

¹ *Universal Declaration of Human Rights Instrument*

² M. Sommer, J. S. Hirsch, C. Nathanson, and R. G. Parker collectively conceptualized the article content. M. Sommer (2015); *Article; Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue*; accessed July 2020.

³ Barthel D. *Women's educational experience under colonialism: toward a diachronic model. Signs (Chic Ill) 1985;11(1):137–154*

⁴ *Ibid*

⁵ *Ibid*.

The United Nations Educational, Scientific and Cultural Organization report (UNESCO, 2014), estimates that one in ten girls in Sub-Saharan Africa loses about 4 to 5 days of school per month, and about 10- 20% of their school calendar time.⁶ Surveys show 33%-61% increase in absence of adolescent school girls due to lack of menstrual hygiene provisions.⁷ At individual level, inadequate menstrual hygiene management predisposes adolescent girls and women to urogenital infections⁸, psychosocial stress and reduced opportunities for accessing school and work.⁹ All these consequences limit a woman's ability to sustain herself and her family, and ultimately impacts negatively on a country's economy¹⁰.

Overall, the scenarios above call for improved recognition of poor menstrual hygiene management as a public health concern that needs robust programming and strategies to mitigate its negative socio-economic impacts to girls and women of menstrual age. It requires a multi-stakeholder approach and a national Strategic direction to maximize resources, and other capacities that can enhance programming and policy response. This thus justified the Situational Analysis Study to inform the development of the National MHH Strategic Plan for the country. The study was supported by IRC Uganda, and the Water and Sanitation Collaborative Council (WSCC), while the leadership in its actualization was spearheaded by the Ministry of Education and Sports (MoES); Gender Unit; on behalf of other relevant Sectors.

Structure of the Report

The report is structured thematically to inform a detailed analysis of the gaps in MHH. There are six thematic areas namely; (i) Knowledge, Skills, Attitudes and Perceptions (KAP), (ii) Access to information (iii) Access to Water (iv) Access to sanitary materials, (v) Access to other facilities (bathrooms, changing rooms, rest rooms, hand washing facilities, etc.), (vi) access to other MHH support- (emergency clothing, pain killers, soap & basins, psycho-social support & networks), and (viii) Menstrual waste disposal. A summary of findings is provided after discussion of each of the thematic areas. The major MHH challenges are finally discussed including recommendations.

⁶ United Nations Educational, Scientific and Cultural Organization (UNESCO (2014); *Puberty, Education and Menstrual Hygiene Management*; <https://unesdoc.unesco.org/ark>

⁷ Ibid

⁸ Winkler IT, Roaf V. *Taking the Bloody Linen out of the Closet – Menstrual Hygiene as a Priority for Achieving Gender Equality*. *Cardozo JL & Gender*. 2014:1–54.

⁹ Phillips-Howard PA, Caruso B, Torondel B, Sahin M, Sommer M, Caruso B, et al. *Menstrual hygiene management among adolescent schoolgirls in low- and middle-income countries: research priorities schoolgirls in low- and middle-income countries*. *Glob Health Action*. 2016;9:1–7.

¹⁰ King E, Winthrop R. *Today's challenges for girls' education*. *Brookings Global Working Paper Series*. 2015, accessed, July 2020.

1.1 The Concept of Menstrual Health Hygiene Management (MHM)

Menstrual Health and Hygiene (MHH) is defined by the United Nations as the use of clean menstrual management products to soak menstrual discharge by women that are changeable in privacy as required, with proper access to water, soap, and disposable methods. If hygienic practices are not followed during menstruation like changing pads after every 4 hours, washing and drying our re-usable sanitary towels properly in the sun, and washing hands after handling the used sanitary pads, then the chances of getting Urogenital Tract Infections increases many folds¹¹.

Poor menstrual health hygiene can lead to many other issues like fungal or bacterial infections of the reproductive tract, irritation of the skin that may cause discomfort and can possibly result in dermatitis - a medical condition in which the skin swells, turns red, and at times becomes sore with blisters. If neglected, it leads to toxic shock syndrome and other vaginal diseases.¹²

Figure 1: Poor menstrual Health and Hygiene & its negative impacts



1.2 Menstrual Health Hygiene in Uganda (Context Analysis)

Uganda is one of the countries that ratified many international legal instruments that aim to protect people's fundamental rights and freedoms. The country considers MHH not only a global development issue, but also a human rights issue for women and girls. In spite of the various endorsements, programming especially for MHH is still low in the country. It was not until the year 2012, when the momentum for MHH initiatives began to increase among development partners, individuals and Civil Society Organizations. The leadership of the Ministry of Education and Sports (MoES) has been pivotal in the current progress in MHH in the country.

¹¹ www.heydaycare.com/5-health-risks-of-poor-menstrual-hygiene; accessed August 2020.

¹² www.hindawi.com/journals/jeph/2018; accessed August 2020.

In 2015, the MoES issued a set of guidelines to all schools specifying the actions to take in a bid to respond to the needs of girls in schools, while in 2017, MHH was integrated into the Planning and Implementation framework for WASH in schools. By 2019, the number of secondary schools with Menstrual Hygiene Management systems were 574 representing 50%¹³. Currently, there is a loose structure of the National MHH Steering Committee that promotes MHH issues in the country. Relatedly, the President of the Republic of Uganda pledged to supply free sanitary pads to primary school girls but this has not yet come to fruition. Though not, it serves a signal that the President understands some of the menstrual hygiene challenges the girls experience.

Although there are some achievements registered, the country still has an uphill task of mitigating the negative socio-economic impacts that are partly caused by limited programming in MHH. In a study by Performance, Monitoring and Accountability Group (PMA 2017), only 35% of women in Uganda reported having everything they needed to manage their menstruation. By implication, majority of women; (65%) are unable to adequately meet their MHH needs¹⁴.

In a study conducted by SNV in 140 schools located in seven districts of Uganda; namely; Arua, Adjumani, Bundibugyo, Kasese, Kyenjojo, Lira, and Soroti, 70% of the adolescent girls acknowledged that menstruation affected their optimal education performance, while 77% of girls indicated missing averagely 2-3 school days per month. Majority of these girls were in upper primary; (more so in Primary 7); a critical class for completion of the primary education cycle in Uganda's education system. This translates into a loss of averagely 8 days of study per term and 24 school days per year. If a girl in that category misses school, there is a likelihood of losing interest in their education.

It was further established that more than half of Ugandan girls who enroll in grade one drop out before sitting for their primary school-leaving examinations, partly linked to the beginning of their menstruation cycle and its associated challenges¹⁵. According to some scholars, there is a perceived increase of school absenteeism when girls in schools start to menstruate.¹⁶

Research by Fisher et.al (2012) in Uganda cited the lack of sanitary pads as the main reason for girls being absent from school; and mainly relating to price. Other challenges included; inability to manage menstrual pain, inappropriate facilities, poor disposal mechanisms, and poor physiological understanding of menstruation.¹⁷

¹³ Ministry of Education and Sports, School data (2019)

¹⁴ Performance Monitoring and Accountability (PMA 2020) 2017 ; Menstrual Hygiene Management, Uganda

¹⁵ CROFTS, T. and FISHER, J., 2012. Menstrual hygiene in Ugandan schools: an investigation of low-cost sanitary pads. *Journal of Water, Sanitation and Hygiene for Development*, 2 (1), pp. 50 - 58

¹⁶ Bendera, 1999; , 1998; UNFPA, 2003

¹⁷ CROFTS, T. and FISHER, J., 2012. Menstrual hygiene in Ugandan schools: an investigation of low-cost sanitary pads. *Journal of Water, Sanitation and Hygiene for Development*, 2 (1), pp. 50 - 58

In a study by Miiro et.al (2018) with 352 school going girls from Wakiso district, reported substantial embarrassment and fear of teasing related to menstruation by mainly boys, menstrual pain and lack of materials for menstrual hygiene management, as some of the factors that led to their school absenteeism¹⁸. Forum for African Women Educationalists (FAWE, 2009), revealed similar challenges of lack of sanitary pads, coupled with absence of water and separate toilet facilities for girls in many primary schools, as contributing factors for the drop-out rate from school by the girls¹⁹.

Evidently, the enrollment of learners in education institutions has increased since 1986 to present day due to partly the introduction of Universal Primary and Secondary education. Between 1986 and 1997 for instance, primary school enrolment increased from 2.2 million to 3.1 million respectively, and from 5.3 million in 1997 to 8,098,177 in 2012²⁰. By 2016/2017, enrollment in Primary schools had increased to 8,655,924 pupils²¹. The trend is similar in other education institutions; namely Pre-Primary, secondary, BTVET and Universities. The increasing trend in enrolment has inevitably placed stress on the available facilities in schools, including water and sanitation facilities, hence contributing to their inadequacy for the girls.

By 2019, 307 secondary schools representing 27% required water provision, 140 schools (12%) required latrines for girls, while 171 secondary schools representing 15% required latrines for boys. Thirty three percent (33%) of secondary schools lacked hand washing facilities, while 22% lacked separate latrine blocks for teachers²². These percentages although appear marginal, have serious implications on MHH in schools. Worse still, the sharing ratios (pupil stance ratio) for the available WASH facilities are quite an impediment to effective MHH. While some schools have acceptable average ratios of 1:40 for learners and safe water sources located in a distance of 500 meters within the school as per the MoES WASH guidelines²³, other schools have an average sharing ratio of 1:100 in some parts of the country²⁴.

¹⁸ Miiro et al. *BMC Women's Health* (2018): Research Article; *Menstrual health and school absenteeism among adolescent girls in Uganda (MENISCUS)*:

¹⁹ FAWE. 2009. *Lifting silence on menstruation to keep girls in school*. www.fawe.org

²⁰ Ministry of Education and Sports (MoES). 2012. *Education sector report*. Kampala.

²¹ Data from MoES (2019)

²² *Ibid*

²³ MoES (2017): *Guidelines for the Three Star Approach for Planning and Implementation of WASH in schools*.

²⁴ Data from some District Key Informants during MHM Situational Analysis Study (2020)

2.0 LEGAL AND POLICY FRAMEWORK

There are legal and policy frameworks to support MHH implementation. These range from global, to national and sectoral frameworks that if harnessed can contribute tremendously to tackling MHH challenges in the country.

International Level

- i. The Universal Declaration of Human Rights; (article 25) (i) entitles everyone to have a right to a standard of living adequate for health, well-being, medical care and social services; while articles 26 and 27 entitles everyone a right to education and to free participation in the cultural life of a community respectively.
- ii. Convention on the Rights of a Child; (CRC 1990); highlights the principle of non-discrimination for children and a right to their health and to live a life of dignity.
- iii. Elimination of All Forms of Discrimination against Women (CEDAW, 1979); Article 1, prohibits all forms of discrimination against women and girls.
- iv. UN Convention on the Rights of Persons with Disabilities (2006)
- v. Maputo Protocol (1995) enshrines the principles of non-discrimination based on grounds of sex.
- vi. African Charter on the Rights and Welfare of the Child; advocates for the rights of the African child
- vii. Beijing Platform (1995); calls on all member states to take concrete steps to give greater attention to the human rights of women to eliminate all forms of discrimination against them
- viii. East African Community Gender Policy (2018); aims to strengthen mainstreaming of gender concerns in the planning and budgetary processes of all sectors in the EAC organs, institutions and partner states

National level

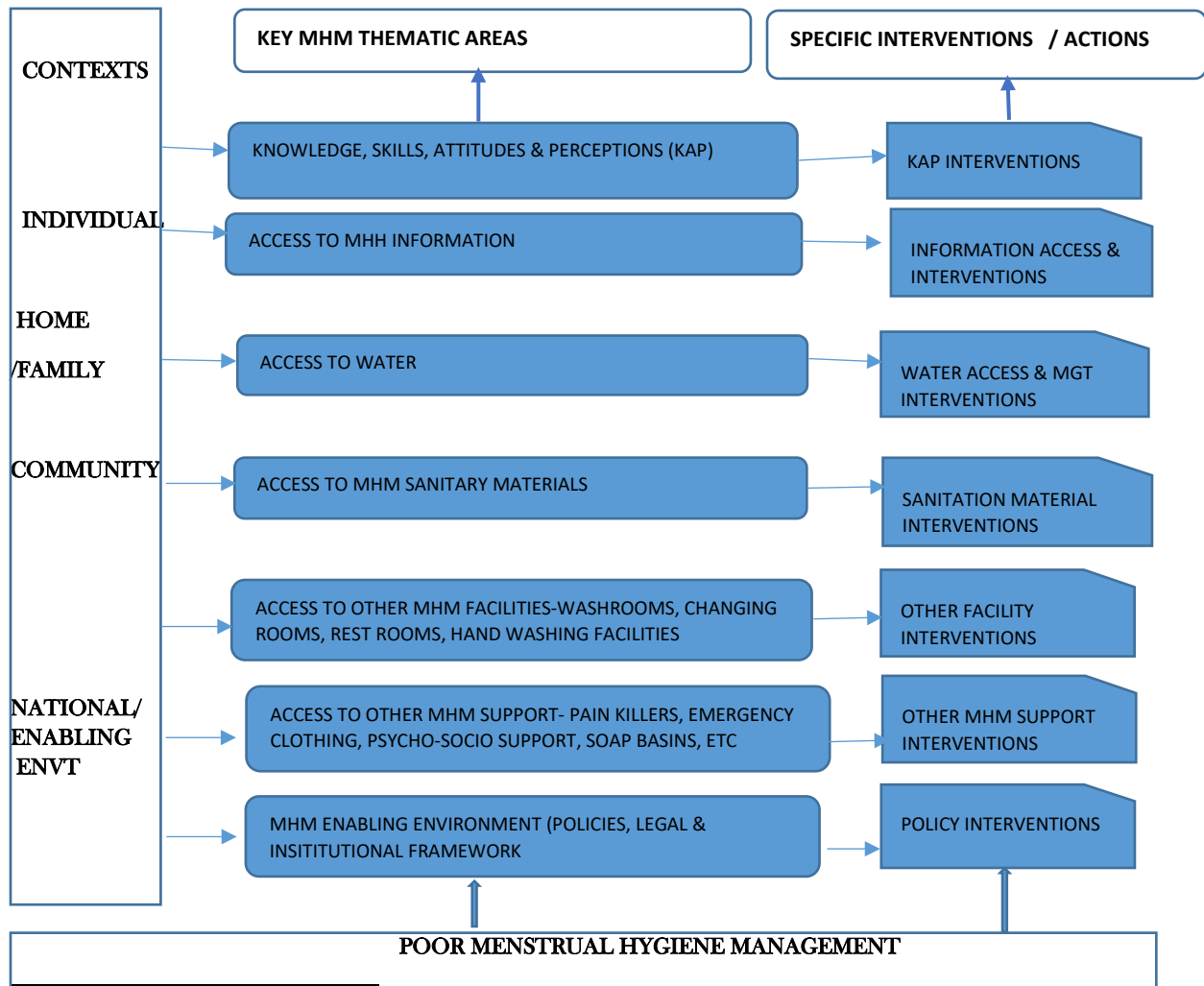
- ix. The Constitution of the Republic of Uganda (1995), advocates for a right to good health.
- x. The National Gender Policy (2007); aims at establishing a clear framework for identification, implementation and coordination of interventions designed to achieve gender equality.
- xi. The Environmental Health Policy (2005); emphasizes interventions that respond to the differing needs of men, women and children, while recognizing that women are the main users of water and sanitation facilities”. It further recognizes that sanitation is essential for improving “women’s dignity.
- xii. The National Environment Management Policy (1994); encourages effective involvement of women and youth in sustainable natural resources management and integration of gender concerns in environmental policy planning, decision making and implementation at all levels.

- xiii. The Local Government Act (1997); specifies functions and services to be provided by the district local governments through the decentralized system of governance.
- xiv. Persons with Disabilities Act (2006) provides for respect of rights for PWDs including through the provision of services they need for their survival.
- xv. The Children's Act (2008); requires all duty bearers, parents, teachers, community members and parents to ensure the safety of all children and respect to their rights.
- xvi. Education Act (2008):- article 13 commits parents to provide guidance, psychosocial welfare, clothing and medical care to their children
- xvii. Uganda National Employment Policy (2011); emphasizes decent employment for all men and women in conditions of freedom, and human dignity.
- xviii. Universal Primary Education Policy (UPE) 1997; aims to provide the facilities and resources to enable every child to enter and remain in school until the primary cycle of education is complete.
- xix. Universal Secondary Education Policy (USE 2007); aims to provide equal access to affordable education for vulnerable boys and girls.
- xx. The Gender in Education Sector Policy (Revised 2016); its goal is to achieve gender equality in education.
- xxi. Uganda Second National Health Policy (2010); its purpose is to attain a good standard of health for all people in Uganda in order to promote a healthy and productive life.
- xxii. National Water Policy (1999): provides for integrated and sustainable development, management and use of water resources with full participation of all stakeholders. It also provides for sustainable provision of clean safe water to all Ugandans.
- xxiii. Water and Sanitation Gender Strategy (2018-2022) aims to empower men, women, boys, girls and vulnerable groups through ensuring equity in access to and control of resources in the water and sanitation sub-sector.
- xxiv. Uganda National Development Plan III (NDP III); aims to achieve increased household incomes and improved quality of life.

3.0 THE SITUATIONAL ANALYSIS DESIGN

A conceptual framework was developed by the consultants to facilitate in-depth MHH investigations for women and girls in Uganda. Guided by the 4 UNICEF Pillars of (i) Social support, (ii) Knowledge and Skills, (iii) Facilities and Services, and (iv) Sanitary Materials²⁵, key thematic areas were generated. These included; (i) Knowledge, Skills, Attitudes and Perceptions (KAP), (ii) Access to information (iii) Access to Water (iv) Access to sanitary materials, (v) Access to other facilities (bathrooms, changing rooms, rest rooms, hand washing facilities, etc.), (vi) access to other MHH support- (emergency clothing, pain killers, soap & basins, psycho-social support & social support networks), and (viii) Menstrual waste disposal. A thematic organization of the investigative areas would ensure due diligence to the research, and would propel programming and implementation of specific interventions using a thematic focus.

3.1 Figure 1: The menstrual hygiene management conceptual framework²⁶



²⁵ UNICEF (2019); Guidance on Menstrual Health and Hygiene.

²⁶ Adapted from UNICEF (2019); Guidance on Menstrual Health & Hygiene; improved during the Situational Analysis Study (September, 2020)

MHH Response Environments

It was envisaged that women and girls live in, respond to and practice menstrual hygiene differently in different environments, due to various factors. Taking this perspective was aimed to facilitate quite inclusive investigations and planning for women and girls in the different contexts. The different environments that were considered include; (i) individual, (ii) home/ family context, (iii) community, (iv) national context-with key components of policies, institutional frameworks and legislations.

3.2 Methodology

Given the nature, sensitivity and secrecy attached to MHH, consultants largely adopted exploratory research methods. This was a naturalistic approach that favored gathering in-depth information in a more interactive and flexible environment, hence the choice of largely qualitative methods. This facilitated the deeper understanding of opinions, attitudes, perceptions and MHH experiences. In some cases, however, statistics were generated from within the qualitative interviews and have been used to describe the magnitude of some aspects of MHH.

Interviews were typically conversational and structured to meet the research objectives, and were conducted with different categories of stakeholders that included; teachers (male and female), district local government officials mainly the District Education Officers (DEOs), District Health Officers (DHOs), District Water Officers and Environment Officers (DWOs) and District Community/ Gender Officers (DCDOs). Other stakeholders included; learners (girls and boys) both in and out of school, local leaders, community men and women, civil society representatives, development partners and other stakeholders at both national and district level. Officials from the key sectors namely; Ministry of Health, Education, Water and Environment and Gender were interviewed at national level. The girls and women interviewed were those that had experienced menstruation and were in reproductive age (10-40).

Focus Group Discussions and Key Informant question tools were developed by the consultants to facilitate constructive and relevant discussions around MHH. The questions were thematically organized as indicated above. A Stakeholders mapping was done for partners. The self-administered questionnaire was designed to generate information on nature of interventions, geographical scope, target beneficiaries, implementation strategies and approaches, best practices, other partners they worked with and the challenges they experienced in implementing MHH interventions. A Stakeholders mapping report has been developed detailing the findings.

3.2.1 Sampling

In total, 14 districts were sampled for the MHH situational analysis on the basis of regional representation. This was aimed at generating information about the different MHH practices and experiences that varied across contexts. The districts sampled included; Wakiso and Gomba districts in the central region, Soroti, and Kamuli districts in the Eastern region, Moroto and Abim districts in Karamoja sub region/ North east, Kyenjojo and Sheema districts in the Western region,

Bundibugyo and Kasese in the South Western region, Nwoya and Apac districts in the Northern region, and Nebbi and Arua districts in West Nile.

A minimum of 5 respondents were purposively identified as per the targeted categories for the study; that is to say; girls in and out of school, women, boys, men and teachers. These were interviewed based on their convenience and availability for the interviews. The study sample size was dictated by the COVID 19 situation which prohibited large crowds of people and restricted movement around communities and in some districts which were under lock down. Key informants were interviewed from District Local governments, CSOs, multi-national agencies, and officials from the four sector ministries of Health, Education, Gender and Water and Environment. An overall total of 426 respondents were interviewed as shown in the table below.

Table 1: summary of respondents and key informants interviewed;

S/N	Category of respondents	Total	Male	Female
1	Girls	152	0	152
2	Community Women & men	60	17	43
3	Teachers	120	65	55
4	Boys	20	20	0
	Sub Total	352	102	250
Key Informants				
5	District officials	61	32	29
	Sub Total	413	134	279
6	Civil society representatives (at field level & National level)	7	0	7
7	Key Informants from Ministries	06	2	4
	Grand Total	426	136	290

3.2.2 Tools for Data Collection

Focus Group Discussions (FGDs): FGDs were the commonest tool adopted. An FGD question guide was developed with key thematic MHM areas for discussion with the different stakeholders. In total, there were 40 FGDs; 13 FGDs for girls aged 10-17, 5 FGDs for the boys aged 12 -17 years, 9 FGDs for adult community men and women (aged 18-40) including one women refugee FGD in Adjumani district, and 13 FGDs for teachers. The information generated from the FGDs has been distilled thematically and forms the bigger content for this report.

MHH Partners / stakeholders mapping tool: a questionnaire was developed to guide discussions with the Partners implementing MHH interventions. The questionnaire was self-administered as per the preference by the majority; also taking into account the COVID precautions. The information requirements included; the name of the organization, mission, vision, key Programme areas, MHH interventions implemented, geographical scope, targeted beneficiaries, strategies and approaches, best practices and challenges experienced during implementation. A partners/ stakeholders mapping report has been produced with the findings.

Key informants (KIIs): These were purposively selected based on their designations/ roles, seniority, technical knowledge and expertise on MHH. In this research, the key informants were mainly from the respective district local governments, respondents from the key line Ministries and those from civil society and development organizations. In total 61 district leaders were interviewed, 7 from civil society and development organizations and 8 from the key Ministries. These shared resourceful information about MHH and the different services, mandates and interventions in MHH. Their submissions have been triangulated with other data sources for authenticity.

Observation technique: Since MHH is a topic that some stakeholders felt not comfortable discussing, the observation technique was used to read their body language and attitudes. This helped the consultants to adjust their interview techniques especially for boys and men that felt uncomfortable discussing the topic due to cultural taboos. Further, the consultants visited some school infrastructure to observe their status in relation to MHH. The still photographs for some of the facilities have been integrated into this report.

Review of secondary data: This involved extracting data from secondary documents due to the limitations with physical data collection as already explained. This helped the consultants to gain deeper insights into MHH and demystified the status of MHH globally and in the country. The initial researches and findings guided in understanding the key MHH themes in detail, and informed the tools development process. Data from secondary sources was analyzed using the content analysis method and has been triangulated with other findings for the report.

Limitations

- i. COVID 19 Situation restricted interaction with as many people as possible, as the Standard Operating Procedures (SOPs) issued by the Ministry of Health had to be followed to protect the consultants and respondents from probable risks from the virus. This also limited the geographical scope coverage, since some districts were under lockdown and could not be sampled for the study.
- ii. Inadequate resources limited the use of quantitative data collection methods. This withstanding, statistics were generated from secondary literature and a section of respondents the consultants interacted with.
- iii. There was generally limited availability of MHH data from the secondary sources; however, the available data was reviewed and was used to validate findings from this study. The available secondary data focused mainly on primary schools with limited information on women, secondary schools, private schools, children and women with special needs.

4.0 FINDINGS FROM THE SITUATIONAL ANALYSIS

The findings in this report were informed by consultations with different stakeholders at national, district and community level. Since MHH is broad, the findings have been presented thematically for comprehensive analysis and coverage of the various issues affecting girls and women of reproductive age. The themes include; Knowledge, Attitudes and Perception (KAP), Access to Information, Access to Safe Water, Access to Sanitary materials, Waste Disposal, Access to MHH Facilities, and Access to Other MHH Support. The consultations were further stretched to cover MHH Partners and stakeholders mapping. The key MHH challenges, emerging issues, and major recommendations have been presented as well.

4.1 MENSTRUAL KNOWLEDGE, ATTITUDES AND PERCEPTIONS (KAP)

4.1.1 Knowledge about menstruation

There was generally limited knowledge about MHH among the respondents interviewed, with those living in rural districts presenting worse scenarios than those in urban and semi-urban settings. This was partly attributed to the fact that those in urban settings to some extent benefitted from sensitizations, trainings and MHH interventions from different stakeholders compared to those in the rural areas. This withstanding, none of the categories of respondents interviewed articulated the comprehensive MHH framework with all its components.

The teachers and the girls in schools stood out among the categories that had some basic knowledge of MHH. Menstruation was commonly understood as a monthly shedding of blood by women, while its management largely emphasized usage of pads. MHH knowledge inadequacy was found to be more pronounced among the community men and boys. Of the 102 men and boys interviewed, 60% of them expressed limited knowledge about menstruation. This was attributed mainly to culture that locked out the male folk from knowing issues of menstruation.

Knowledge of the MHH Comprehensive Framework

It was observed that there was generally limited knowledge about the importance of other MHH elements beyond the pad by the women and girls. For instance, the interviewers struggled to bring to the afore issues of access to water, wash rooms, changing facilities, access to information, waste disposal mechanisms and facilities, as well as access to other support services as basic elements of MHH. By implication, the pad was given the heaviest weight in menstrual hygiene management by the girls and women. For some of the teachers and learners that had undergone trainings in MHH, emphasis was on making of re-usable pads.



In picture (left), consultant in a girls FGD in Bundibugyo district. Looking on is the Deputy Inspector of Schools. In picture (right), consultant in an FGD with teachers explaining the MHM Framework.

4.1.2 Early Preparation of the girls for Menstruation

It was established that the girls were not prepared early enough by their parents before their first encounter of menstruation (menarche). Seventy-three girls representing 50% of the 152 girls interviewed shared that they were shocked about their first menstrual periods which made them feel uneasy in public. Not even their mothers, aunties or anybody had prepared them for the changes they were to undergo in puberty. According to research by Miiro (2018), 23.8% of the girls they interviewed reported that they had not learnt about periods before their menarche.²⁷ Findings from a baseline study on MHH in Kasese Municipality by St. Lucy Women; a CBO in Kasese district, revealed that 95% of the interviewed menstruating girls had not known about menstruation before its onset.²⁸

Some women (female teachers and community women) shared similar scenarios during the discussions in various FGDs. According to them, parents started talking to them only after their first menstruation. Studies suggest that 66% of girls are ignorant about menstruation until confronted with their first menstruation event, making it a negative and sometimes even a traumatic experience²⁹. Until today, there are women that have never appreciated menstruation as a normal natural condition.

“As women, we are not comfortable with menstruation. It is expensive, and we have not gained anything from it. “How I wish God created one menstrual period per year!” said a woman in Bundibugyo FGD.

In Wakiso, Kasese, Kamuli and Bundibugyo districts, 40 girls interviewed *“wished they were boys that do not go through menstruation”*. When they were asked why they wished so, they pointed out the unbearable menstrual pain to which they had limited knowledge for its management. In Moroto district, the girls perceived menstruation as an inconvenience and a punishment from nature.

They also wished for menstruation to happen once a year so that they do not go through all the convenience.

These voices of the women clearly indicated that some of the women and girls had not appreciated menstruation even after experiencing it. According to documented literature, the absence of knowledge transfer from older women, parents and teachers to young girls and boys is caused by such factors as cultural taboos, discomfort of discussing the topic and lack of information. When adults themselves are not well-informed about biological facts or recommended hygiene practices,

²⁷ Miiro et al. BMC Women's Health (2018); Research Article; Menstrual health and school absenteeism among adolescent girls in Uganda

²⁸ St. Lucy Women MHM Baseline Report, 2019

²⁹ Mooijman, A. et al. 2010. Strengthening Water, Sanitation and Hygiene in Schools. A WASH guidance manual with a focus on South Asia. IRC, the Netherlands. <http://www.irc.nl>; accessed July 2019.

cultural taboos and restrictions may be perpetuated, making it difficult for young girls to manage their menstruation.³⁰

4.1.3 Voices depicting ignorance, shock & challenges of Menstruation

“It was a shock and embarrassing when I experienced menstruation because I had no idea about it. I felt shy, isolated and an odd man out. It was a hard reality to accept that I had reached maturity. Generally, it is not a good experience for a starter”, said a woman respondent in Bundibugyo.

“There are times when the male teachers and the boys unwrap our sweaters tied around our waists to prevent leakage of the menstrual blood through our uniforms. To us the girls, this is an embarrassment and an act of ignorance, and we feel government should come out strongly to address this embarrassing practice”, said the girls in school in Gomba, Wakiso, Kasese and Kyenjojo FGDs.

“At school, when we do not go to the mosque when we are in our periods, the male teachers came us thinking we are pretending”, said one of the girls in the Gomba FGD.

“There is a lot of victimization experienced especially from the boys. The boys describe us as “dirty girls” when we experience menstruation. It is worse when we spoil our uniforms accidentally”, said some of the girls in Moroto, Kyenjojo, Kasese, Apac and Wakiso FGDs.

Menstrual periods contribute to change in behavior among some girls. They become silent, fearful, isolated shameful, rude, while some separate from their friends. This sometimes brings hatred among us and this inevitably makes some girls to drop out of school especially those that are not adequately supported,” said another girl in Moroto.

“There is too much discrimination and embarrassment caused by fellow learners especially the boys. They will laugh, push you off the desk or reject it and the whole class will come to know when you soak your uniform. It is one of the reasons we stay at home to avoid embarrassment”, said some of the girls in Gomba, Nebbi, Kasese and Wakiso FGDs.

“We have male teachers that laugh and make fun of girls when they are in their periods. Even some female teachers embarrass some girls. They have not been supportive”, students in Gomba and Wakiso FGDs.

“There are even men in our society who have sex with their wives when they are menstruating. They do not know the side effects associated with this. Other men believe that when a woman takes long to conceive, having sex with her during menstruation makes her conceive”, said one of the women in Kasese FGD.

“Many girls approach us the female teachers expressing shock about the appearance of blood on their uniforms”, said one of the teachers in Kamuli district.

³⁰ United Nations Educational, Scientific and Cultural Organization (UNESCO), 2014; ISBN 978-92-3-100011-9

“Our teacher discussed about reproductive health and the changes boys and girls undergo but did not talk anything about menstruation; so we have never heard and known anything about it”, said two boys in Nebbi.

The last voice implies that even in the academic circles where we expect boys to be oriented about menstruation, it is sometimes a “no go zone” for some teachers, thus leaving the boys least knowledgeable about menstruation. In Kamuli district, the female teachers pointed out the issue of guilt consciousness among the girls, a sense of insecurity and withdrawal from the public arising out of inability to effectively manage the menstrual periods. This situation often led to isolation and eventual dropping out of school for some girls.

4.1.4 Knowledge gaps/ most frequently asked questions by women and girls

<ol style="list-style-type: none"> 1. Why is there lower abdominal and stomach pain when one is menstruating? This was asked by girls and women in all the districts. How can one overcome the pain? 2. Why do early warning signs and signals for menstruation vary across individuals? 3. How can one know her menstrual cycle? 4. Why are some menstrual periods irregular? 5. What is the average number of days/ normal days one spends in menstruation? 6. Why do some women and girls skip their menstrual periods? 7. Which materials are safe for use during menstruation? 8. Why does one start menstruation, and then stop all over a sudden for a long time without experiencing periods again? 9. Why do some girls and women sometimes stay longer in menstrual periods? E.g. 2 weeks -1 month. 10. Why do some women and girls have a heavy menstrual flow than others? 11. Why do some women and girls have two episodes of menstrual periods in one month? Why are contraceptives synonymous with heavy flow and prolonged menstrual periods? This was asked by mainly women. 	<ol style="list-style-type: none"> 12. Why do some women stop to experience menstrual periods when they use some of the contraceptive methods? 13. Why back pain and fever before and during periods? How can this be managed? 14. Are women supposed to use soap for washing their vaginal parts during menstruation? 15. Do women conceive during menstruation? 16. How many times is a woman or girl in menstruation supposed to change a pad in a day? 17. How many times is a woman or girl in menstruation supposed to bathe in a day? 18. Which is the right way of disposing off a menstrual pad? 19. How much water is adequate for menstrual hygiene? 20. Is it right to take 4 diclofenac tablets at once when experiencing menstrual pain? 21. Relatedly, how safe is it to take Panadol during menstrual pains? 22. How can women and girls generally cope with menstruation so that it is not perceived as a bother or punishment? 23. Sometimes there are itching and vaginal infections and discharges during menstruation. How can these be managed?
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The questions above clearly indicated that women and girls had many unanswered questions about MHM. It is therefore important that education and information package about MHM integrates responses to the questions above, as ambiguity around them will affect effective response and management of menstrual periods.

4.1.5 Importance of knowledge in MHM (Respondents perspective)

- i. There will be enhanced knowledge, response and re-shaping of positive attitudes and support towards girls and women by the boys and men.
- ii. There will be reduced domestic violence in families and emotional violence.
- iii. There will be a reduction in girl's school dropout and absenteeism and therefore many girls will be able to complete school.
- iv. Women and girls will be able to effectively manage menstruation. It will help girls overcome fear and stress that is caused by menstruation.
- v. There will be better planning and programming for women and girls of reproductive age that experience menstruation in the country.
- vi. There will be active participation of girls in class, in co-curricular activities and consequently their academic performance will improve.
- vii. It will promote early preparedness for menstruation by the girls and women, while parents will resume their roles of offering MHH education to their children.
- viii. It will reduce early pregnancies and other forms of infection acquired by the girls and women during menstrual processes.

Relationship between Menstruation, Domestic & Sexual violence

Discussions with women revealed that there is a relationship between menstruation and Gender Based Violence especially in marital homes. This is a matter that has been overlooked for long by development practitioners in Uganda and the world over. See the voices below;

“Some married men end up going in for other women when the wife is menstruating. This is an act of infidelity and definitely it causes family instability”, said one woman in the Bundibugyo FGD.

“There are even some women that experience marital rape during menstruation. This is common for women that use contraceptives and stay longer in periods. A man cannot wait for you for a whole month of menstruation, yet even at times, there are repeated menstrual periods!” said some women in Bundibugyo and Kyenjojo FGDs.

“There is also another issue of missing out on conjugal rights. Some women that stay longer in menstrual periods have been rejected by their husbands hence causing family instability and domestic fights”, shared another woman in Bundibugyo FGD. She shared a story of how a husband fought the wife in public for denying him conjugal rights due to prolonged menstrual periods.

The voices above depict that there are some challenges that come with menstruation that are least known to the public. The challenges above are equated to the “silent torture” the women undergo because of menstrual issues that they cannot comfortably share in public. Gender Based Violence in homes contributes to family instability, which consequently affects women’s and children’s care. Child neglect and psychological torture is closely associated with families experiencing GBV, and for children attending school, it means limited prioritization by fathers to pay their school dues, limited attendance and completion of school, which consequently contributed to poor education outcomes.

4.2 Culture and Menstruation; (Attitudes and Perceptions)

Although anthropological literature documents numerous societies around the world that have traditionally celebrated menarche (the onset of menstruation) as an important rite of passage³¹, not many perceive it that way. Menstrual blood and its management has its own etiquette to be taught either directly or indirectly to the girls by the mothers or aunties at its onset.³² Taboos, secrecy and “embarrassment” surround menstruation. The study sought to understand the historical perceptions around menstruation, individual and the cognitive beliefs and moral judgments that have shaped the perception of menstruation.

Study findings revealed that menstruation **was perceived differently** across the districts visited and that cultural norms and values largely shaped the response, attitudes and perceptions towards menstruation and its management by the women and girls. Points of convergence were however observed in some aspects. For instance, in all districts visited, over **80%** of respondents believed that menstruation was a sign of maturity for the girl, while its management was largely a preserve for the women.

It was further observed that most cultures had negative beliefs about menstruation and its management with the exception of a few districts especially in Buganda sub region (Gomba and Wakiso) that culturally celebrated a girl’s menarche. Most of the beliefs were prohibitive in nature about interaction and participation in vital societal activities, dehumanizing, segregative, and stigmatizing for the girls and women as evidenced by some of the voices below;

“I cannot eat food prepared by a woman who is in her menstrual periods because she is unhygienic. She cannot touch blood and then prepare and cook for me food”, said one of the men in Kyenjojo FGD. The same findings were recorded in Abim and Moroto districts in Karamoja sub region.

“It is believed that a woman’s menstrual blood is largely unhygienic in our society and it’s a taboo”, said one of the men in the Kasese, Soroti and Bundibugyo FGDs.

Interaction with the male teachers indicated that they were more comfortable talking about menstruation as a topic in a classroom setting than in any other public place outside the classroom

³¹ Dorfman L, Wallack L, Woodruff K. More than a message: framing public health advocacy to change corporate practice. *Health Educ Behav.* 2005;32(3):320–336.

³² Laws S. *Issues of Blood: The Politics of Menstruation.* Basingstoke, England: MacMillan Press; 1990

because it was considered a taboo in many societies. On a positive note however, in some districts like Apac, Soroti and Nwoya, community women who represented the views of other parents, perceived menstruation as a tool to monitor their daughters whether they had messed up with boys and have conceived or not.

A similar perception was shared in Moroto and Abim, however, there was more of its attachment to maturity and marriage. It was shared that generally in Karamoja sub region, menstruation is perceived to be an indicator of a reproductive woman, ready for marriage and a future mother. In this case, when a girl starts to experience her menstruation, some parents begin to market her for marriage, although there is no support accorded to such girls to manage their menstrual periods better.

“In my home, I have two daughters that started menstruation, however, in our culture, we do not leave our girls to loiter around because they can be exposed to several risks”. We rarely even send our daughters to the trading centers to buy anything”, said the head teacher. Given this cultural background, the head teacher resorted to sending her son to the nearby shop to buy for his sisters pads. One day, the shopkeeper asked my son, “young boy, who always sends you for these pads and whose are they?” The boy answered, that it was the mother that often bought pads for his sisters. When the boy went back home, he shared with the mother his experience at the shop, who at first took it lightly. She was surprised when she went to buy some items from the same shop one day and was received with insults from the shop keeper. The head teacher said the man called her “a stupid woman” who cannot respect men in society and reminded her that culture does not permit men and boys are to get involved in menstrual issues of women? Those are bad manners!” the shop keeper said. The lady shared that she did not bother to explain to the shop keeper because he would not understand her. When concluding her story, she said; “I really do not know how we are going to change the negative attitudes of men and society towards understanding that menstruation is a normal issue, not a secret and not an issue for women alone”.

Case story from a female head teacher in Kyenjojo district.

The case story above is among the many that depicted the perception that men and boys “have no role” to play in the menstrual life of girls and women. It is a clear belief that menstruation is purely a women’s issue, secretive and any involvement of men or boys is deemed disrespectful and “bad manners” on the side of the women.

4.2.1 Local menstruation terms

The moon is a significant symbol from which most of the local names for menstruation emanate. This is because, most girls and women believed that the onset of the moon helped them determine their menstrual cycle, and meant many women and girls experiencing their menstruation, hence the term “*ndihumwezi*”, in western Uganda, “*omwezi*” in Busoga and Buganda, and “*elap*” in Teso and Karamoja sub regions. All these terms mean the same thing; “moon”.

Table 2: Locally disguised menstruation terms in the sampled districts

S/N	S/N	Region	Local menstruation names
1	Gomba & Wakiso	Central	“Ensonga, Omwezi, Okulwala, ekibada, MPs”
2	Kamuli	Eastern-Busoga	“Ensonga, Okulwala, Omwezi, MPs, Ekibada”
3	Soroti	Eastern-Teso	“Aiyi, Elap”
4	Abim/ Moroto	Eastern-Karamoja	“elap, akiyi”
5	Nwoya	Northern-Acholi	“Ruk”
6	Apac	Northern-Lango	“Too-dwe”
7	Nebbi	West Nile	“Kwii”
8	Arua	West Nile	“Abi”
9	Sheema	Western-Ankole	“Omwezi”
10	Kyenjojo	Western-Bunyoro	“Ekibada, omwezi”
11	Kasese	South Western	“Elibya Omwakwezi, Elibya Ewasongali”
12	Bundibugyo	South Western	“Ndihumwezi”

To the women and girls, these are disguised terms that cannot be easily understood by the male folk hence helping the former to maintain menstruation a secret. Interaction with the men, indicated similar findings that it was rare to understand the menstruation terms, and that it was not even common to know that a woman was menstruating.

“Women feel menstruation is very shameful and they will never reveal it to men. This has made the women and girls miss out on the much-needed support they would require from the men”, said one of the women respondents from Kyenjojo.

“Many girls are shy to approach female teachers for help and support when in their periods because they think it is supposed to be secretive in nature. As a result, they escape from school for averagely 2-3 days”, said the female teachers in Kyenjojo, Kamuli and Kasese districts. The same finding cut across Apac, Nwoya, Moroto and Abim.

It was further established that some menstrual names differed across age groups. The most commonly used term among school going girls in 7 districts was “*ekibada*” and sometimes shortened as “*ekiba*”. The districts in which the girls did not use this term included; Moroto, Abim, Soroti, Apac, Nwoya, Nebbi and Arua. In Apac district, the school girls called it “*obade*”, but also used other English terms like “*red car or accident*”. In Sheema district, other terms used by the girls included “*mushanga parish & stamping*” while in Gomba district, some schoolgirls called it “*Maama Peter (MP)*” or, “*kibomose*”.

4.2.2 Varied MHM cultural perceptions across sub regions

As stated, cultural perceptions and beliefs varied across the different sub regions based on the sampled districts, and therefore affected the way women and girls responded to and managed their menstrual periods. It was thus important to document the key cultural beliefs as shared by some of the respondents to inform the entry point and future programming for MHH interventions in the different cultural contexts.

Western Uganda

In this part of the country, the most common cultural myths rotated around the farming aspects / food security and the men/boys not being allowed to know or getting involved or interfacing with menstrual blood. The issue of preserving the natural resources was as well a cultural aspect that was largely observed in western Uganda.

Table 3: Cultural attitudes and perceptions in sampled districts of western Uganda

District	Cultural myths around menstruation
Kyenjojo	<ul style="list-style-type: none"> • When a girl climbs a tree e.g. jackfruit, the fruits will never mature. • When a new well is dug, and a woman in menstruation fetches water from it, the well will dry. • When a girl or woman is menstruating and touches a purple banana variety called “<i>sira</i>”, it will change color to green. • Men are not supposed to know when a woman is menstruating.
Bundibugyo	<ul style="list-style-type: none"> • A woman is often perceived dirty when menstruating • Menstruation is a women’s issue • A garden with flowering crops may never yield if a girl or woman in their menstruation passes through it. • It is a taboo for a man to talk about menstruation • Menstruation is a sign of readiness for the woman to conceive and therefore men targeted women at this period for conception
Kasese	<ul style="list-style-type: none"> • Culture prohibits men from knowing about menstruation. • A woman’s menstrual blood is not supposed to be seen by a man and other people. When this happens, it means that a woman will not produce or marry. • Men are not supposed to talk about menstruation issues with their daughters.
Sheema	<ul style="list-style-type: none"> • When a girl starts to menstruate, the family will appreciate that she has grown up into a woman, and anytime she can conceive. • When a girl passes through a flowering garden, the plants change color and they will never bear fruit. • When a girl or woman is in menstruation and involves herself in mingling millet bread, it will never be sweet. It will become watery. • When a girl or woman menstruating passes through a flowering tomato garden, all the flowers will fall off and the tomatoes will never bear fruit. • When a woman or girl in her menstrual periods passes or bathes through a hot spring, the water will become cold. • When a woman or girl burns the pads, she will never produce.

According to the respondents, while such beliefs still exist, they are slowly fading off partly attributed to education attainment by people. Study findings however revealed that cultural beliefs on MHH are still prominent in some districts like Bundibugyo and Kasese perhaps because of low

education levels especially for people who live in mountain areas and did not have access to education and exposure.

Central Uganda

It was observed that some traditional menstrual beliefs are slowly being dropped and fading off with education, exposure and sensitization by CSOs. The districts had some partners that integrated MHM into their programming hence the current shift in positive attitudes and perceptions about menstruation. The following were the cultural perceptions gathered through the interactions with the respondents.

Table 4: Cultural attitudes and perceptions in sampled districts of Central Uganda

District	Cultural myths around menstruation
Wakiso	<ul style="list-style-type: none"> • When a girl starts to menstruate, it is a celebrated incident because it indicates her maturity. • When fathers ever saw girls' menstrual blood, they (fathers) would die. • Girls/ women in their menstruation are not allowed to cross a railway station or walk through cross roads. • When you dispose your pad carelessly and a dog picks and licks it, you will never produce.
Gomba	<ul style="list-style-type: none"> • There was no crossing of T-junction roads when in periods because by then, there were no knickers and women used to tie banana fiber strings around their waists. Jumping through T-junctions meant the pad falling down and hence embarrassment for the girl or woman. • Local materials were used as pads e.g. the second inner layer of a dry banana fiber called "<i>enjoka ze byayi</i>", and a specific tree species called "<i>ebisekeseke</i>" whose leaves would be used as pads as well. Other women largely used old pieces of cloths until present day. • Girls that encountered their first menstrual periods would be sent to the bush to pluck bitter berries. Thereafter, the mother or aunties would look at the plant to assess if it had withered or not. In case not, such a girl would be allowed to cross a garden during her periods and vice versa. • The first menstrual pad would always be kept by the mother in a secret place for fear of the daughter being bewitched. • In order to safe guard against teenage pregnancies and early dropping out of school, the mother would request for the first pad, and keep it in a secret roof or any other place known to her alone. • First time after menstruation, the girl would cook mushroom soup without salt and a special type of banana species called "<i>nakitembe</i>" and serve the family as a sign of maturity. • Once a girl started her menstrual periods, the father would never beat her again because she was deemed mature. • It was the responsibility of the mothers and aunties to offer MHH information and education to the girls. • In order to limit the number of menstrual days, the girl would be taken to count pieces

	of roofing timber. The number of timber or reeds she counted, meant the number of days she would spend in menstruation.
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Eastern Uganda

Their beliefs rotated around gardening, food and domestic household chores. The girls and women in menstruation were prohibited to perform certain domestic chores like cooking because they were deemed “unclean”. According to the respondents however, most of these beliefs have changed with modernity. Now girls and women can cook during menstruation, weed g/ nut gardens and can attend public meetings among others. It is only in Karamoja where certain cultural beliefs are still perpetuated.

Table 5: Cultural attitudes and perceptions in sampled districts of Eastern Uganda

District	Cultural myths around menstruation
Kamuli	<ul style="list-style-type: none"> • Girls do not eat chicken and raw ground nuts during their menstrual periods. • When a woman in periods goes to the garden, what she plants will not germinate. • A flowering garden of beans will not yield if a woman or girl in her menstruation passes through it. • A woman or girl in menstruation would not be allowed to cook because is regarded dirty.
Moroto & Abim	<ul style="list-style-type: none"> • In many homes, a girl or woman in her menstruation is not supposed to touch any activity at all other than to go and sit in the sand the whole day to drain the menstrual blood. This is partly because of the non-existent culture of wearing knickers to contain the blood. • Men and boys have no role to play in the menstrual life of girls and women • Girls or women in menstruation were not allowed to cook or serve food; unless otherwise. • Some girls and women do not wear pads at all because it was not in their culture • The skirts worn by the women and girls is sometimes used to wipe the menstrual blood
Soroti	<ul style="list-style-type: none"> • A girl or woman in her menstrual days would not be allowed to cook, unless she was proved clean by the mothers • All girls/ women in menstruation were required to always bathe first thing in the morning and keep the changing the pads-(old pieces of cloth) • If a girl / woman menstruating passes through a flowering g/nut garden, it will never yield. • A girl/ woman in menstruation was not allowed to attend public meetings. • After periods, the girls/ women would often wash their pads (old pieces of cloths) clean and keep them for the next periods. This was done under the supervision of the grandmother, mother and or aunts

Northern Uganda

In Northern Uganda, the menstrual culture rotated around protection of water sources, gardening, protection of baby’s skin, and safe guarding the local brew. To some respondents, some of these beliefs are still perpetuated to present day, most especially keeping menstruation away from men.

Table 6: Cultural attitudes and perceptions in sampled districts of Northern Uganda

District	Cultural myths around menstruation
Apac	
Nwoya	<ul style="list-style-type: none"> • When a girl is menstruating and passes through a flowering garden, it will never yield • When a girl or woman in menstruation carries a baby who is less than a month old, it will often develop skin rashes when that woman or girl menstruates • When a woman in menstruation brews alcohol, it will get contaminated and will go bad-lose its taste • A woman or girl menstruating will never go to the kraal, as all the pregnant cows will experience abortions • A woman or girl menstruating should never weed a flowering garden as all the crops will wilt.
Nebbi	<ul style="list-style-type: none"> • Menstruation is a secret. Men are not supposed to know about it. • When a girl in menstruation bathes in a river, all the river mermaids will come out and migrate • A girl or woman in menstruation should never smear oils of the baby, as it will develop skin rashes throughout his or her life. • No brewing should be done by a woman in menstruation. The brew will lose taste. • A woman or girl in menstruation should never cook food as is considered unclean.
Arua	<ul style="list-style-type: none"> • Brew made by a woman in menstruation makes it lose taste. • Men are not supposed to know that a woman or girls is in her menstruation • A girl or woman in menstruation is not supposed to climb a mango tree
Apac	<ul style="list-style-type: none"> • Menstruation is largely a women’s issue • Women or girls in menstruation are not supposed to weed ground nut gardens because they will not yield • Women or girls in menstruation are not allowed to carry a baby because it will develop skin sores • A woman in menstruation is not allowed to sit under a fruiting mango tree because the fruits will all rot.

Overall, the architects of the traditional practices above could have had good intentions, which included among others; relieving women of heavy work during menstruation and limiting their mobility to avoid embarrassment in public since there were limited mechanisms to manage menstrual blood. This withstanding, some of these practices were extreme and turned out to be counterproductive in terms of their application by society. Aspects of discrimination, stigmatization, isolation and dehumanization set in thus portraying a woman as “dirty and a misfit” in society during her menstrual periods.

4.2.3 Impact of culture on menstrual hygiene management

Positive

- i. Confining the women and girls at home during menstruation helped to prevent public inconvenience and embarrassment since padding materials were poor.
- ii. Some cultures restrained women from participating in heavy work e.g. gardening hence safeguarding their health.
- iii. Parenting roles were upheld where mothers and aunties offered menstrual education to the girls
- iv. Promoted careful management and disposal of the menstrual waste pads. Men and community members were not supposed to see the used pads filled with blood. It should be remembered that old pieces of cloths were mostly used and therefore washing them was common.

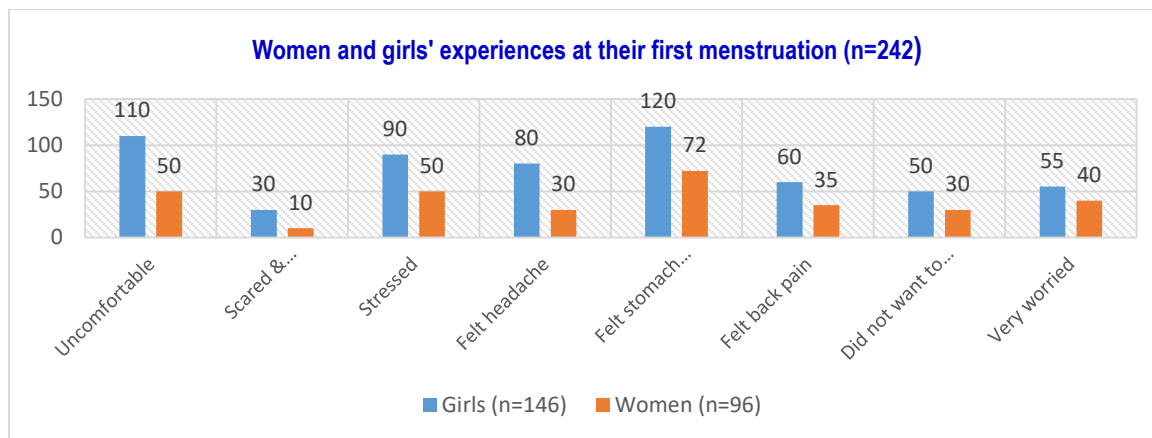
Negative

- i. Denied women the opportunity of support from men during menstruation through perpetuation of the belief that menstruation was a women issue only and a secret.
- ii. Affected knowledge transfer and access to menstrual information by the male folk. This explains the limited knowledge boys and men have in menstrual hygiene management.
- iii. Perpetuated isolation and discrimination of women and girls in during their menstrual periods.
- iv. Affected mobility and participation of women and girls in community activities during their menstrual periods.
- v. Loss of productivity since some women were prohibited to participate in garden work.

4.2.4 Women and Girls' First Menstrual Experiences

For many of the women (community women and female teachers) and girls the consultants interacted with, it was hectic for them when they first experienced their menstruation. Majority experienced abdominal / stomach pain, discomfort, stress, body weakness, breasts pain, loss of appetite, mood swings, back pain and fatigue among others. Some girls lost self-esteem and confidence due to limited skills in managing their menstrual periods. The term women in the figure below includes both community women and female teachers. The most commonly mentioned experiences are presented in the figure below;

Fig 2: Experiences of the girls and women at their first menstruation encounter



According to the women and girls, most of these experiences still manifest to present day, the most common being stomach pain (Dysmenorrhea), discomfort, stress, headache and back pain, including lack of self-esteem and confidence. Overall, the women and girls shared that although these manifest as normal menstrual signs and symptoms as informed through the different sources, these have become major challenges since they have limited knowledge and skills of managing them.

The women in particular (60% of 127) shared another emerging issue of heavy flow and prolonged menstrual periods, which they attributed to the use of Contraceptives. They recommended research by government into the relationship between menstruation, heavy blood flow and

We would like government to commission research into why women that use Contraceptives usually experience heavy and prolonged menstrual blood flow". This is burdening us yet we have limited information and knowledge about how to manage this condition", women during FGDs.

prolonged periods.

4.2.5 Menstruation and Absenteeism in schools

According to the SNV/IRC Study report (2012) on Menstrual Management in Uganda³³, shared the relationship between menstruation and absenteeism in schools by girls. The SNV/IRC report indicated that on average, there are 220 learning days in a year and missing 24 days in a year translates into 11% of the time a girl pupil will miss learning due to menstrual periods. Sixty percent (60%) of the girl pupils absented themselves from schools during their menstruation

In the Miiro, et. al report (2018), in an interview with 352 girls in Wakiso district, the most common reasons for missing school during menstruation was stomach or back pain (92.5%), feeling generally unwell (60.0%), fear of leaking blood (38.5%), and lack of privacy for changing (38.5%). When asked to name the main reason, the majority said pain (85.7%).

³³ The Netherlands Development Organization (SNV)/ IRC-International Water and Sanitation Centre; Study report on Menstrual Management in Uganda, (2012)

according to the study.

Religious Perspective of Menstruation (Respondents)

It was established that the respondents had different religious backgrounds and so had to practice what was preached about menstruation.

- Some respondents shared that in some churches, it is preached that when a woman or girl is in her menstrual periods, she cannot go for Holy Communion because she is considered unclean. This is however subject to verification from religious leaders.
- Similarly, in the Moslem faith, a woman or girl in her menstrual periods cannot attend prayers in the mosque because she is considered unclean. To the women and girls, this is denies them their freedom of worship.

Religious & Cultural Leaders Perspective about Menstruation

Religious Perspective

The official Muslim perspective is that women under menstruation are not allowed to pray but they can be allowed to go to the mosque and seat. However when a woman is undergoing menstruation over the normal 7 days then she is advised to wash her menstrual parts clean with no indication of blood then can be allowed to pray for 5 minutes as she looks for medication. The mainstream Catholic faith maintains menstruation as normal. According to the catholic leaders engaged, menstruation does not affect the prayer processes of women. They also affirm that there is nowhere in the catholic teaching that mentions about menstruation except that they encourage women to keep clean when they come to church just like anybody socializing in public.

Cultural Perspective

All the mainstream cultural institutions reached by the consultants share the view that most of the cultural practices that are currently affecting good MHH practices were crafted at a time when there was no option to maintain cleanliness among menstruating women other than to keep them out of public and restrict them from participating in certain sensitive activities. However, they assert that with education and modernization which has ushered in solutions for MHH, the negative practices are slowly fading off. The cultural institutions that include Buganda kingdom, Busoga kingdom, Iteso cultural union, the Acholi paramount chieftdom and Tooro Kingdom expressed interest in getting involved in changing attitudes of their respective subjects from negative cultural beliefs that affects maintenance of good MHH.

Summary of Key Findings from KAP

- i. In all contexts, menstruation was a private issue for women alone.
- ii. There was generally limited knowledge about MHH by women (see the knowledge gaps table above).
- iii. Education levels had an impact on MHH knowledge acquisition.
- iv. There was generally limited involvement of men and boys in menstrual issues hence their limited knowledge and support to women and girls during their periods.
- v. There was inadequate preparedness of the girls by mainly the parents before menstruation
- vi. While cultural perceptions seemed to have good intentions, it impacted negatively on MHH.
- vii. There was also heavy reliance on negative cultural perceptions in some communities in the management of menstruation by the girls and women.
- viii. Study findings revealed knowledge and skills inadequacies in contemporary management of menstrual hygiene among girls, boys, women and men.
- ix. Institutionally, MHH is implemented as an integrated rather than a stand-alone issue that deserves its own focus in programming and financial resources due to its complexity.
- x. Trainings in MHH for teachers mostly targeted primary schools leaving out secondary schools. Most private schools were not targeted by MHH programmes from government and development partners.

Overall, from the findings above, it was clear that there is inadequate knowledge and education about MHH, partly attributed to the negative cultural norms and values that shaped the thinking and practices for menstrual hygiene management. This has been worsened by the limited prioritization of MHH as a public health issue. The provision of the right and adequate knowledge and education as well as tackling the negative cultural practices will propel society and individuals towards more understanding, planning and supporting girls and women during their menstruation.

5.0 ACCESS TO MHH INFORMATION

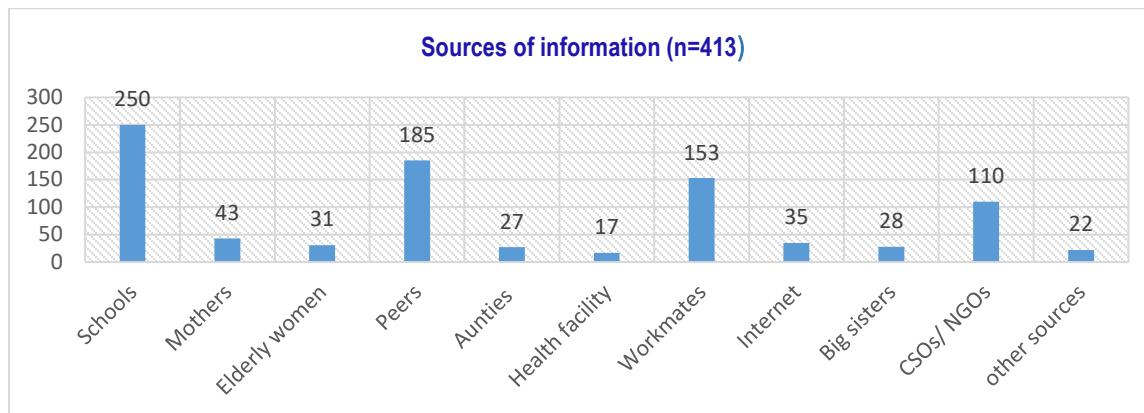
Access to information is a fundamental human right guaranteed under article 19 of the Universal Declaration of Human Rights. It not only helps people to enjoy their rights and freedoms, but further facilitates them to claim for their rights, and to hold the public agencies and other service providers accountable. According to the Uganda National Housing and Population Census (2014), the major source of information for the people of Uganda is radios (55%), word of mouth (19.2%), Television (7.2%), Internet (7.3%) and Print media (2.1%). According to research by Miiro (2018), the main source of MHH information was commonly the mother (40.6%), followed by peers (24.7%), teachers (14.2%) and other sources (20.5%). About 52.4% of girls interviewed did not discuss their periods with their fathers (52.4%) according to the study³⁴.

As stated earlier, there are many ambiguities and cultural myths around MHH and therefore supporting the women, girls, boys and men access the right and adequate information would contribute to adoption of effective and better MHH practices. Important to note is that access to MHH information is affected and determined by many factors. Among them is the nature of context or environments. These include home/ households, community, institutions/ workplaces, schools, detention centres, among others. Similarly, access to MHH information may vary among different categories of people, age groups and may be affected by different factors that include among others; education levels, culture, poverty/ affordability, age, disability, among others. Any interventions aimed at promoting access to MHH information should therefore put these aspects under consideration.

Traditionally in Uganda, the major source of MHH information were the mothers, aunts and other elderly relatives, however; the trend is changing. The situational Analysis study findings revealed that mothers and aunts rarely played their roles of preparing and talking to girls about menstruation. Of the 413 respondents, 65% indicated having access to basic MHH information. A breakdown of the 413 respondents included; 152 girls, 60 community men and women, 120 teachers, 20 boys and 61 district officials)

³⁴ Miiro et al. *BMC Women's Health* (2018); *Research Article; Menstrual health and school absenteeism among adolescent girls in Uganda*

Fig 3: Major sources of MHH information



Schools and peers emerged to be the major sources of information for school going girls and boys as shown in the figure above. MHH information in schools was accessed through the Senior Women Teachers (SWTs), academic subjects like science and Biology (for school going boys, girls and teachers), school peers (mainly girls), and to a small extent school health clubs, talking compounds, brochures/ leaflets, trainings from CSOs and sometimes government sectors; mainly Ministry of Education and Sports (MoES) through the Gender Unit.



*Talking compound in Moroto mixed day and boarding P/S in Moroto
English and local Ng'karamajong language*

According to UNESCO, there are 650 million primary school-age young people in the world. Considering that 57 million of them do not attend school, implies 593 million who can be reached through school-based programmes, thus making schools the ideal location to reach a large proportion of learners before and during puberty³⁵.

³⁵ UNESCO, *Education for All Global Monitoring Report, 2013/14, Teaching and Learning: Achieving quality for all*. Paris, UNESCO.

At workplaces, most of the information is accessed through fellow workmates, documented literature and internet websites like Google. At home/ household and community environments, the women, school drop outs, girls that had never been to school accessed most of the information from fellow women, girls in the community especially age mates, mothers, the elderly women and to a small extent aunties and older sisters. A few school going girls accessed MHH information from their mothers and aunties at home.

A few women listened to radios; as many were often engaged in domestic chores, therefore rarely accessed MHH information through that medium. Health facilities were only accessed by women when they experienced immense MHH health challenges-but this was shared by only 17 represented by (3%) the respondents interviewed.

Television sets and newspapers were the least mentioned as respondents shared that these rarely had MHH information, while not many were able to access them for reasons of affordability. Boys that had never attended school and men rarely had access to MHH information with the exception of male teachers that encountered it through the education curriculum.

Education Sector related concerns

- i. Children with Special Needs rarely have access to MHH information in schools
- ii. Some of the MHH materials and information available in schools have been largely developed and distributed by CSOs and development partners but limited in coverage.
- iii. Boys rarely access MHH information in schools. Rarely do Senior Men Teachers (SMTs) prepare and talk to boys about puberty.
- iv. Although it was emerging that the major source of information for school going girls were the Senior Women Teachers (SWTs), there were challenges pointed out. Some of them were unfriendly to the girls, while others were inactive and did not effectively perform their roles citing reasons of no motivation for the additional responsibility. Besides, many were not trained in MHH. A few that talked to the girls about menstruation, considered learners from P.5 to P.7 yet some girls begin their menstruation as early as P.4. In secondary schools and tertiary institutions, senior women teachers were rarely found to talk to the girls about menstruation. This is because girls in secondary schools were deemed mature enough and therefore “knew” how to manage their menstrual life yet it is not the case.
- v. Some schools were reported to be lacking senior women teachers to provide girls with MHH information.
- vi. The counselling of girls about menstruation and other issues affecting them was found to be irregular and sometimes rare in schools.
- vii. Trainings in MHH for teachers mostly targeted primary schools leaving out secondary schools. Most private schools were not targeted by MHH programmes from government and development partners

Summary of Key Findings

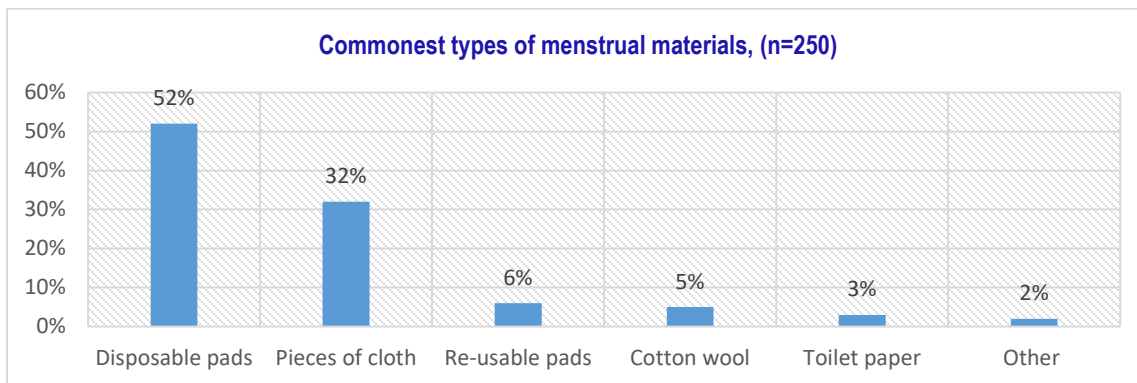
- There were various sources of basic MHH information however, the concern was about whether these offered the right and adequate information to the different stakeholders.
- Access to MHH information differed across environments, age groups, categories of people and socio-economic status and therefore required different strategies for information sharing.
- There were concerns about access to and packaging of MHH information for People with Special Needs. Not much concern is accorded to them.
- The major source of basic MHH information for school going children and teachers were schools through the SWTs, peers at school, science subjects and NGOs/ CSOs
- Among the communities, the main source of information was the older women, mothers, fellow peers and to a smaller extent NGOs/ CSOs and Health centres.
- At workplaces, the major source of information was fellow peers, internet and to a small extent CSOs/ NGOs.
- The least mediums for accessing MHH information were radios, television sets and newspapers. To many, these were not affordable by everybody but also offered limited MHH information.
- The study could not establish how people in detention places like prisons, remand homes accessed MHH information.
- There is no standardized package of MHH information that can be shared with different stakeholders.

Overall, limited access to the right and adequate MHH information was generally a big challenge, including the strategies for information sharing. It is thus critical that when addressing this challenge, key factors like context/ environment, culture, education status, age group, categories of people, information packaging and sharing strategies and socio-economic status are considered.

6.0 ACCESS TO MHM SANITARY MATERIALS

Menstrual Hygiene Management (MHH) is fundamental to the dignity and wellbeing of girls and women. Ensuring access to MHH services and safe sanitation materials therefore constitutes a significant fulfillment of the rights of women and girls to sanitation and health. This aspect was among the core issues of investigation during the situation analysis study. Findings from the 250 women and girls interviewed; (55 female teachers, 152 girls and 43 community women), 130 representing 52% used disposable pads, 80 representing 32% used pieces of cloth, 15 respondents representing 6% used re-usable pads, 5% used cotton wool, 3% used toilet paper, while 2% utilized other materials.

Fig 4. Commonest types of menstrual materials used



The use of disposable pads was more with school going girls and the career women. The school going girls also used cotton wool, toilet paper and re-usable pads in circumstances when they could not afford disposable pads. According to research by Performance Monitoring and Accountability Group (PMA (2020), 65% of women reported using disposable sanitary pads, 42% used cloths while 5% used cotton wool³⁶.



In

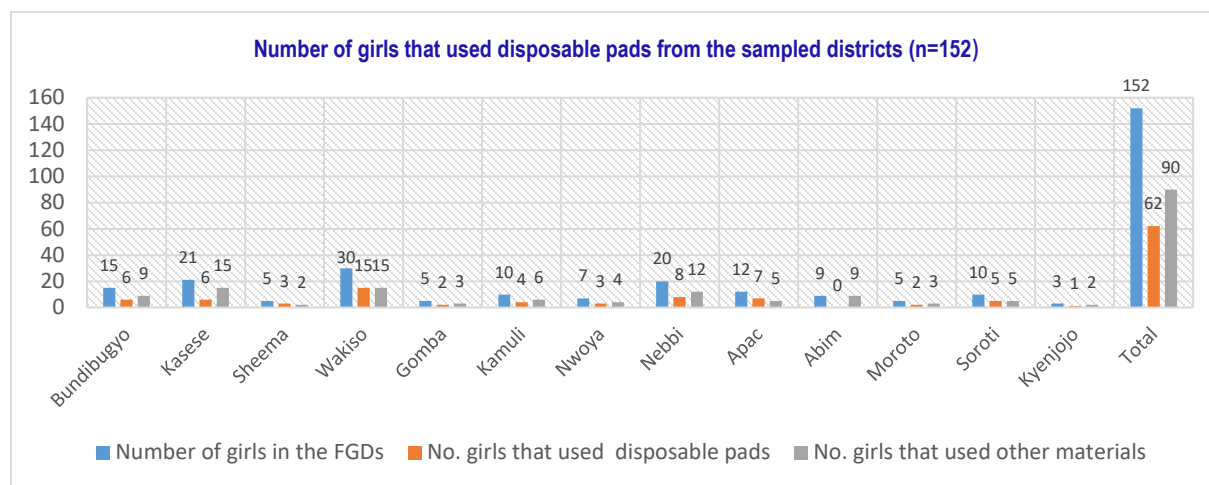
³⁶ Performance Monitoring and Accountability (PMA 2020) 2017 ; Menstrual Hygiene Management, Uganda

the Pictures, consultant asking the girls in Kamuli and Wakiso respectively about the type of menstrual materials they used during menstruation

Wakiso had the highest number of girls (15/30) that used disposable pads due to their semi-urban status which had a link with affordability of pads by their parents. No girl or career woman used tampons or menstrual caps among those interviewed. Key informant findings revealed that girls in 13 schools in Karamoja sub region and supported by Welthungerhilfe an international German Non-governmental organization were using menstrual caps. To them, menstrual caps; though expensive (each estimated at 80,000 UGX), can be used for a life span of more than 8 months and only needed hot water for disinfecting after use. Menstrual cups were found to be appropriate in Karamoja because of the social traditional lifestyle of the Karamojong people of not wearing the under clothing.

The study further established that the use of disposable sanitary materials varied across different categories of girls and women, largely dictated by income status and location. The disposable pads for instance were mainly used by those in urban and semi-urban settings including girls in urban schools and career women like teachers and other civil servants. Community women and girls commonly used pieces of cloth and re-usable pads. A case sample study was taken for the girls interviewed to establish the extent of usage of the disposable pads. See figure below;

Fig 5: Usage of disposable sanitary pads among girls in the sampled districts



From the figure above, out of 152 girls, 62 (41%) used disposable pads, while 90 (51%) used other materials. During interviews, girls that did not mainly use disposable pads used majorly pieces of cloth, while a few used re-usable pads, cotton wool and toilet paper. Those that used disposable pads were mainly from the urban and semi-urban settings. In Abim, none of the girls interviewed used disposable pads at the time of the study, but indicated that sometimes when they accessed money, they could buy disposable pads for use but irregularly. It was further observed that the use of disposable pads was not consistent among girls that indicated their usage. Depending on the circumstance such as lack of money, they supplemented disposable pads with pieces of cloth.

In a nutshell, the practice of using pieces of cloth for menstrual hygiene management is still dominant, and is largely dictated by incomes/ access, location and proximity to the supply markets and traditional attitude. In Moroto, Apac and Abim for instance, the key informants shared that in most of the rural settings, the traders do not stock the disposable pads due to the low demand by the buyers.

6.1 Use of re-usable pads

Although the Government of Uganda Menstrual Hygiene Management Charter (2015) commits to empowering girls with life skills of making their own sanitary pads, this has not been widely adopted. Majority of the women did not use the re-usable pads mainly because of low attitude and lack of skills to make re-usable pads.

Study findings indicated that only **44 (29%) of the 152** girls interviewed and **13 out of the 98 women reached** had the skills of making re-usable pads. Community women shared that trainings in making re-usable pads mainly targeted girls in school with less focus on women at community level. A case by case scenario, indicated that **3/14** girls interviewed in Bundibugyo district were trained in making re-usable pads, **2/21** in Kasese, **6/30** girls in Wakiso, **2/6** girls in Gomba, **2/10** girls in Kamuli district, **9/9** girls in Abim, **10/10** girls in Moroto, **3/20** girls in Nebbi, and **7/12** girls in Apac. While these statistics confirm that schools across the country received training in the making of re-usable pads, the coverage was found to be limited. The low adoption of re-usable pads was attributed to the following;

- Limited skills in making re-usable pads for the girls and women
- Limited incomes to purchase materials for making the re-usable pads
- Negative attitude among some girls that re-usable pads are cumbersome and nasty when washing the blood out of them; therefore sometimes regarded them unhygienic
- Challenges of where to dry the pads, since these have to be dried under the sun yet most cultures and the public are prohibitive of this practice.

6.2 Use of pieces of cloth

The community women and girls from rural areas mainly used old pieces of cloth as sanitary materials. According to them, the old pieces of cloth were also suitable for women and girls with heavy flow.

“Due to my heavy flow, I use old pieces of cloth even at school”, said one of the school girls in Kyenjojo.

Some of the women who preferred using the old pieces of cloth cited discomfort with the disposable pads (e.g. itching, burning sensations), limited income and the repeated behavior of using them for a long time. It is a common practice that rural women have adopted for a long time

and have therefore gotten accustomed to. This finding was mostly shared by the women in districts of Bundibugyo, Kamuli, Kasese, Apac, Moroto, Soroti, Abim and Nwoya.

Key informants findings from the respective district education departments and teachers revealed that in the rural country side, majority of girls used old pieces of cloth as their menstrual materials. Most parents could not afford to buy disposable pads for the girls. In Kasese, the boys in the FGD shared that sometimes their girlfriends approached them and asked for money to buy the pads. In Apac, Abim, Moroto and Nwoya, the girls testified that sometimes due to lack of money by the parents to buy for them pads, they resorted to boyfriends to finance this need. This often resulted into irresponsible sexual behavior and consequently teenage pregnancies.

In Karamoja and specifically in Abim and Moroto districts, the girls and women mostly used old pieces of cloth, and sometimes pieces of paper when they could not access the old pieces of cloth. Cases of not using any padding materials were observed in the same districts mainly due to the Karamojong lifestyle of not wearing under clothing and not being used to the practice of padding themselves during menstruation. This also explains the traditional practice in Karamoja of sitting on sand the whole day as a way of draining and absorbing the menstrual blood. It was also reported that women and girls especially in the rural areas used their skirts made out of thick material to wipe off blood during menstruation.

6.3 Access to Emergency pads:

In menstrual life, there are times when changes occur in the women's menstrual cycle and finds them unprepared to respond effectively. Such situations require support to the women and girls to enable them manage the situation. According to the Three Star Guidelines for Implementing WASH in schools by MoES, schools are supposed to provide emergency pads for the girls during menstruation.

According to findings of a study by IRC on assessment of the implementation the MoES circular on MHM in primary and secondary schools, 75% of the schools (primary and secondary) acknowledged receiving the circular.³⁷ The current study findings revealed that the directives contained in the said circular have not been effectively implemented due to inadequate resources.

The school leaders and teachers revealed that the meager 5% budget line provided under the UPE capitation grant is the only source of funds for purposes of procuring emergency pads in schools, and is not adequate to address that need. In a study by SNV/IRC (2012), over 50% of the senior women teachers confirmed that there was no provision for menstrual pads to school girls.³⁸

Further, the Situational analysis study revealed that there were cases of some school administrators that claimed not to have received the MoES directives on management of menstrual hygiene in schools. This withstanding, (8) districts representing 57% of those sampled for the study indicated

³⁷ Study on implementation of the MoES circular for provision of MHM facilities for girls and female teachers in primary and secondary schools, IRC, 2018.

³⁸ The Netherlands Development Organization (SNV)/ IRC-International Water and Sanitation Centre; Study on Menstrual Management in Uganda, (2012).

providing emergency pads at school, while 6 districts did not. Arua indicated about 70% of schools with emergency pads, Bundibugyo 30%, Nebbi 75%, Kyenjojo 60%, less than 30% in Wakiso and less than 10% in Gomba, Kasese and Sheema districts.

In Moroto district, the percentage could not be established. In Nwoya, Apac and Abim, and Moroto, the education officials interviewed indicated that very few schools provided emergency pads to schools. According to the district officials, schools that met this need were mainly supported by development partners, while a few head teachers and DEOs purchased the pads from the UPE funds.

In the districts of Kyenjojo, Nwoya, Bundibugyo, Kasese, Gomba, Nebbi, and Wakiso, teachers indicated having some stock of emergency pads in schools though not adequate. According to them, development partners have played a key role in the provision of disposable sanitary pads to schools. The learners' perspective was not any different from that of the teachers. While some learners especially those from private schools indicated having some emergency pads, those from public schools indicated minimal of this provision. Out of the 152 girls interviewed, 43 reported having emergency pads at school while a majority 109 (71%) of the girls mentioned having no emergency pads at school.



Consultant in a discussion with teachers from Kamuli about the provision of emergency pads in schools and other MHM discussions.

Study findings revealed that some girls were not aware of the provision of emergency pads at school. Those who knew the existence of pads in school either feared or were simply hesitant to approach the senior women teachers for support. According to testimonies from the girls interviewed, some of the senior women teachers were “un friendly” and not approachable, while some male teachers simply laughed at them when approached for support.

Study findings also revealed that some schools lacked female teachers; a case of Bulopa primary school in Kamuli district. In Bundibugyo district, the district Inspector of schools revealed that all schools in the mountainous areas did not have female teachers because of accessibility challenges.

“In my school for instance, I have 1,080 learners, and one female teacher. How do you expect one teacher to support all the girls during their menstrual periods? It becomes overwhelming in a way”, said one of the head teachers from Kamuli.

Just like the situation above for some of the girls, no teacher mentioned accessing emergency pads at school. According to them, they carried their emergency pads from their homes. The teachers reported that there are times when they are “ambushed” by menstruation, and due to lack of emergency pads at school, some are forced to go back to their homes and come back the next day to deliver their lessons. This situation applied to mainly those that stayed a distance away from the school premises. Those who stayed near or within the school premises always went back home to clean themselves and then back to teach the learners.

6.4 Senior Women/ Men Teachers & MHH

Senior women teachers that participated in the study had varying perceptions about their roles. Most shared that they were not trained in menstrual hygiene management and their roles and responsibilities. Accordingly, they had no capacity in terms of skills and resources to adequately support the girls. According to the Ministry of Education and Sports (2019), only 219 secondary schools representing 19% had a trained senior man teacher, and (282) schools representing 25% had trained senior women teachers³⁹. Additionally, while some senior women teachers expressed readiness to support the girls in schools, others perceived it as an additional responsibility that required motivation or additional remuneration.

6.5 Impact of Inadequate Provision of Menstrual Pads to School Attendance

The girls interviewed revealed that the status of availability and nature of sanitary pads in schools had a significant impact on school attendance. They said because some girls did not have decent sanitary materials like disposable pads and used old pieces of cloth, they found it difficult to manage their menstrual periods at school. As a result, 52 out of 152 girls interviewed representing 34% indicated having absented from school at one time due to lack of pads. Teachers from Bundibugyo, Kasese, Gomba, Kamuli and some key informants (especially district education officials) shared that such girls absented for 2-3 days from school so as to manage their periods from home and consequently missing out on lessons.

From the findings above, it is clear that the practice of having emergency pads in schools and generally work place premises is still weak and inevitably inconveniences the women and girls of menstrual age in many ways. To the girls in school, it affects their, attendance, academic performance and consequently their learning outcomes.

6.6 Drying of Sanitary materials

This was found to be poorest among the respondents. Over 85% of the school going girls indicated drying re-usable pads indoors-most especially under their mattresses, on beds and panty pegs. At school, it was common to cover the panty pegs with a translucent piece of cloth especially for the girls in Boarding schools. Similarly, the women (both community and career women) shared the same practice of drying their pads indoors. According to the women and girls, this practice was

³⁹ Ministry of Education and Sports, WASH in Secondary Schools data (2019)

shaped by most cultures that prohibited men and boys from seeing menstrual materials used by women.

According to Crofts, T. and Fisher (2012), in a research done in Uganda, 79% of girls dried menstrual hygiene materials on covered peg hangers in their dormitories or bedrooms. Less than 3% of girls dried pads and cloths in the sunlight. Away from the sun's bacteria killing properties, these could take three days to dry and become malodorous. One in seven girls said they had used materials that were still damp, which they claimed often caused chafing and infection⁴⁰. Away from the above scenario, it was established that in Moroto and Kyenjojo, some development partners constructed wash room facilities for the girls and provided drying racks for re-usable menstrual materials, pieces of cloth and knickers for the girls.

6.7 Challenges of access & utilization of safe sanitary pads among girls and women

- i. Not many girls and women were able to afford the decent, safe and hygienic menstrual pads. During times of income scarcity, some women and girls that commonly used disposable pads resorted to use of old pieces of cloth as menstrual pad materials. Seventy five (75) of the 152 girls interviewed shared that they had ever lacked pads for their menstruation. The same was shared by a few female teachers and other community women.
- ii. Some respondents had negative attitudes towards the use of some types of menstrual pad materials e.g. the re-usable pads and pieces of cloths that required washing.
- iii. The traditional life styles affected the adoption of some menstrual hygiene management practices; a case of Karamoja-where the girls and women were not used to wearing pads and knickers.
- iv. Limited incomes and skills to some extent affected adoption of re-usable pads in schools and communities. Most of these trainings targeted the girls in school as opposed to girls out of school, community women and boys

Summary of Key Findings

- i. Disposable pads were mainly used by the school going girls and career women. Old pieces of cloth were the second material used especially by rural women and rural girls and those that lacked money to buy the disposable pads at the time of menstruation.
- ii. The lack of pads sometimes influenced girls to engage in irresponsible relationships.
- iii. There is a close relationship between menstrual materials and absenteeism from school by the girls.
- iv. Re-usable pads were not used on a large scale due to limited skills and coverage for such interventions. These were least used by community women.
- v. Drying of the washable pad materials was a challenge to the girls and women. They have to dry them in-doors for fear of being seen by the public. This applied to knickers too.

⁴⁰ CROFTS, T. and FISHER, J., 2012. Menstrual hygiene in Ugandan schools: an investigation of low-cost sanitary pads. *Journal of Water, Sanitation and Hygiene for Development*, 2 (1), pp. 50 - 58

- vi. It was common for some girls and women to lack pads for their menstrual hygiene management.

7.0 WATER, HYGIENE AND SANITATION

7.1. Access to Safe Water

Water is a very important element in life. It is therefore essential that there is enough water of sufficient quality and quantity for the users. As of June 2019, (MoWE) report indicated that safe water coverage in rural areas was estimated at 69%. There was a decline from 70% as of June 2018. The percentage of rural villages with safe water supply stagnated at 66%, attributed to villages increasing more than the number of new water facilities. Rural water sources functionality stood at 85%, while in urban areas, coverage was estimated at 94.3%.⁴¹ The same report indicates the major sources of water as boreholes (44.3%), shallow wells (23.4%), protected springs (21%) and rain water harvesting tanks at 11%.⁴²

According to MoWE, they are faced with inadequate funding hence affecting universal water coverage for the users. For instance, the CSOs contribution to water and sanitation reduced from 91.02 billion in FY 2017/18 to 69.13 billion in FY 2018/19. This created deficits in water coverage.

Table 7: Status of water supply in Uganda by 2019

S/N	Aspect	Rural %	Urban %
	Water supply		
1	% of population using an improved drinking water source	69%	79%
2	% of population using a safely managed drinking water source located on premises	-	57.2%
3	% of villages with a source of safe water supply**	N/A	66%
4	% of villages with functional water sources	-	85%
5	% of urban population with piped water service availability	94%	

Source: Uganda Water and Environment Sector Performance Report (2019)-MoWE

From the table above, rural water supply was still very low by 2019, accounting for 69%. By implication, rural areas have more safe water related challenges compared to urban areas. The situation becomes even more complicated in school settings, with more impact felt by girls experiencing menstrual periods. According to UNICEF (2015), 60% of children in Uganda live more than 30 minutes trip away from the nearest water source, while 30% do not have access to safe water.⁴³ Situation analysis study findings indicated that 59% had regular access to water. Those that did not have regular access shared reasons like; breakdown of the water sources, poor operation and maintenance of the water sources, and sometimes water scarcity due to drying/ low yield of the water sources.

⁴¹ Uganda Water and Environment Sector Performance Report (MoWE), 2019.

⁴² Ibid

⁴³ UNICEF (2015); Situational Analysis of Children in Uganda.

Table 8: respondents that indicated having regular access to water

S/N	Category of respondents	Total number	Number that had regular access to water
1	Girls	152	80
2	Teachers	120	75
3	Community men and women	60	38
4	Boys	20	14
	Total	352	207 (59%)

Although challenges of access to water are apparent, Ministry of Education and Sports (MoES) provided guidelines to ensure access to sufficient water for girls during their menstrual periods. According to the Three Star Approach for Planning and Implementation of WASH in schools (2017), the following are the guidelines to be adhered to by all schools.

- a. Schools need to support menstrual hygiene management so that during menstruation, girls do not miss school. This should involve menstrual hygiene education sessions at school, along with steps to ensure that girls have a private place to wash and change their clothes.
- b. Stockpile extra sanitary pads and clothes (such as school uniforms) for emergencies, along with enhanced training programmes for teachers especially the Senior Woman teachers.
- c. Schools that don't have senior woman teachers can identify, with the support of the parents, a respected female resource person who can from time to time be available to support the girls.
- d. Latrines for girls should have facilities for menstrual hygiene management
- e. There should be gender segregated latrines in all schools.
- f. There should be one stance for every 40 pupils in 2 star schools and 1:25 for three star schools. Latrines should have functional walls, and doors with locks for privacy.
- g. All latrines should have anal cleaning materials, sufficient ventilation and lighting
- h. There should be WASH rooms with soap, water and washing basin for girls
- i. There should be waste bins in all latrines
- j. There should be a rain water harvesting tank (where practical) for hand washing near/ inside latrines; 1 hand washing facility for every 40 pupils in two star schools and 1:25 for three star schools

Three Star Approach Guidelines for WASH in Schools (MoES) 2017

The guidelines above are a clear indication of the Sector's commitment to support MHH in schools, however, the reality is different. Findings from the Situation Analysis study indicated varying situations with regard to access to safe water among districts. It even becomes more difficult for a district experiencing water challenges to provide for the water needs in schools. The table below shows water access and functionality in the sampled districts;

Table 9: Status of water access and functionality in the sampled districts

S/N	District	Location	Total access (%)	Rural access (%)	Urban access (%)	Rural functionality (%)	Urban functionality (%)
1	Bundibugyo	S. West	63%	59%	77%	62%	84%
2	Sheema	West	82%	83%	80%	87%	84%
3	Kasese	S. West	61%	59%	64%	79%	89%
4	Kyenjojo	West	69%	64%	91%	75%	80%
5	Gomba	Central	87%	86%	95%	62%	79%
6	Wakiso	Central	37%	43%	28%	84%	76%
7	Moroto	N. East	79%	80%	78%	82%	75%
8	Abim	N. East	78%	76%	89%	75%	82%
9	Kamuli	Eastern	78%	77%	82%	89%	87%
10	Soroti	Eastern	77%	88%	23%	85%	No data
11	Apac	Northern	73%	74%	70%	75%	81%
12	Nwoya	Northern	62%	65%	34%	78%	62%
13	Arua	West Nile	76%	75%	85%	84%	No data
14	Nebbi	West Nile	73%	73%	95%	78%	91%

Source: Uganda Water Supply Atlas (as of 19th September, 2020)

From the statistics above, there is varying access to water in the different districts; ranging from 30-87%. Regionally, Western Uganda districts have relatively low access and rural functionality compared to other districts. Overall however, Wakiso district in Central Uganda presented the lowest access at 37%. Wakiso has 4,286 domestic water points which serve a total of 1,064,631 people - 712,981 in rural areas. 733 water points have been non-functional for over 5 years and are considered abandoned. Some of the factors to account for the non-functionality of water sources in the district include; low yield (11%), technical break down (30%), water quality (12%), vandalism (11%) and alternative water sources nearby at 12%.⁴⁴

Interaction with the respective district water officers indicated relatively poor access to safe water in schools and public places. For instance, Arua reported 64.2% safe water coverage in the district. The creation of Arua city reduced their water access from 74% to 64.2%. The current functionality of the district water sources was recorded at 94% partly due to the heavy presence of WASH partners that regularly repaired the water sources in the refugee camps and host communities. In Bundibugyo and Kasese districts, water sources functionality was largely affected by the recent floods, with Bundibugyo recording as low as 10% according to the district water officer. Three major reasons to account for water sources dysfunctionality in both the rural and urban areas included; technical breakdown of water sources, poor Operation and Maintenance (O &M) and low water yield and poor water quality.

⁴⁴ Uganda Water Supply Atlas (as of 19th September, 2020)

7.2 Access to water in schools

Interaction with respondents presented variations in access to water in schools. Study findings indicated that most of the schools had water sources within the school premises. In Kasese, Kyenjojo, Bundibugyo, Nebbi, Gomba and Sheema districts, respondents reported lack of reliable sources of water in schools. In Kyenjojo, the main source of water for schools was open wells which were often contaminated.

According to the teacher's, challenges of water access in schools affected girls and female staff especially when in menstruation periods. In the absence of water, the girls escaped from school to access water in their homes. This situation also implied that the girls could not change menstrual pads due to lack of water for cleaning up.

In Kasese district, teachers from Kalusandara SDA and Kogere P/S indicated having no water source at all at school, while in Sheema, the teachers indicated having a big problem of access to water due to partly its location in the dry cattle corridor. They mainly relied on gravity flow schemes which were usually unreliable. In Gomba district, the situation was not any different. The teachers reported having challenges with water access in schools. The teachers from Najjoki P/S, Kizigo SDA, and Kanoni Umea P/S indicated that the water fetched by the learners at school was only adequate for preparing porridge and not for menstrual hygiene.



In the pictures, learners dressed in school uniforms fetching water from a local water in Gomba district. Picture was taken during the Situational Analysis study.

7.3 Estimated water coverage in schools

Information was generated from the respective officials from the district education departments about the estimated water coverage in their respective schools. In Bundibugyo, about 50%⁴⁵ of schools had water sources at the school premises, while in Kamuli, water coverage in Government aided Primary schools was estimated at 54.8%⁴⁶, with uneven distribution. The Senior Education Officer cited cases of schools that had no access to water at all. These included among others; Nabitalo P/S in Kagumba sub county, Busambu P/S in Namasagali sub county, and Bulimila P/S in Balawoli Sub County.

In Nwoya district, water coverage in schools was estimated at 75%⁴⁷, and Apac district 93%⁴⁸. In Apac district, 54 out of 58 primary schools had at least a borehole, while 247 water tanks were constructed in schools to facilitate access to water. Arua district, had estimated water coverage in schools at 61%⁴⁹, while in Nebbi district, it was averagely 71%⁵⁰. Schools that did not have water sources in Nebbi were mainly located in the dry belt and these included; Ringe Memorial P/s, Asilli P/s, Ogala P/s, Olando P/s, and Munduryema P/s. In Abim, Soroti and Moroto districts, the district officials could not estimate the coverage, however, information generated from the key informants revealed that schools in Karamoja sub region were relatively well supplied with safe water. This situation is attributed to heavy WASH investments by international non-governmental organizations and UN agencies, specifically UNICEF.

By and large, study findings indicated that not all schools had access to water at the school premises to facilitate MHM for girls and female staff in menstrual age. This information is in tandem with data from MoES which confirms that by (2019) there were gaps in the provision of water and sanitation facilities in some schools; for instance, (307) secondary schools represented by 27% required water provision⁵¹.

7.4 Contextual water challenges; respondents perspective

Respondents in the different districts shared what they perceived to be the factors affecting water access in the respective communities. The most dominant was regular break down of the water sources especially boreholes, poor operation and maintenance, and drying of some water sources especially during the dry season contributing to long queues at the water sources. In Adjumani district (Ayilo II refugee camp), the women shared the same challenge of long queues at the water sources causing water use conflicts. Most of the challenges are shared in annex 1 of the report.

⁴⁵ Deputy District Inspector of Schools, Bundibugyo

⁴⁶ District Water Officer, Kamuli

⁴⁷ District Water Officer, Nwoya

⁴⁸ District Water Officer, Apac

⁴⁹ Acting District Education Officer/ District Inspector of Schools, Arua

⁵⁰ Senior Education Officer, Nebbi

⁵¹ Ministry of Education and Sports Data (2019)

According to the Water sector, there are challenges of inadequate financing which affects the fulfillment of their core functions and achievement of their targets of one water source per village.⁵² The same challenge of inadequate financing was mentioned by the District water officers in some districts. This hampers regular water access and equity for partly the women and girls that needed it most during their menstrual periods.

Summary of key findings

- i. Safe water coverage in rural areas is still low at 69% thus presenting a constraint to girls and women of menstrual age to access water for their menstruation.
- ii. Fifty nine percent (59%) of the 352 respondents (comprising of the girls, boys, teachers and community men and women) indicated having regular access to water.
- iii. Water access in schools is still relatively lower
- iv. There is limited access to disaggregated data for water coverage in schools. District water officers usually had block data for the whole district. This means reliance on estimates from the district education departments, which data is sometimes not verified.
- v. Each of the districts had contextual challenges that limited access to and water coverage in some areas.
- vi. The commonest challenges for dysfunctionality of water sources was technical break downs, poor operation and maintenance, low water yield and poor water quality.
- vii. Limited financing of the water sector right from the national to district levels was a major challenge.

7.5 Access to Hygiene and Sanitation Facilities

As stated earlier, failure to maintain proper hygiene and sanitation when women and girls are in their menstruation may cause infections (e.g. urinary tract and reproductive infections). It is thus important that hygiene and sanitation facilities are equally considered in programming for the women and girls in menstrual age. Under this category of facilities, the following were assessed; existence, adequacy and quality of latrines, washrooms, hand washing facilities, changing rooms and waste disposal facilities.

According to the MoWE annual sector report (2019), access to some form of sanitation in rural areas reduced from 79% in FY 2017/2018 to 77.2% in FY 2018/2019. Access to some form of sanitation in urban areas was at 87.9%, while the use of basic sanitation in rural areas was at 16.6% and 37.4% in urban areas. Use of safely managed sanitation in rural areas was reported at 7.1% and 42.8% in urban areas⁵³. By implication, the hygiene and sanitation situation in the country is generally poor. There is a growing concern about women and girls in rural areas that lack access to basic facilities necessary for MHH.

⁵² Uganda Water and Environment Sector Performance Report (MoWE), 2019.

⁵³ Uganda Ministry of Water and Environment Sector Report (2019)

Table 10: Status of hygiene and sanitation in the country (Fy 2018/19).

S/N	Aspect	Rural %	Urban %
	Hygiene and Sanitation		
1	% of population using an improved sanitation facility not shared with other households	16.6%	37.4%
2	% of population using safely managed sanitation services	7.1%	42.8%
3	% of population practicing open defecation	22.9%	12.1%
4	% population with hand washing facilities with water and soap at home	36%	40%
5	% pupils enrolled in schools with basic hand washing facilities	42%	

Source: Uganda Water and Environment Sector Performance Report (2019)-MoWE

By 2014, the Uganda Census Report indicated that **8%** of households did not have any form of toilet facility. When calculated, this accounts for **2,768,000** households out of the 34.6 million Uganda's population by 2014. The same report, indicated women being more than men; that is to say; 49% of men and 51% women. By implication, the lack of these facilities could be affecting women and girls more. District reports showed that 22.9% of the rural population were practicing open defecation while 12.9% in urban areas were doing the same⁵⁴.

7.5.1 Hygiene and Sanitation in Schools

By 2014, 87% of boys and girls of Primary school going age (6-12) were attending school, 22% of secondary school age (13-18) had already left school before completion.⁵⁵ The bulging enrollment in schools means more facilities for the boys and girls, which is not a reality in many instances. According to UNICEF (2015), there is only 1 latrine for every 70 students⁵⁶. The Ministry of Education and Sports set standards for stance pupil ratio at **1:40** for all schools, but this is far from being achieved as evidenced by the Situational Analysis findings below;

7.5.2 Separate toilets status

By 2019, the number of Secondary schools that had separate toilet blocks for girls' were 1, 010 (88%), those with separate toilet blocks for boys were 979 (85%), while schools with separate toilet blocks for teachers were 896 accounting for 78%.⁵⁷ Indeed respondents from **86%** of the 14 districts sampled indicated having separate toilet facilities for boys, girls and staff. It was only in Bundibugyo and Kasese where cases of lack of separate latrine facilities were reported. Approximately, only **30%** of schools in Bundibugyo had separate toilet facilities for girls and boys.⁵⁸ It was a general outcry about the poor state and unhygienic conditions of the latrines.

⁵⁴ *Ibid*

⁵⁵ *Uganda Bureau of Statistics 2016, the National Population and Housing Census (2014), Main Report, Kampala.*

⁵⁶ *UNICEF (2015); Situational Analysis of Children in Uganda*

⁵⁷ *Ministry of Education and Sports, WASH in Secondary Schools data (2019)*

⁵⁸ *Deputy District Inspector of schools Bundibugyo*

According to the Ministry of Education and Sports (MoES) data (2019), 140 schools (12%) required latrines for girls, while 171 secondary schools representing 15% required latrines for boys. Twenty two percent (22%) of schools lacked separate latrine blocks for teachers⁵⁹

in



Picture of 2 stance pit latrine for girls Nwoya Central Primary school.

7.5.3 Pupil-Stance ratio

Although the findings above indicated quite a bigger percentage having separate toilet facilities for girls, boys and staff, some of the sharing ratios were reported to be far above those recommended by the MoES. By 2019, the number of schools that met the national pupil stance ratio for girls (40:1) were 41%.⁶⁰ According to MoWE annual sector report (2019), the national pupil stance ratio reduced from 73.1 in FY 2017/2018 to 71:1. Findings from the Situational Analysis indicated that only Wakiso district had the recommended Pupil-stance ratio. Other districts had pupil-stance ratios ranging from 49:1 to as high as 103:1. Kasese, Bundibugyo, Arua and Nebbi districts presented the worst scenarios.

Table 11: Pupil- stance ratios in the sampled Districts

District	Stance-pupil latrine ratio	District	Stance-pupil latrine ratio
Wakiso	30: 1	Gomba	75:1
Kamuli	50:1	Apac	65:1
Bundibugyo	81:1	Moroto	71:1
Kasese	100:1	Abim	49:1
Nebbi	103:1	Sheema	55:1
Arua	80:1	Soroti	60:1
Nwoya	65:1	Kyenjojo	67:1

The teachers the consultants interacted with shared case examples of the worst pupil-stance ratios

In Kalusandara SDA P/s in Kasese district, there are 5 stance pit latrines; 1 for staff, 2 for girls, and 2 for boys. The school has 400 learners, implying a stance pupil ratio of 100: 1.

In St. Peter's Kibalya P/s, the teachers reported not having a single permanent pit latrine at school that hosts 500 learners (300 girls, 200 boys). They had 4 temporary stances; 2 stances for boys and 2 stances for girls. Teachers use the neighboring church latrine; implying a stance-pupil ratio of averagely 100:1

In Nebbi district, the Senior Education Officer shared a pupil stance ratio of 103:1

that they had in their schools. See cases below;

Source: MoES MHM Situational analysis study (2020)

Not having the recommended pupil-stance ratio means the girls queuing up for the latrine services hence; losing time and missing out on some lesson content. The latrines act as changing rooms for the girls and teachers, according to the study analysis findings. In Nebbi, the education officer shared that the district required an additional **1,104** latrine stances in schools.

Although there were worst case scenarios recorded as per the findings of the study analysis, there were schools that shared cases of the recommended pupil-stance ratios. It should be noted that these case samples were taken from schools in municipalities as there were limitations to penetrate deeper in the rural country side where the situation could be different or even worse. Sheema

In Bugonji Central P/s, teachers reported having 223 learners, with girls having 6 stances, 6 for boys and 4 for teachers. This implies an average stance -pupil ratio of 1:20.

In Nyakayinja P/s, there were 350 learners; 180 girls and 170 boys. There were 6 stances for boys; implying a ratio of 1:28, and 12 stances for girls with a ratio of 1:15.

The same scenario was reported in Nyakabungo P/S that had 290 learners; 137 girls and 150 boys. There were 5 stances for girls-implying a ratio of 1:26, 5 stances for boys with a ratio of 1:30, while the teachers had 2 stances.

district teachers had some of the examples shared as below;

Source: MoES MHM Situational analysis study (2020).

7.5.4 Latrines for children with special needs

The availability of latrines for children with special needs was the least reported by respondents. Ninety three percent (**93%**) of the sampled districts reported not having latrines for children with special needs; as shared by officials/ respondents from the respective district education departments. It was only in Kasese district in Kasese P/S and Rukooki Model P/S that had such facilities. According to UNICEF (2015), only **10%** of children with disabilities accessed specialized schools⁶¹. Not paying attention to the needs of Children with Special Needs is a direct denial of their right to good sanitation and health. It also means missing out on education since they find the school learning environment unfriendly. To the girls with disabilities in menstrual age, this is a very big inconvenience.

7.5.5 Toilets at household/ community level

Interactions with the community men and women indicated that they at least had **one stance pit latrine** shared between men and women, girls and boys at household level. It should be noted that

⁶¹ UNICEF (2015); *Situational Analysis of Children in Uganda*

most of the respondents were taken from municipalities/ urban and semi-urban settings, where these facilities were at least present, however, the scenarios could be different in the rural areas.

According to the Uganda Water and Environment Sector Performance Report (2019), the population using an improved sanitation facility not shared with other households in the rural was **16.6%**, and **37.4%** in the urban. The same report quotes a percentage of **22.9%** in the rural and **12.1%** in the urban areas practicing open defecation. This national picture presents challenges in relation to menstrual hygiene management because the presence and ownership of latrine facilities has a direct impact on the management of menstruation. According to the respondents, public latrine facilities were very rare in their communities.

7.5.6 Bath shelters/washrooms

The availability of a bathroom is a major hygiene facility where most of the bathing ideally takes place. Without this facility with the recommended standards like the drainage system, possess health risks not only to the owners, but also to the neighboring households. Hygienically poor bathrooms are a recipe for Urinary Tract Infections (UTIs) that largely affect women. According to the women and girls, Candidiasis (a type of Urinary Tract Infection) was very synonymous with dirty bathrooms that most girls in schools suffered.

As such, it is important to have decent bathrooms in all settings. According to National Census report (2014), averagely **32%** of Ugandans had bathroom facilities; **26%** for rural and **51%** for the urban population. Thirty two percent (**32%**) of households used an outside built bathroom with better drainage systems. These statistics do not depict a health picture for the country and implies compromise of hygiene for many.

Findings from the Situational analysis study indicated that not all schools had bathrooms in the sampled districts. Less than **50%** of district officials indicated so. There were cases of districts that had no bathrooms at all in Public schools. According to the girls and boys in schools, bathrooms were shared by a big population; implying a high pupil-stance bathroom ratio, while the community men and women had their own bathrooms, mostly in a temporary state, shared by all the household members, with poor drainage systems and no shutters.

Case by case analysis of bathrooms in schools

In Bundibugyo district, about only about **20%** of schools had bathrooms. Indeed only **9/15** of girls indicated having bathrooms at schools and these were from Private Schools⁶². It was estimated that about **60%**⁶⁸ of schools in Kyenjojo district mainly those constructed after the year 2016 had bathrooms, while in Sheema district, only schools constructed under funding from Global Partnership for Education (GPE) had bathrooms. According to the officials, the Ministry of

⁶² Deputy District Inspector of Schools, Bundibugyo

⁶³ District Education Officer, Kyenjojo

Education and Sports incorporated bathrooms into the current designs for latrine facilities constructed in schools. This has in many ways improved bathroom availability thus facilitating privacy and hygiene for the girls during menstruation.

Kasese estimated about 10%⁶⁴ of schools with bathroom facilities mainly constructed by development partners. 9/21 girls interviewed in Kasese indicated having bathrooms at school. In Arua district, at least over 80%⁶⁵ of schools had a bathroom facility, Nebbi district estimated about 50% of the 91 government aided schools, while Gomba district estimated about 20% of schools with no bathrooms. In Wakiso district, it was estimated that over 60%⁶⁶ of schools had them.

Indeed 15/30 girls interviewed from Wakiso indicated having bathrooms in their schools. In Kamuli district, it was estimated that over 50% of schools had bathrooms largely supported by Plan International, while in Apac district, 100% of public primary schools had no bathrooms as shared by the District Inspector of Schools. In Nwoya, the Senior Education officer shared that the public schools constructed by government after the year 2016 had bathrooms.

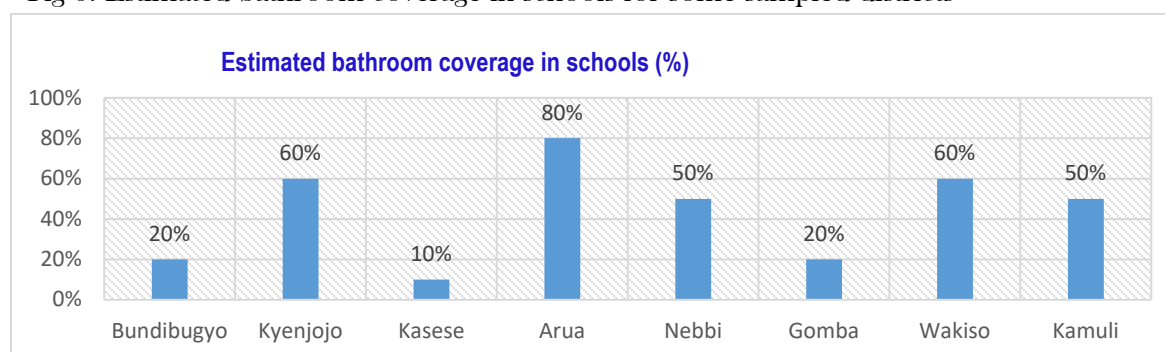
The girls shared their plight about the bathrooms in schools. There were many cases of big population bathroom sharing ratios that make it difficult to utilize them during periods. In Nebbi, the Senior Education Officer indicated that averagely; the learner bathroom sharing ratio was 80:1. For the girls, it was difficult to keep a bathroom clean when shared by many people, and this has exposed them to Urinary Tract Infections (UTIs), since most of bathrooms acted as urinals as well. Cases of dilapidated structures of bathrooms were reported with poor drainage systems, no lockable doors, and rarely water sources attached to the bathrooms including the hand washing facilities.

⁶⁴ Senior Education Officer, Kasese

⁶⁵ Acting District Education Officer/ Inspector of Schools, Arua

⁶⁶ District Education Officer Wakiso

Fig 6: Estimated bathroom coverage in schools for some sampled districts



Source: key informants from the respective District Education Departments of the sampled districts

The above findings notwithstanding, most teachers and officials from the respective District Education departments shared that most staff latrines lacked washrooms attached to them. Even then, teachers that lived within the school premises sometimes had individual or shared bathrooms with other teachers; depending on the economic status of the school.

For the community men and women, less than **10%** of those interviewed indicated having bathroom shelters in good condition. Many were temporary in nature made of local materials, with poor drainage systems and no shutters. The aspect of not cleaning bathrooms everyday was very common according to them. They further indicated that they had mainly one stance bathroom; not separated for boys/ men, girls/ women, while there were households that had no bathrooms at all. In the refugee camp in Ayilo II in Adjumani district, the refugee women shared that they too had bath rooms but in a temporary state, and that these were often shared by the whole household thus compromising their privacy during times of menstruation. In many cases, the bathrooms acted as urinals as well.

Overall, a bathroom facility has many functions. Other than using it for bathing, women in menstrual age use them as changing rooms since they are regarded quite private. Not having bathrooms in populated areas like schools implies difficulties in maintaining menstrual hygiene for the female folk. Even then, having a big population sharing the same bathrooms with those in menstruation affects their timely cleaning, and at the same time facilitates exposure to different infections gotten from the unhygienic bathroom environment.

7.5.7 Access to Changing rooms

Situational analysis findings indicated that changing rooms were generally a rare facility. In home settings, the bedrooms, latrines and bathrooms acted as changing rooms for the girls and women and teachers, while at school, it was mainly the latrines and bathrooms. According to teachers, many people including the school leaders have not yet appreciated this facility, therefore making it difficult to prioritize its funding.

“While at school, latrines mainly act as our changing rooms. In cases where there are no staff latrines, the teachers compete with the learners for the same facility”, teachers from Kasese, Bundibugyo, Kamuli and Gomba districts.

In Bundibugyo district, the District Education officer shared that about 10% of schools improvised changing rooms for the girls, in Kyenjojo about 30% of schools, while in Apac district, only 2% of schools had this facility. In Arua district, the Acting District Education Officer shared that there were 49 government aided schools, however, not any of them had changing rooms. In Nebbi district, about 40% of schools improvised changing rooms. In Abim district, some schools improvised “changing rooms for the girls as shown in the pictures below;



In

the pictures; left to right: SWT for Kiru Primary school in Abim displays the MHM information in the “changing room”, while in another picture is a whole picture of the “changing room”. In the third picture on the right, a fairly furnished changing room in Moroto district in Moroto Municipal primary school. The school is supported by UNICEF & KOICA

In Gomba, about 20% of schools improvised changing rooms, and about 40% of schools in Nwoya district. For most of the respondents that indicated having changing rooms, these were not furnished with the necessities; like drying facilities, mirrors, water, menstrual pad materials, disposable facilities, etc. It was only Moroto district where the changing rooms were a bit furnished with a table, chair, and bucket for waste disposal. Other elements that were found in the changing rooms included; water, emergency pads, mattress for resting, first aid box and reading materials.

From the learners and the teachers’ perspective, most schools lacked this facility. In Bundibugyo for instance, 3/15 girls from Fort Portal S.S, Christ Secondary School, and Crane Preparatory primary school indicated having this facility. In Kasese district, 2/21 girls from St. Peters primary school and Royal Care Preparatory School indicated having the same facility while, 1/10 teachers from Kasese primary school (among those interviewed) indicated having one at school shared by 462 girls. In Wakiso district, 8/30 girls indicated so and in Kamuli district, 1/10 girls. For the rest of the districts not mentioned here, the girls and teachers indicated having no changing rooms.

7.5.8 Factors that affect usage of the changing rooms

Some school going girls had a concern that even if these facilities were to exist in schools, there are factors that would affect their usage. These include; the likelihood of boys laughing at the girls, the limited privacy for some of the bathrooms and or the unfavorable location of the changing rooms. The girls further shared that it would be embarrassing to enter such rooms where everybody knows that you have entered to change the pad.

Other factors included; limited availability of the pads to use for changing, lack of water, soap and piece of cloth to dry themselves before changing the pads. Research by Miiro (2018) with 352 girls in Wakiso district, indicated that the girls experienced substantial fear, teasing and embarrassment related to menstruation from boys and fellow girls.⁶⁷ A similar situation of the boys laughing at the girls in menstruation was reported in Gomba, Bundibugyo, Kasese, Sheema, Wakiso, Nwoya, Nebbi, Apac, Abim, Moroto and Soroti.

“At school, when you are in your menstruation and blood leaks through your uniform, the boys can laugh at you, nickname and even chase you from their desk. This forces us to absent from school for the first 2-3 days for fear of embarrassment”, girl respondents in Gomba.

The girls suggested disguising the changing room facility for more privacy. One of the ways was to create an independent office/ block for the Senior Women / Senior Men Teachers with the changing rooms attached.

Overall, findings confirm how rare changing rooms were in the different districts. Like the teachers indicated, not many stakeholders appreciated that these were important facilities for maintenance of menstrual hygiene, and therefore requires concerted effort to make stakeholders appreciate its importance and prioritization in their planning processes.

7.5.9 The practice of changing sanitary towels/ pads

From the Situational Analysis findings, it was established that there existed the practice of changing pads but this varied across individuals. For women and girls out of school that mainly used old pieces of cloth, the practice of changing the pads rarely arose until evening when they had their last bath of the day. For career women like the teachers, they changed at least 2 times a day since most used disposable pads. The pads were mainly changed at lunch time and in the late afternoon.

For the girls at school, their findings were not different from those of the teachers. They also changed averagely 2 times a day; (lunch, and after classes), but this largely depended on the nature

⁶⁷ Miiro et al. BMC Women's Health (2018); Research Article; Menstrual health and school absenteeism among adolescent girls in Uganda

of the menstrual blood flow. It was generally observed that bathrooms and latrines acted as changing rooms for mainly teachers, women and girls in many instances (especially those able to change their pads). For some few girls, changing pads was done in dormitories but more so in the late afternoons as most schools did not allow them to enter their dormitories during lunch time.

Another issue that featured in the discussion of changing pads was that it was common for girls and women not to wash/ bathe clean before changing their pads, due to lack of bathrooms, water, a drying cloth, soap and where to keep and or dispose of the used pad. About **75** girls of the **152** the consultants interacted with indicated so. Some girls emphasized that how to keep the used pad was a big problem and that it was worse for those that studied in day schools and used pieces of cloth. Keeping this pad in the bag meant smelling for others in class and learners would notice that one is undergoing menstruation, which is embarrassing. In Kamuli, the teachers shared that some girls lacked the bags where to carry their books. So it becomes difficult to keep the used pad, even if they wished so.

“Changing the pad would not be bad, but some schools lack water and pad disposal facilities. In this case, we are left with two options; either to keep the pad in our bags among the books, or escape from school”, said one of the girls in Nebbi district.

“We would have loved to change these pads but if they are limited in number, there is no option other than to stay with the same pad the whole day”, said one of the girls in Bundibugyo district.

Away from schools, while at home, the girls and teachers indicated that they changed their pads **many times** as necessary because it was easier compared to the school environment. The same was shared by the community women who most of the time were in their homes, save for the workers that moved away from home. The findings above were also contained in (Crofts, T. and Fisher, J., (2012), menstrual research report which indicated that protection materials were usually changed at least once a day in school. A few girls avoided changing due to poor hygiene conditions and lack of privacy. Whether at home or at school, 54% of students usually changed in latrines, 27% changed in dormitories or bedrooms and 19% changed in bathing places. 43% of girls did not feel they had enough privacy to change at school⁶⁸.

From the findings above, it is explicit that there are many issues that need attention within the menstrual hygiene management framework. One of them is the general lack of changing facilities in the different environments, prioritization of changing pads as a hygienic practice and education. Issues of privacy have also been mentioned, which may seem trivial, but negatively impacts on the usage of the changing facilities even if they existed. These issues therefore deserve utmost attention in programming.

⁶⁸ CROFTS, T. and FISHER, J., 2012. Menstrual hygiene in Ugandan schools: an investigation of low-cost sanitary pads. *Journal of Water, Sanitation and Hygiene for Development*, 2 (1), pp. 50 - 58

7.5.10 Access to rest rooms

Although this may not be regarded an important facility for many, there are times when these are needed especially for girls and women of menstrual age and within the different environments like schools and workplaces, among others. This is because menstruation affects people differently as already indicated, with many having more pronounced health conditions; a case of the lower abdominal pain, stomach pain, back pain, headache, fatigue and dizziness among others. As such, having such a facility relieves some of these symptoms in one way or another.

From the study, it was established that rest rooms were rare in most schools. In any case, for schools that had changing rooms, these acted as rest rooms. Dormitories also acted as rest rooms as well, although girls were rarely allowed to access them during the day. In homes, the bedrooms acted as rest rooms, however, the only challenge was the competing domestic chores and menstrual rest. In most cases, women shared that they usually rested in the evening after a whole day's work.

Concern was raised by respondents about the difference between changing rooms and rest rooms. To them, especially the teachers, the changing rooms would alternatively act as rest rooms, however, in case these had different functions and settings, there is need to create awareness about it.

7.5.11 Access to & Utilization of Hand Washing Facilities

Hand washing is among the key hygienic practices that should be adopted at all times. Science has it that hands contain most of the germs given their multi-functionality. According to British Columbia Centre for Disease Control, 80% of common infections are spread by hands⁶⁹ while the Harvard Health article indicates that washing hands with soap and water for 15 seconds reduces bacterial counts by about 90%.⁷⁰ According to the Ministry of Education data (2019) the number of schools with hand washing station for children were 768 representing 67%. About 33% of secondary schools lacked hand washing facilities.⁷¹

Many reasons account for people not adhering to the hand washing practice. Among them include; negative attitude, lack of a hand washing facility, lack of water and lack of soap among others. According to Water Sector report (2019), 36% of the population in rural areas used a hand washing facility with soap, with 40% in urban areas⁷². Access to hand washing facilities in schools increased from 40% in FY 2017/18 to 42% in FY 2018/2019⁷³. This generally implies that the practice of hand washing is poor in schools. According to the education sector, there should be a

⁶⁹ <https://www.bccdc.ca/health-info/prevention-public-health/hand-hygiene>; accessed 20th September 2020.

⁷⁰ <https://www.health.harvard.edu/newsletter-article/the-handwork-of-good-health>; accessed 20th September 2020.

⁷¹ Ministry of Education and Sports, WASH in Secondary Schools data (2019).

⁷² Uganda Water and Environment Sector Performance Report (2019)-MoWE

⁷³ Ibid

hand washing facility near/inside latrines; **1:40** pupils for two star schools and **1:25** pupils in three star schools⁷⁴.

Interaction with respondents indicated that this was the least prioritized facility in homes, schools and workplaces; save alone for COVID 19 that has propelled this practice. Outside the COVID 19 situation however, many schools did not have designated hand washing facilities as shared by majority of the teachers and district education departments. This explains why it was difficult for them to share statistics of hand washing in schools because it was not readily available.

The common practice however was where school occupants (learners and staff) mainly washed hands from water point sources in schools e.g. at boreholes, taps and rain water harvesting tanks. In a few cases, small jerricans were placed at some staff rooms for hand washing. In Moroto district, the Education officer shared that most of the Development Partner supported schools had hand washing facilities, while in Arua, the Acting DEO shared that all the **49** public primary schools had at least a hand washing facility placed at latrines and classroom entry points; however, functionality was a challenge due to poor maintenance. In Kyenjojo and Wakiso, the teachers indicated the availability of hand washing facilities in a few schools. The respondents further shared that in premises where the “hand washing facilities” existed, there was often no water and soap/ detergent.

In homes, the community men and women, boys and some teachers and girls in and out of school indicated having no specific hand washing facility. They shared that this was not a regular practice but in case need arose for hand washing, a small jerrican, cup or jug would be used.

From the learners’ perspective, their information was in conformity with that of the teachers and district education officials. About **20%** of learners (girls and boys) indicated having a hand washing facility at school, while others indicated washing hands directly from the existing water sources e.g. the taps, water harvesting tanks and the boreholes. It was a general outcry that soap is in most cases not available at most of the “so called hand washing points”.

In menstrual hygiene management, the major concern is where the hand washing facilities are placed in case they existed and their functionality. In order for them to serve the purpose, hand washing facilities would have been placed at the latrines, bathroom points and changing rooms to facilitate regular hand washing, however, this was a rare practice, hence exposing girls and women to health risks.

7.2.12 Functionality of WASH Structures in Schools

The Handbook for Operation and Maintenance of Water, Sanitation and Hygiene Facilities in Schools in Uganda by the MoES provides for different structures responsible for implementing WASH activities in schools. These include; (i) the National School Health Steering Committee

⁷⁴ Ministry of Education and Sports (2017); Three Star Approach Guidelines for WASH in Schools.

(NSHSC), (ii) District Health Steering Committee (DHC), Sub county WASH Committee. At school level is the School Management Committee, the School WASH Committee (SWC) and the Class WASH Committee (CWC). It was established that these structures were least functional thus partly complicating the WASH situation in schools.

While some structures had been formed but not trained in their roles like in the case of Bundibugyo, Kasese, Wakiso among others, others were not formed at all in some schools due to lack of guidance and close monitoring by the Inspectors of schools. The SWC for instance is charged with the responsibility of facilitating the formation and training of school water and sanitation clubs, initiate and enforce school water, sanitation and hygiene regulations and guidelines and promote water and sanitation education in schools. In spite of the importance of this structure, it was not existent in many schools. This is a very important structure that if well facilitated, and empowered, can ensure water availability and other sanitation facilities necessary for MHH.

The respondents especially teachers recommended the integration of WASH and MHH issues into the District Inspectorate of schools' work plans for improved adherence to these standards and guidelines. According to the Ministry of Education and Sports (2019) 276 Secondary Schools representing 24% had a trained WASH teacher.⁷⁵

Summary of Findings

- Not all schools had separate toilet facilities for learners (girls and boys) and staff. Kasese and Bundibugyo presented the worst scenarios.
- Emergency pads were not available in many of the schools, although there were ongoing attempts for such a provision. Teachers' least accessed emergency pads at school. The same applied to some girls too.
- About 86% sampled districts indicated having separate toilets
- Regarding pupil stance ratio, it was only Wakiso district with the recommended 30:1. The rest had ratios ranging from 49: 1 to 103:1. Kasese and Bundibugyo were the most affected.
- 93% of the districts reported not having latrines for Children With Special needs.
- At house hold level was usually one stance ratio shared by all household members and most of them were in a temporary state.
- Not all schools had bath shelters in the sampled districts. Less than 50% of district officials interviewed indicated having bathroom shelters in schools.
- There were high rates of bathroom pupil stance ratios in schools.
- Community men and women indicated less than 10% of them having bathroom shelters in good condition.
- Changing rooms were generally a rare facility in the sampled districts and schools.
- Changing of pads was affected by factors like facilities, water availability and social interaction environment.

⁷⁵ Ministry of Education and Sports, WASH in Secondary Schools data (2019)

- No rest rooms were in any of the sampled districts.
- Hand washing facilities were not very common in the sampled districts. District officials lacked data about hand washing facilities.

8.0 MENSTRUAL HYGIENE WASTE DISPOSAL FACILITIES

Proper waste disposal is an important menstrual hygiene practice as it not only protects the physical environment but also individuals from infections. This is a challenging practice in MHH considering the limited facilities, limited knowledge and the negative cultural perceptions around it. Research by Crofts, T. (2012), indicated that **65%** of girls threw used materials into pit latrines at school. This resulted into latrines filling up quickly.⁷⁶

The research findings above are in tandem with those of the Situational analysis study. From the **130/250** respondents (girls, female teachers and community women) that reported using disposable pads, **80%** of them disposed of their used pads in the pit latrines, while over **80%** of respondents from the Education Departments indicated having no incinerators especially in Public schools. The same scenario was evident in many of the Private schools.



A Senior Woman Teacher in Moroto Municipal Primary School shows an Incinerator to the Consultant. The incinerator was constructed with support from UNICEF.

Indeed from the girls interviewed, it was only 10/30 girls in Wakiso, 3/20 girls in Nebbi, 4/21 girls in Kasese and in Moroto where a few girls indicated having incinerators; and more so in private schools and Partner supported schools.

In a case by case scenario, **25/30** girls in Wakiso, **15/21** in Kasese, **12/15** in Bundibugyo, **10/10** in Kamuli, **18/20** girls in Nebbi, **5/7** girls in Nwoya, **7/9** girls in Abim, **7/10** girls in Soroti, indicated disposing off their used pads in pit latrines. The same was reported by over **85%** of teachers

⁷⁶ CROFTS, T. and FISHER, J., 2012. Menstrual hygiene in Ugandan schools: an investigation of low-cost sanitary pads. *Journal of Water, Sanitation and Hygiene for Development*, 2 (1), pp. 50 – 58

interviewed across districts. Other places where the women and girls disposed their used pads included; bushes and rubbish pits. According to teachers, some girls threw their used pads in the bathrooms and school compounds at night when they could not be seen by anybody.

There were cases of girls that kept their used pads in their bags among the books for lack of a facility where to dispose them off. This was common among those that used pieces of cloth and were mainly in day schools and a few in Boarding schools. While those in day schools washed their pads when they returned home in the late afternoon, those in Boarding schools washed theirs when they returned to their dormitories but that would be late in the evenings for fear of being laughed off by other girls. Because of this inconvenience, the girls shared that this often forced them to use unsafe materials like cotton wool and toilet paper that could be easily disposed of in the pit latrines.

It was further established that majority of community women also disposed of their pads in pit latrines. Rarely did the women and girls burn their pads locally at home due to the negative cultural perceptions attached. Some cultures had it that if a woman burnt their used menstrual pads, they would become barren.

Summary of Findings

- The pit latrines dominated the waste disposal places for the used pads
- Over 80% of the 250 girls, community women and female teachers interviewed disposed their used pads in pit latrines
- Over 80% of respondents from the respective District Education Departments indicated having no incinerators in Public schools.
- Other places where used pads were disposed included bushes, rubbish pits, while for some girls in schools it was in bathrooms and sometimes in hidden places of the school compounds.
- There were negative cultural perceptions attached to the burning of used pads-that one becomes “barren”.

9.0 ACCESS TO OTHER MHM SUPPORT

Effective Menstrual hygiene management requires other support. This includes among others, pain management, emergency clothing (e.g. a wrapping cloth, uniforms, knickers, drying piece of cloth-towel), soap, basin, psycho-social support, Social networks, and nutritional support among others.

9.1 Access to emergency/ menstrual clothing

There are times when women and girls in menstrual age are ambushed with menstruation due to changes in the menstrual calendar and other factors. In this case, these need some emergency clothing like wrapping cloth, new knickers, drying cloths and emergency uniforms for the case of school girls. This helps the girls and women to prepare themselves well and to avoid embarrassment in public as a result of staining their clothing. This being an important aspect of menstruation, only 3 out of the 14 districts visited provided emergency clothing to the girls and women especially in schools. By implication, 79% of districts did not have this provision.

It was only in Kyenjojo, Nebbi and Wakiso districts where this was prioritized with an approximated 40% in Kyenjojo and Nebbi districts respectively. In Wakiso, the percentage could not be established. In Kyenjojo district, the DEO shared that she instructed each school to have at least two (2) emergency uniforms for the girls. She further shared that she encouraged schools to stock emergency pads for the girls, provide soap, water and a basin so that the girls do not miss school. The DEO is able to provide some of these items to schools using the 5% contingency fund from the UPE grant.

Interaction with the girls and teachers in all districts, indicated none that had accessed emergency wrapping cloths, knickers, emergency uniforms, or drying cloths at school. These materials were however easily accessed in their homes.

For community women, they shared that having a towel is like a “luxury” to them, instead some used cotton “lesus” to keep dry during menstrual periods. They also decried of inadequate knickers as men; (the income providers in the family) did not take this as a priority. The same complaint was fronted by the girls that indicated lacking enough knickers for MHH because some of their parents were incapacitated economically.

“If a parent cannot provide a pad that is a basic need in MHH, what about knickers? Well, some mothers prefer to support their daughters but they are not able. This explains why some girls engage in irresponsible relationships to be able to buy knickers for themselves,” said one of the girls in Gomba.

Based on the findings above, the limited access to emergency clothing means embarrassment especially when they blood stain their clothes. This may result into the girls dropping out of school. It also means escaping from school so as to tidy themselves up thereby missing out lessons. All these may consequently disrupt the girls learning and academic performance, while for the teachers, it disrupts their delivery of lessons. For the community women, it compromises their

hygiene too, while for those in other workplaces, it disrupts their concentration and productivity when confronted with abrupt menstruation.

9.2 Access to means of managing painful periods; (e.g. pain killers)

Menstrual pain as reported by **79%** of the women and girls interacted with during this situational analysis, was among the major challenges. In spite of the magnitude of this problem, access to means of managing painful periods were least known to the women and the girls. In Kyenjojo district for instance, **7/12** teachers reported experiencing menstrual pain, and **7/10** teachers in Wakiso district. In Bundibugyo, this was reported by **9/15** girls, Kasese **13/21** girls, **27/30** girls for Wakiso, Gomba **3/5** and Kamuli **5/10**.

According to research by Miiro. et.al, (2018), the most commonly reported reasons for missing school during menstruation were stomach or back pain (92.5%) and feeling generally unwell (60.0%)⁷⁷. Research by Crofts, T. and Fischer (2012), Sumpter C. (2013)⁷⁸ reported the most common physical problems during menstruation as “stomach pain reported by 76% of girls, cramps or bloating (48.5%), back pain, and headaches reported by (39.2%) of the girls in Uganda.

These challenges withstanding, the study analysis findings indicated about 70 respondents representing **(28%)** of the **250** girls, community women and female teachers the consultants interacted with, accessing pain killers when they needed them. In Kyenjojo district for instance, the DEO indicated about **30%** of schools having pain killers at school, while in Kasese, **3/21** girls reported accessing pain killers at school. The same was reported by **12/30** girls in Wakiso, **2/5** girls in Kamuli, while in Gomba district, the girls were referred to the nearest Health facilities.

There were cases of schools that reported having no access to pain killers at all. In Kasese for instance, all the **6** schools that were represented by 10 teachers reported so. The same scenario was reported in Sheema and Kamuli districts. Most of the girls that reported having access to pain killers were from Private Schools.

It was further observed that some girls swallowed overdoses of certain painkillers due to too much pain. One of the girls in the Wakiso FGD, shared that a health worker once prescribed for her 4 diclofenac capsules to be taken as a single dose but the pain never reduced. The same incident was reported by one of the girls in Gomba district. Overall, as indicated in the earlier sections of this report (section of knowledge gaps) the girls expressed limited knowledge of managing menstrual pain and requested to be equipped with mitigation measures.

In a nutshell, mystery surrounds menstrual pain management. While some health officials indicated that the pain was natural and women and girls have to bear with it without taking any pain killers, others indicated that it was recommended to take pain killers once in a while. What is important to know however is that there are other ways of managing menstrual pain other than

⁷⁷ Miiro et al. *BMC Women's Health* (2018); Research Article; *Menstrual health and school absenteeism among adolescent girls in Uganda*

⁷⁸Sumpter C, Torondel B. A systematic review of the health and social effects of menstrual hygiene management. *PLoS One*. 2013;8(4):e62004

taking pain killing drugs. In Arua for instance, the health official recommended the warm and cold compress depending on the magnitude of the pain. It is for this reason that women and girls of menstrual age needed to access the right information for menstrual pain management as indicated among their knowledge gaps.

9.3 Access to soap and basins

Research by Sumpter C. (2013)⁷⁹ reported a proportion of 14.2% girls always having access to soap and water at school. Indeed from the Situational analysis study, less than 4 of the 14 districts representing (29%) provided soap and basins to the girls and female staff, but again not to all schools. Such reports were in Nebbi, Arua, Kyenjojo and Moroto districts. The general outcry across districts as reported by the respondents was lack of resources to provide such necessities for MHM.

In schools still, there were girls that sometimes lacked personal soap because their parents could not provide it in adequacy throughout the school term. Some of the female teachers accessed soap and basins from fellow teachers when need arose. There were also girls that reported accessing such support from the Senior Women teachers especially from their personal resources.

In homes, the girls, female teachers and community women indicated fairly accessing the soap but this was majorly dictated by income status at the time of menstruation. There were girls that cited at least lack of soap (30/152) during menstruation at home, but these were fewer cases.

Overall, soap is a cross cutting requirement that is needed not only during menstrual periods alone, but even off the menstrual periods. It is therefore important that soap is always available at all times for girls and women.

9.4 Access to psycho socio support

Menstruation affects people differently and is sometimes associated with psychological challenges. For instance, for girls that are not prepared for this physiological change, find it shocking, while even those that are prepared and are experiencing it for the first time are psychologically affected in a way. The situation becomes even worse if the girls and or women are unable to manage their menstruation well due to leakages of menstrual blood in their clothing which attracts nicknames, and embarrassment.

As reported, girls and women experienced multiple psycho-socio effects due to menstruation (120 girls and women indicated being stressed, 95 worried and 40 scared). By implication, over 50% of girls and women were either stressed, very worried and scared due to menstruation. Such categories need psycho - socio support which is rarely regarded important and provided in the different environments.

⁷⁹ *Ibid*

Interaction with the teachers (that included senior women teachers), shared that although they talked to some of the girls about menstrual issues, rarely did they counsel them about the same. They only guided them on how to mainly handle and maintain hygiene during menstruation.

According to the teachers, the girls felt shy to approach them for psych-socio support and therefore rarely asked for it. Additionally, some teachers indicated lacking basic counselling skills and even lacked the right MHH information that they would offer to the girls during the counselling sessions if approached. Indeed, less than 30/120 of the female and male teachers the consultants interacted with had received training in MHH. According to the girls however, some teachers were “insolent” and therefore the girls could not feel comfortable approaching them for psycho-socio support.

In spite of these scenarios, there were few girls (22/152) representing a percentage of 15% that reported receiving some form of psycho-socio support from their mothers, senior women teachers, fellow peers, health workers and older sisters. In Kasese, 2/21 received this support, while Kamuli had 1/10 girls. In Wakiso alone, 12/30 received menstrual counselling from senior women teachers, 2/30 from sisters, 3/30 from doctors, 2/30 from mothers and 2/30 from their friends. In Gomba, the teachers shared that there was limited time for MHH counselling so they mostly handled emerging risk factors that could disrupt the education of the girls.

For the women and female teachers, they mostly received this kind of support from peers/workmates, older women, mothers and health workers, but only in rare and extreme circumstances when they could not handle certain MHH situations on their own. No woman mentioned receiving psycho-socio support from the husband/partner. The women attributed this to partly the fact that men do not understand the psychological challenges women and girls experience during menstruation.

Not attending to the psycho-socio needs of the girls may lead to withdrawal, feelings of worthlessness, isolation and may eventually contribute to their dropping out of school. For the women, it may lead to psychological distress as well, withdrawal from the public and reduced productivity.

9.5 Social Support Networks

By nature, human beings are social animals; and so are the women and girls. Findings from the study indicated existence of both loose informal and formal social networks for the women and girls, however, these least prioritized discussing MHH issues given the fact that it is largely kept as a secret by many. For the women for instance, they mainly discussed MHH issues with fellow individual women that they trusted (in the community or workplace) when they experienced immense abnormalities that could turn out to be life threatening-a case of prolonged and heavy menstrual blood flow for the women using Contraceptives.

For the girls, they approached fellow individual girls that they trusted and shared some of their challenges. Rarely did they share their challenges with their mothers or SWTs, unless the situation warranted so. Although school clubs existed in some schools, MHH was not discussed among the

topics. The girls and teachers pointed out social avenues through which MHH issues could best be discussed. Among them that the girls mentioned included the Peace Clubs, Environment and Health Clubs. To the teachers, many applauded the PIASCY Clubs and perceived them as a good platform for sharing MHH information and experiences if revived. According to the MoES, Secondary schools had only 38% of active Health Clubs in 438 schools.⁸⁰

9.6 Nutritional Support & Advice:

Menstruation is clearly associated with loss of blood and water, and this partly explains why the health experts often encourage women and girls in their menstrual periods to drink a lot of water and or fluids. They are also required to eat the right kinds of food to replace the lost blood. It is upon this background that nutritional support and advice is very important for women and girls of menstrual age.

Summary of Findings

- Only 3 out of the 14 districts provided emergency clothing to the girls at school. The districts included; Kyenjojo, Nebbi and Wakiso.
- Although 79% of the 250 women and girls interviewed indicated experiencing menstrual pain, only 28% of the 250 girls and women accessed pain management mechanisms e.g. pain killers when they needed them. Bundibugyo, Kasese, Sheema and Kamuli reported the least access. Most of the girls that accessed pain killers were from private schools since these had some sort of health facility attached to their schools, more so; Boarding schools.
- With regard to provision of soap and basins, only 4 out of the 14 districts (representing 28%) provided such support but not in all schools. This was in Nebbi, Arua, Kyenjojo and Moroto.
- Thirty out of the 152 girls had ever lacked soap during their menstruation.
- Although the Situational analysis study indicated over 50% of the 250 women and girls were either stressed, worried, scared and isolated during menstruation, not many of them received any form of psycho-socio support. Only 15% of the girls of the 152 girls reported receiving this kind of support from either mothers, aunties, peers, health worker or older sisters.
- The women indicated rarely accessing this form of support from their husbands partly attributed to the limited knowledge about the psychological challenges women experience during menstruation.
- Loose and informal social networks available for psycho-social support; in schools, largely peers in schools and communities. Although school clubs existed in some schools, MHH was not discussed among the topics.

⁸⁰ Ministry of Education and Sports, WASH in Secondary Schools data (2019)

10.0 ROLE OF THE SECTOR MINISTRIES

While there is no specific government institution established for Menstrual Health and Hygiene in the country, it is embedded in some of the key sector development and implementation programmes. At local government level, MHH is visible in the Education department and to a small extent in the Health and Community based departments. A review of the district development plans revealed that MHH is not prioritized and therefore budgeted for. It is implied in different programmes instead, thus making it lose the adequate attention it would deserve from sectors.

10.1 Ministry of Water and Environment

The Ministry of Water and Environment (MWE) is the lead institution under the Water and Environment Sector. The Ministry's mandate is derived from the Constitution of Uganda (1995) and the Local Government Act. The Sector initiates legislation, formulates sector policies, sets standards for safe water services provision, conducts inspections, monitors, coordinates and provides technical support in relation to water and environment issues.

Interventions Related to MHM

Development of the Water and Sanitation Gender Strategy (WSSGS): In general, the development of the WSSGS by the Water sector was an expression of the sector recognition of the wider and specific gender disparities in the water sector and how this affects livelihoods. The overall goal of the WSSGS is to empower men, women, boys, girls and vulnerable groups through ensuring equity in access to and control of resources in the water and sanitation sub-sector.

The strategy recognizes that women and children are the most affected by lack of sanitation and inadequate safe water supply. The key strategic actions of the WSSGS contains commitments that are directly and indirectly linked to MHH. The commitments include but not limited to the following; ensuring all existing policies, strategies and guidelines for review integrate gender aspects; and, ensure gender and equity planning and budgeting is undertaken in line with the Public Finance Management Act (2015); ensure provision of water supply and sanitation technology and infrastructure through rehabilitation and building of new facilities to increase access to safe water and decent sanitation for women.

Standardization of Water and Sanitation Designs: MoWE developed standard designs for construction of water and sanitation facilities in the country. Standard construction procedure requires that any latrine constructed must provide for wash rooms, hand washing facilities and soap.

Provision of Safe water Supply: MoWE through its different structures has provided safe water to schools, public institutions and communities both in rural and urban areas. The safe water is provided through different sources that include; piped water in urban and some rural areas, deep boreholes, shallow wells and gravity flow schemes among others. Solar powered water systems and infrastructure for water for production.

Provision of Water and Sanitation Facilities: MWE has constructed latrines with MHH rooms and water supply facilities focusing on primary schools. They have also constructed incinerators for disposal and management of used sanitary materials, carried out sensitization on good hygiene and sanitation within the context of existing water sources. Under the Appropriate Technology Centre for Water and Sanitation, MoWE has undertaken research in fabrication and piloting a movable hands free hand washing facility. 60 movable hands-free hand washing facilities were fabricated and installed in institutions i.e. schools, health centers, prisons, public administrative units and NGO offices selected in 05 districts i.e. Mukono, Kayunga, Wakiso, Jinja and Kampala.

MoWE supports the district local governments to develop water and sanitation infrastructure through the District Water and Sanitation Conditional Development Grant which is disbursed to the district local governments on a quarterly basis. During FY 2019 -2020 MWE constructed a total of 77 Public toilets in public places such as markets and trading centers.

While MoWE has made quite significant strides in the provision of water and sanitation services both for public institutions and communities, there are still glaring gaps especially in relation to MHH. The Water and Sanitation Strategy has not effectively been implemented mainly due to limited financial and human resources. The overall annual budget for MoWE has stagnated at 3% of the total national budget for the last five years. Water supply and Sanitation facilities are provided on a demand driven basis which may deny vulnerable communities opportunities for water and sanitation services. The coverage for the provision of public hygiene and sanitation facilities including schools is still very low.

10.2 Ministry of Education and Sports

The mandate of the Ministry of Education and Sports (MoES) is to provide quality Education and sports services in the country. The sector delivers critical government programmes such as Universal Primary Education (UPE), Universal Post Primary Education and Training (UPPET) as well as sports for enhancing citizens; wellness / health and productivity. MoES has been at the fore front of fighting gender inequalities in the education sector since the early 1990s. Several initiatives and interventions have been implemented in the directorate of basic and secondary education. Key to this is the setting up of the gender mainstreaming unit. The gender unit is mandated to work hand in hand with all sub sectors in education to mainstream gender initiatives.

The Gender Unit took the lead in promoting MHH in mainly public schools, working hand in hand with other departments such as the Department of Basic Education (Pre-primary and Primary schools), Department of Private Schools and Institutions, Department of secondary

schools, Guidance and counseling unit among others. At lower local government levels, the Unit works with the District Education Offices as well as the schools.

Sector Policies, Guidelines and Implementation Frameworks:

Universal Primary Education Policy (UPE) 1997: Universal Primary Education (UPE) is one of the Government of Uganda's main policy tools for ensuring access to quality primary education for all. The policy objective of UPE that relates to MHM includes; Provision of facilities and resources to enable every child to enter and remain in school until the primary cycle of education is complete.

The Gender in Education Sector Policy (Revised 2016): The main purpose of the policy is to guide effective mainstreaming of gender throughout the education and sports sector. The specific policy objective related to MHM is to promote an enabling, protective and gender responsive learning environment for all persons in school settings.

The Girls Education Strategy (2000): The strategy was developed to specifically promote girls education and increase their access, enrollment and completion of school.

Circular on Provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in Primary and Secondary Schools:

The circular is a directive to all schools (public and private) to provide an enabling environment for MHM through provision of MHM infrastructure and facilities and training of school structures in MHM. Infrastructure includes among others; separate toilet facilities for girls, boys, and children with disabilities, female and male teachers, Washrooms and Changing facilities well equipped for use by female pupils/students, and having water sources near the toilet facilities. Other facilities that must be provided by the schools include; Emergency changing uniforms, wrapping cloth, Pair of knickers, Sanitary towels and Pain killers. The circular also directs all school authorities to train Senior Women and Senior Men Teachers in basic counselling and guidance skills.

Other frameworks and guidelines that support the implementation of MHH that the ministry developed in partnership with development partners include; Sexuality Education Framework; Draft School Health Policy (Still in Cabinet for approval); Guidelines on Management of Senior Women and Men Teachers, National strategy for girls' education (NSGE) in Uganda 2014- 2019 (MoES). The gender in education strategic plan 2015 - 2020 (MoES) aims at building the capacity of the education sector to address gender inequality and to deliver equitable and quality education always. Others are; the national MHH training manual 2016 that provides a comprehensive training package for MHH promotion in schools, the menstrual hygiene management charter signed by major stakeholders and highlights the need to invest in MHH; and Guidelines on Management of Teenage Pregnancies in schools.

Direct Sector Interventions

MoES lobbied from partners (ENABEL) to improve sanitary facilities in National Teachers Colleges. It trained Centre Coordinating Tutors (CCTs) in MHH and conducted training in

making of re-usable sanitary pads for Primary Teachers Colleges, CCTs, Head Teachers, Deputy Head teachers, SWTs, SMTs and School Management Committees. The ministry also developed MHH readers and distributed to schools and other institutions for use. While MoES has registered significant milestones in promoting MHH especially in schools, a lot more remains to be done as there are noticeable gaps in its interventions as indicated below;

- i. While the ministry played a significant role in developing policies, plans and policy guidelines, this was not matched with effective implementation. Most of the policies have remained shelved. This has majorly been attributed to lack of financial and human resources to effectively implement the policies.
- ii. The implementation of the circular on MHH distributed by MoES was not popularized and consequently registered poor implementation. According to a study by IRC on implementation of MHH circular, only 30% of both primary and secondary schools had acted upon the circular through provision of changing rooms, emergency pads, budget allocation, and purchasing of hand washing facilities among others.
- iii. The trainings carried out by the ministry on MHH and making of re-usable pads had a small coverage. In addition, the trainings did not benefit private schools and secondary schools.
- iv. The MHH readers developed with support from development partners and other tools for use in schools were found to be inadequate. In most cases the readers were found with only the senior women teachers.
- v. Monitoring of the implementation of the circular on MHH was very poor.
- vi. The school administrators do not keep records of girls in menstruation condition, and the number of girls who fall out of school due to MHH challenges.

10.3 Ministry of Health

The Ministry of Health is responsible for planning, delivering, and maintaining an efficient and effective healthcare delivery system, including preventive, curative, and rehabilitative services, in a humane, affordable, and sustainable manner. Under the Ministry of Health, MHH is provided for under the Sexual Reproductive Health and Rights policy. MHH is also integrated into the health education and promotion programmes. It is also integrated into the family planning services offered in different health units and centres across the country.

However, MHH is not considered a public health concern by the Ministry of Health especially at sub national level. The ministry is constrained by resources (mostly financial and human) to implement programmes on MHH especially in the development of promotional products and carrying out community outreach programmes in MHH. According to information from the District Health Offices, there is limited knowledge of MHH among their community based structures such the Village Health Teams (VHTs) hence making its promotion difficult.

Qualitative findings from the survey revealed that because of the high doctor to patient ration in the country, medical personnel do not have adequate time to investigate the link between poor

MHH and common infections affecting women sexual reproductive health. As such, there is no data on MHH and its related challenges in the sector.

10.4 Ministry of Gender

In the Ministry of Gender, Labour and Social Development (MoGLSD), MHH is implemented as an integrated issue under majorly two areas guided by two major instruments. The Adolescent Health Policy Guidelines developed by the Ministry of Health (2012). The Guidelines aim at ensuring that adolescents access puberty information, have school health programmes and are provided with psycho-social services. Through these provisions, and under support from UNFPA and UNICEF, the MoGLSD has been sensitizing stakeholders on MHH although the coverage is quite small. The Sector has been in 9 UNICEF districts and 25 UNFPA districts.

Another instrument is that of the Uganda National Parenting Guidelines (2018) developed by the MoGLSD. Under this, the Sector has been sensitizing parents to provide for the MHH needs of their children. The sector has further been encouraging parents and CSOs to support in forming Parental Groups at Community level as a medium for communication, experience and information sharing and monitoring the performance of parents towards fulfilling their parental obligations. This again has been done on a small scale due to limited funding.

The Sector has disseminated the Guidelines to some stakeholders for adoption and utilization in programming. Although some interventions have been undertaken by the sector, challenges still exist. Among those observed is the limited parental involvement in the lives of their daughters; equated to negligence of parental roles. On the other hand, the daughters are shy to talk to their parents about menstrual issues. Overall therefore, there is a parent-children's communication gap that needs to be addressed by all stakeholders.

10.5 Opportunities for MHM Programming in Uganda

- i. The Government of Uganda through its sector Ministries and support from Development partners has developed appropriate policies and frameworks that can be utilized for MHH programming in the country. Some of the Policies include; Gender in Education Policy (2017), Uganda National Parenting Guidelines (2018), Adolescent Health Policy Guidelines and Health Standards (2012) developed by the Ministry of Health, the School Health Policy among others.
- ii. The sectors are often open with regard to working with different partners and stakeholders to support and implement MHH interventions in the country.
- iii. There are Civil Society Organizations, International Non-Governmental Organizations, Multi-Lateral and UN Agencies with interest and willingness to support interventions in MHM in the country.
- iv. There exists a Political Will to implement MHH in the Country: Although the pledge of the President and the Office of the First Lady to distribute free sanitary pads to girls in primary schools has not been honored, it is still evident that there is political will to support MHH issues in the country.

Physiological

- i. The most common reported challenge was menstrual pain that manifested in different forms like abdominal/ stomach pain (dysmenorrhea) and back pain for which women and girls had limited knowledge and skills in their management. Other physiological challenges included; headache, stress, mood swings, body weakness and fatigue.
- ii. Heavy, prolonged and repeated menstrual flow which is socially and economically costly for the women-associated with Contraceptives. Socially, it means women do not feel comfortable interacting with the public and participating in social activities, while economically, this requires an extra income to purchase the pads to manage these incidents.

Social challenges

- i. The existence of negative cultural practices and attitudes that override the contemporary menstrual hygiene management practices.
- ii. Culture largely affected men's access to menstrual hygiene information and support to women and girls during their menstruation. Culturally, the issue of menstruation was regarded a "women's issue" and men were not supposed to know anything about it. This has perpetually limited their support to women and girls until present day. This further partly explains the embarrassment and ridicule caused by the boys and some men to women during menstruation.
- iii. The exclusion of boys from menstrual discussions especially in school settings explains their negative mentality towards menstruation, limited knowledge and the abuses, intimidation and embarrassment meted out to the girls by the boys.
- iv. Traditional life styles in some communities that impede a shift in attitudes towards adoption of better menstrual hygiene management practices; a case of Karamoja sub region.
- v. Parenting attitudes and gaps: It was established that most parents were not playing their role of educating, supporting, and preparing girls for menstruation.
- vi. Limited social support networks at school, community level and work places.
- vii. Limited reporting about MHH situation for women and girls by the media.

Economic Challenges

- i. Limited incomes for the women and girls to purchase decent and safer pads and therefore resort to utilizing unsafe materials like old pieces of cloth, cotton wool and toilet paper that are harmful to their health.

- ii. Limited funds in schools to provide the basic MHH facilities for girls and other needed support. The facilities include water, wash rooms, changing rooms, rest rooms, hand washing facilities, and drying facilities among others.

Environmental Challenges

- i. Poor menstrual waste disposal in schools and at household level largely attributed to lack of resources to avail incinerators in schools. In the community, it was equally attributed to lack of facilities (garbage collection, pre-defined menstrual pits, etc.), negative cultural perceptions towards certain waste disposal mechanisms (e.g. burning the pads) and limited education about the importance of proper menstrual waste disposal and its impact to the environment.

Structural & Institutional Challenges

- i. There was generally limited access to the basic and recommended facilities for MHH in the different environments e.g. schools, homes, communities, and workplaces. Some of these exist but in varying magnitudes and recommended standards. For instance;
 - (a) Water coverage and access was not in all schools and communities citing challenges of funding, poor/ low ground water potential in some communities and poor operation and maintenance by the water users.
 - (b) The limited availability of adequate latrines in some schools prompting the bigger pupil-stance sharing ratios. The lack of gender considerations in the distribution of the stances for the girls and boys makes it even worse for the women and girls.
 - (c) Changing rooms and rest rooms were generally rare in most schools, communities and workplaces thus constraining the practice of changing the filled pads for the girls and women.
 - (d) The general lack of incinerators and other waste disposal mechanisms for the used pads has contributed to poor disposal of used menstrual materials in schools, homes/ communities and workplaces.
 - (e) The limited availability of washrooms with no water sources attached has affected menstrual hygiene for the girls and women especially in schools.
 - (f) Hand washing facilities were generally lacking in most schools and households thus exposing women and girls to infections.
- ii. The low implementation of standardized infrastructural designs in schools thus affecting the integration of relevant MHH facilities for girls and female staff.
- iii. Limited access to and prioritization of other relevant support for the girls and women due to generally limited resources.
- iv. Emergency pads, pain killers, soap and basins and emergency clothing (like knickers, wrapping cloths, drying cloths) that are rarely provided by institutions and other support stakeholders.
- v. There is limited counselling and guidance in schools for girls undergoing menstruation. This is partly attributed to poor attitude for some of those responsible towards the girls, rare demand of psycho-socio support for the girls.

- vi. The WASH committee structures in schools are either non-existent or non-functional in most of the school establishments.
- vii. Senior women and men teachers are faced with inadequate training in their roles and responsibilities, MHH, basic counselling skills and generally least facilitated to fulfill their mandate. Most schools lacked physical space facilitate better operation of the senior women and men teachers.
- viii. There is limited access to timely, right and adequate MHH information by stakeholders. The limited public education and the lack of a standardized package for MHH information for the public compounds the problem.
- ix. The loose MHH coordination mechanisms/ structures at national level is partly affecting effective programming and guidance for MHH at the different levels.
- x. The role of the health sector is critical but has been observed to be minimal in addressing some of the MHH information gaps. The public health work force is limited especially in districts, and this is worsened by the limited availability of resources thus affecting public education and programming at both national and decentralized level. There is also a weak link between menstrual health and reproductive health in programming.
- xi. The civil society organizations are not training girls and women including other stakeholders on the whole MHH comprehensive framework. One or two elements are often emphasized (mainly pads) at the expense of others therefore affecting programming and prioritization in implementation of MHH and all its components.
- xii. There is a general lack of MHH Policy to provide government direction, programming and propelling budgeting in MHH by different stakeholders.
- xiii. Limited research and documentation about MHH Programmes, approaches and best practices. This has partly affected advocacy for MHH implementation.
- xiv. Limited public private partnerships to support implementation of MHH
- xv. There is no direct government financing for MHH programmes in the country. Most MHH interventions are integrated in nature, thus limiting its prioritization for implementation.
- xvi. There are weaknesses in enforcing regulatory standards for the production of MHH materials such as sanitary pads in the country. Although Uganda National Bureau of Standards (UNBS) provided Guidelines (2017) for the manufacturing of MHH products (e.g. the re-usable pads) in the country, the enforcement of the provisions contained therein is a challenge. The women and girls have limited awareness about their MHH sanitary consumer rights and therefore cannot hold the manufacturers accountable for any defects and side effects during usage. This exposes the consumers of such products to health risks.

RECOMMENDATIONS

- (i) There is need to develop a multi-stakeholder approach towards Menstrual Health and Hygiene Management interventions and service provision. Key consideration should be given to the information sharing strategies/ mediums, packaging to the different categories of people, age groups and careful mechanisms for breaking the cultural barriers to MHH.

- For the education sector, consider re-producing the MHH readers for all schools, promote MHH talking compounds, produce brochures and share the MHH training manuals with MHH trainers in schools.
- (ii) Sectors, partners and stakeholders should develop an all-inclusive approach to MHH by involving men and boys in the promotion of menstrual hygiene management for girls and women. Deliberate efforts should be made to involve men and boys in MHH trainings and sensitization programmes.
 - (iii) There is a strong need to break the cultural barriers to effective MHH through change of positive attitudes and perceptions by different stakeholders' especially cultural leaders. This can be done through engagements, conducting MHH campaigns, and sensitization of communities about menstruation as normal and a healthy issue that requires support from other people.
 - (iv) The parents need to be reminded of their cardinal role of offering basic MHH information, preparing the girls for puberty and providing for their MHH needs.
 - (v) Government and development partners should consider nationwide skilling of teachers in the different education institutions in the comprehensive MHH framework.
 - (vi) While the current MHH interventions focus on mainly public primary schools, it is important to increase coverage to include private schools, secondary schools, community women and men and at the workplaces.
 - (vii) Government of Uganda and the development partners need to scale up skilling of the women, girls, boys and men in making re-usable pads.
 - (viii) Government should through the Uganda Bureau of standards strengthen regulatory standards for the locally manufactured re-usable pads.
 - (ix) Water access in schools, communities and public places is still a challenge. It is therefore pertinent that water interventions are prioritized and heavily supported more so in more populated areas like schools.
 - (x) Improve access to MHH facilities in schools and work places. Other than prioritizing toilets, other facilities like washrooms, changing rooms, rest rooms, drying and hand washing facilities should be provided to girls and women. These facilities should be in good condition as well. At community level, there is need to create awareness about having such facilities at household level for the proper management of menstruation by the girls and women.
 - (xi) The Ministry of Education and sports should streamline the distribution of the circular on MHH to primary and secondary schools (public and private) to ensure that all institutions receive the directives. The ministry should also advocate for provision of resources to implement the MHH directives to schools and ensure compliance. The implication of this measure will be improved MHH facilities and infrastructure such as wash rooms, changing rooms, safe water supply, disposal facilities (incinerators), emergency pads and uniforms among other important facilities for MHH.
 - (xii) Waste disposal of menstrual waste is a key challenge. There is therefore need to provide or improvise menstrual disposal facilities in all environments. The provision of incinerators in schools, work place and public incinerators in communities is necessary.

- (xiii) There is need for a clear and formal multi-sectoral coordination mechanism for menstrual hygiene management at all levels in the country; from national to local government level.
- (xiv) There should be deliberate efforts to prioritize MHH programming at sector level. This will provide an opportunity to provide independent funding for MHH for improved response for the girls and women. The focus should be on key sectors of Health, Education, Gender, Water, Finance and Local Government among others.
- (xv) The private sector can play a key role in supporting MHH interventions and therefore needs to be approached for support.
- (xvi) Menstrual Health Hygiene is comprehensive in nature. There is therefore need for a policy and institutional framework to guide implementation its programming and implementation.
- (xvii) The MHH coalition, development partners and sector stakeholders are encouraged to advocate for the integration of MHH into national data base and in National Household surveys carried out by the Uganda National Bureau of Statistics
- (xviii) Enhance the knowledge capacity of the media in MHH. Engage them to create awareness about MHH challenges facing girls and women of menstrual age in the country, and the importance of addressing such challenges for the promotion of dignity for the women and girls.
- (xix) Encourage men to actively involve themselves in parenting responsibilities for the girl child. This will help them understand the challenges girls face; hence improving their support towards them.
- (xx) There should be a collaborative efforts by the key sectors of Education, Health, Gender and Water to encourage district local governments celebrate the International MHH day. In this way, awareness will be created to different stakeholders about the importance of addressing MHH challenges for girls and women in menstrual age. This is also likely to enhance advocacy efforts towards MHH in the country.

CONCLUSION

Menstrual Health and Hygiene has a comprehensive framework that cuts across the different sectors. This therefore requires coordinated multi-sectoral efforts to plan, effectively program and implement MHH interventions in the country. A thematic approach to MHH programming will ensure focus to some of the underserved MHH issues, which will consequently improve the menstrual situations of the girls and women in menstrual age in the different environments. With time, there will be need for a more comprehensive MHH survey in the country provided the resources are available. Evidently, national data on MHH is deficient and thus the need to massively roll out the campaign to have national data on MHH that is representative of different categories of women and girls in the different settings.

Annex 1: Table: Contextual water access challenges in the sampled districts

Main water sources	Respondents perception of the challenges
Kyenjojo	Main source of water for schools is open wells which are often contaminated, Population much higher than the available water sources and water scarcity during the dry season
Open wells, gravity flow, boreholes, shallow wells, protected springs, tap water, rain water	
Bundibugyo	Water not evenly distributed; mainly in low lands. Communities and schools in mountains have poor access to water. Heavy reliance on gravity flow water which becomes scarce during the dry season, over 70% of the water sources not treated, water contamination by disasters especially floods.
Gravity flow, Tap water (urban), open streams & springs (rural)	
Kasese	Some schools and communities have no access to water completely, e.g. Kalusandara SDA & Kogere P/S. It is worse for schools located in mountainous areas. Contamination of some water sources due to hazards like floods, regular break down of the water sources
Piped water & rain water harvesting (urban), open streams & boreholes (rural)	
Sheema	Sheema lies in the dry cattle corridor therefore has a water scarcity problem especially during the dry season. Some water sources dry up.
Gravity flow schemes, water harvesting tanks, local ponds	
Wakiso	Regular water breakdown for some of the water sources like boreholes, poor operation and maintenance of the water sources
Piped water, boreholes, water harvesting tanks, spring wells	
Gomba	Gomba lies in the dry cattle corridor that is prone to water scarcity challenges Inadequate water sources. Some schools (e.g. Najjoki P/s, Kizigo SDA P/s, Kanoni Umea P/s) lack water. The only water fetched in schools by learners is for cooking porridge and not for MHH needs. Heavy reliance on rain water harvesting especially for schools. During dry season, schools access water from open water ponds shared with livestock, high cost of water during the dry season (1000 UGX) per jerrican.
Open wells, boreholes, water harvesting tanks	
Kamuli	Water access for primary government aided schools is 54.8%, however, safe water is un evenly distributed. For instance two sub counties contribute to safe water coverage in the district. Poor operation and maintenance of the water sources especially boreholes by the water users.
Piped water (urban), deep boreholes, open wells, water harvesting tanks	
Soroti	Dysfunctionality of the water sources due to their frequent breakdown especially boreholes, poor operation and maintenance practices by the community, unreliability of the piped water, reduced water yield from the boreholes during dry season. Sometimes water sources dry up, and long queues at the boreholes during the dry season.
Deep boreholes, piped water (urban), open wells	
Abim & Moroto	Heavy reliance on borehole water and local water ponds, contaminated water in the local ponds since some humans share with livestock, low water yield and drying up of boreholes during the dry season, long queues at the boreholes especially during the dry season.
Piped water (urban-Moroto), Deep boreholes, local water ponds	
Nwoya	Although about 75% of schools have access to water, there are challenges of frequent breakdowns especially for boreholes, poor operation and maintenance of the water sources. Poor water yield during dry seasons, high water demand compared to supply, long queues at the boreholes especially during the dry season
Deep boreholes, rain water harvesting, open wells/ ponds	
Apac	54 schools in Apac district have at least a borehole (Apac has 58 government

Deep boreholes, open wells, piped water (urban), rain water harvesting	primary schools, 4 government secondary schools, 2 private secondary schools, 3 vocational schools). District constructed 247 water tanks in schools however, there are issues of poor operation and maintenance, regular breakdowns of the boreholes, during dry season, water yield is low.
Arua	Inadequate funding to the sector-650-700 million UGX allocation per year (DWO), some places have poor water ground water potential e.g. Ajja, Bileafe, Uriama and Aiiyu Sub counties. Some places have high ground water contamination, e.g. areas bordering Congo have minerals like iron and manganese that change the color of the water and make it hard; thus; making it unsafe for consumption. Poor operation and maintenance of the water sources by the water users
Boreholes, protected wells, unprotected wells and open streams	
Nebbi	Poor operation and maintenance of the boreholes, sometimes water yield is low during the dry season
Deep boreholes, rain water harvesting, open wells	

MENSTRUAL HYGIENE MANAGEMENT CONSULTATION STAKEHOLDERS LIST IS AVAILABLE WITH THE AUTHORS OF THIS REPORT