

**ASSESSMENT OF THE NEED OF ESTABLISHING A NATIONAL CSO  
COALITION ON MENSTRUAL HEALTH AND HYGIENE  
MANAGEMENT ADVOCACY IN UGANDA**

REPORT

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Submitted by:  
Senfuka Samuel  
Consultant  
Mobile Tel: 0782341461/0704920043  
Email: [bsenfuka@gamil.com](mailto:bsenfuka@gamil.com)

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# Table of Contents

|   |    |
|---|----|
| <b>Executive Summary</b> .....  | 4  |
| <b>1.0 Chapter One: Introduction</b> .....  | 6  |
| 1.1 Introduction .....  | 6  |
| 1.2 Background .....  | 6  |
| 1.3 Purpose of the Assessment .....   | 7  |
| 1.3.1 Objectives .....  | 7  |
| <b>2.0 Chapter Two: Methodology</b> .....   | 8  |
| 2.1 Introduction .....  | 8  |
| 2.2 Approach and design .....   | 8  |
| 2.3 Study Site.....   | 8  |
| 2.4 Participants .....  | 9  |
| 2.5 Data Collection Procedures and Tools.....   | 9  |
| 2.6 Quality Control.....  | 9  |
| 2.7 Data Processing and Analysis .....  | 10 |
| 2.8 Ethical Consideration .....   | 10 |
| <b>3.0 Chapter Three: Findings</b> .....  | 11 |
| 3.1 Introduction .....  | 11 |
| 3.2 Response Rate.....  | 11 |
| 3.3 Civil Society Organizations in Menstrual Health and Hygiene Management Advocacy<br>and Priority Areas.....                                  | 12 |
| 3.4 Coalition(s) for Menstrual Health and Hygiene Management Advocacy; Opportunities<br>and Stakeholders’ Views about Forming a Coalition ..... | 20 |
| 3.5 Coordination Mechanisms and Engagement of Stakeholders.....   | 27 |
| 3.6 Conclusions and Recommendations .....   | 30 |

## LIST OF TABLES

|  |    |
|--|----|
| TABLE 1: SELECTED DISTRICTS FOR ASSESSMENT.....  | 8  |
| TABLE 2: TARGETED PARTICIPANTS FOR THE RAPID ASSESSMENT AND RESPONSE RATE .....                                      | 11 |
| <b>TABLE 3: CSOS INVOLVED IN MENSTRUAL HEALTH AND HYGIENE MANAGEMENT</b> .....                                       | 13 |
| TABLE 4: SUMMARY OF MHHM AREAS OF FOCUS BY FREQUENCY AND THE TARGET AUDIENCE AT<br>DISTRICT AND NATIONAL LEVEL ..... | 17 |
| TABLE 5: EXISTING COORDINATION STRUCTURES AT NATIONAL AND DISTRICT LEVEL .....                                       | 28 |
| TABLE 6: ENGAGEMENT PLATFORMS/FORUMS AT NATIONAL AND DISTRICT LEVEL.....   | 29 |
| TABLE 7: CONCLUSIONS AND RECOMMENDATIONS .....   | 30 |

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## ACRONYMS

|          |   |
|----------|---|
| AYDL:    | African Youth Development Link                  |
| CSOs:    | Civil Society Organizations                     |
| HEDCO:   | Health Plus Development Communication           |
| KIIs:    | Key Informant Interviews                        |
| MHHM:    | Menstrual Health and Hygiene Management         |
| SDGs:    | Sustainable Development Goals                   |
| SRHR:    | Sexual and Reproductive Health and Rights       |
| TAHI:    | Together Alive Health Initiative                |
| ToRs:    | Terms of Reference                              |
| UWASNET: | Uganda Water and Sanitation NGO Network         |
| WASH:    | Water, Sanitation and Hygiene                   |
| WSSCC:   | Water Supply & Sanitation Collaborative Council |

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## Executive Summary

African Youth Development Link (AYDL), Health Plus Development Communication (HEDCO) and Together Alive Health Initiative (TAHI) through 'The Strengthening Civil Society in Uganda project' commissioned a study to explore opportunities of establishing and or building a strong CSO Coalition on menstrual health and hygiene management (MHHM) as a general purpose vehicle to galvanize and unite all menstrual health and hygiene management actors across sectors to contribute towards achieving better adolescent girls' and young women's menstrual health and hygiene outcomes. The objectives of the assessment were; (i) to establish CSOs' areas of involvement in MHHM advocacy, to establish the existence or non-existence of a coalition(s) for MHHM advocacy; opportunities and stakeholders' views about forming a national coalition, and (iii) to establish the existence of intra and multi sectoral coordination structures and stakeholders' engagement platforms on MHHM and CSOs level of involvement.

### Key Findings

***CSOs Involved in Menstrual Health and Hygiene:*** CSOs at district level though had interventions on menstrual health and hygiene management, they are mainly oriented to service delivery and awareness creation while those at national level have both service delivery and some components of advocacy.

***Key Capacity Building Needs and Challenges:*** The needs and challenges for menstrual health and hygiene management advocacy exist, which limit organizations' effective advocacy. They are mainly related to resource constraints, skills gaps and inadequate evidence, fear of repression from district authorities, bias of school administrators and lack of specific MHHM performance indicators among line ministries and relevant district departments.

***Coalitions on menstrual health and hygiene management:*** CSOs at district and national level who participated in the assessment were not aware of any coalition on menstrual health and hygiene management within the districts or operating at national level.

***Benefits of Working in a coalition:*** Despite nonexistence of a coalition on MHHM advocacy, participants acknowledged the immense benefits of working in coalition to advance MHHM. These include; achievement of bigger goals, leveraging resources, empowerment of institutions, learning and transfer of skills, unified voice and recognition.

***Priorities for strengthening MHHM Advocacy:*** These include; strengthening CSO coordination, for joint, influencing MHM intra and multi-sectoral strategies and costed plans to adequately address MHM, affordable menstrual materials and facilities, universal access to sanitary pads, improving financing and increasing awareness all levels.

*Opportunities for menstrual health and hygiene advocacy:* The policy environment gives a window for dialogue and engagement at various levels of government on issues of relating to girls and women's health, hence ceasing the opportunities to influence MHH policy development processes through existing coordination and engagement platforms. Vulnerability of girls and young women, the media and key Moments at global, national and subnational level can be leveraged to amplify MHHM demands.

*Forming a coalition:* Participants at both district and national level strongly supported formation of a coalition on MHHM advocacy because they believe it has big potential to amplify and place menstrual health and hygiene on the districts and national development agenda

*Coordination and Engagement Forums:* Menstrual health and hygiene is a multi-sectoral issue which requires multi-sectoral coordination and engagements. Structures that facilitate ministerial and inter-ministerial, departmental and inter departmental collaboration in terms of programming, implementation, monitoring and review of MHHM are in place at district and national level. In addition there is existence of some stakeholder engagement forums but they are not well utilized by CSOs especially at district level. CSOs are not effectively using the structures to influence policy and service delivery due to a number of reasons including low awareness about the forums.

### **Recommendations:**

- 1) Convene interested civil society actors to discuss the modalities of forming a coalition and developing of coordination and engagement structure, a strategy and advocacy implementation plan
- 2) Integrate menstrual health and hygiene management into SRHR and WASH programmes and projects interventions with specific interventions and performance indicators
- 3) Develop an advocacy agenda that is inclusive of personal menstrual hygiene, products and facilities and environmental menstrual hygiene
- 4) Build technical capacity of CSOs to effectively conduct advocacy, monitor and evaluate performance
- 5) Develop a robust information sharing and dissemination mechanisms and equip CSOs with relevant policy other information to conduct effective advocacy and accountability

## 1.0 Chapter One: Introduction

### 1.1 Introduction

African Youth Development Link (AYDL) together with its partners commissioned a study to assess the need for and feasibility of establishing a national CSO coalition for menstrual health and hygiene management (MHHM) advocacy so that collective efforts are geared towards influencing policies and programmes that enhance menstrual health and hygiene management in Uganda. This chapter therefore consists of the background, purpose and objectives of the assessment.

### 1.2 Background

Effective engagement of civil society organizations (CSOs) in development has become increasingly urgent with the adoption of the Sustainable Development Goals (SDGs) as part of the 2030 development agenda. The 2030 Agenda recognizes the need to mobilize all resources to achieve the SDGs' ambitious targets and calls on CSOs to play a key role in implementation and monitoring government strategies and progress on its commitments. In Uganda, spaces exist in which engagement among CSOs and with Government can be pursued. While dialogue still appears largely guided by government and public authorities, these spaces provide opportunities to be capitalized on by stakeholders. CSOs have valuable contributions to make, which can significantly contribute to realization of the SDGs. For instance, CSOs play a vital role in advocacy and accountability, service-delivery, research and policy development among others. Part and parcel of CSOs being independent development actors is that they have a 'right of initiative'. This means that CSOs may have priorities, plans and approaches that are complementary but distinct from those of governments. Often working closely with marginalized populations and communities, CSO engagement is also important to ensure that progress towards the SDGs leaves no one behind.

Resolution 6.2 of the UN General Assembly on 2030 agenda for sustainable development of 2015 focuses on achieving access to adequate and equitable sanitation and hygiene for all and paying special attention to the needs of women and girls and those in vulnerable situations. This underscores that menstruation health is a central development issue that should be addressed comprehensively so that girls and young women menstruate with dignity and not left behind. It is also a multi-sectoral issue, hence an enabler of other SDGs such as education, gender equality, poverty – it nourishes them. Despite the increasing engagement of actors in the menstrual health and hygiene movement, there still exist limited cross-sectoral initiatives among the different sectors and less multi-sectoral buy-in even where multi-sectoral platforms

exist. There are often no clear roles and responsibilities to identify effective ways to address menstruation-related barriers faced by particularly vulnerable adolescent girls and young women in societies.

It is against this background that African Youth Development Link (AYDL), Health Plus Development Communication (HEDCO) and Together Alive Health Initiative (TAHI) through 'The Strengthening Civil Society in Uganda project' commissioned a study to explore opportunities of establishing and or building a strong CSO Coalition on menstrual health and hygiene management as a key strategy. This is premised on the appreciation that a coalition can be used as a general purpose vehicle to galvanize and unite all menstrual health and hygiene management actors across sectors to contribute towards achieving better adolescent girls' and young women's menstrual health and hygiene outcomes.

### 1.3 Purpose of the Assessment

Undertake an evaluation of the need for establishing a national CSO alliance/coalition on menstrual health and hygiene management advocacy in Uganda.

#### 1.3.1 Objectives

The objectives of the assessment were: -

- i. establish CSOs' areas of involvement in menstrual health and hygiene management advocacy.
- ii. establish the existence or non-existence of a coalition(s) for menstrual health and hygiene management advocacy; opportunities and stakeholders' views about forming a national coalition.
- iii. establish the existence of intra and multi sectoral coordination structures and stakeholders' engagement platforms on menstrual health and hygiene management and CSOs level of involvement.

## 2.0 Chapter Two: Methodology

### 2.1 Introduction

This chapter provides a description of the assessment design and approach, study site, participants and sample size, data collection tools and techniques, data management and analysis, quality control and ethical considerations.

### 2.2 Approach and design

This was a descriptive assessment with a qualitative approach. It is based on participants' information, expertise and experiences on menstrual health and hygiene management and advocacy.

### 2.3 Study Site

The assessment was conducted at national level and in four districts, which were purposively selected by the client. One district was selected from each traditional region of Uganda with reasons for their selection as shown in table 1.

**Table 1: Selected Districts for Assessment**

| No. | District | Region          | Reason for selection  |
|-----|----------|-----------------|---|
| 1   | Kigege   | Western Uganda  | It is a host of refugees which is more likely to have vulnerable refugee girls in accessing quality menstrual health and hygiene facilities and services.                           |
| 2   | Bugiri   | Eastern Uganda  | High household poverty level exposing many families to social-economic pressures hence making girls more vulnerable to access menstrual health and hygiene facilities and services. |
| 3   | Mpigi    | Central Uganda  | Presence of implementing partners and its proximity to the capital which will give a comparative analysis with those far away from the capital Kampala.                             |
| 4   | Oyam     | Northern region | Negatively impacted by a civil war with households/population deprived of basic life capabilities such as healthcare.   |



## 2.4 Participants

Participants in the assessment were from civil society organizations involved in menstrual health and hygiene management at national and district level. These were key informants with knowledge, information and experience on MHHM in their respective organizations. Key Informants were identified with assistance of CSOs implementing in the districts who gave sign posts/recommendations of organizations involved in MHHM. In addition, the departments of health, education and community based services also played an important role in recommending implementing partners on MHHM related programmes. At National level, the consultant carried out a quick review of organizations involved in MHHM related programmes and projects and used it to generate a list of Key Informants.

## 2.5 Data Collection Procedures and Tools

### 2.5.1 Data collection procedures

A letter introducing the Consultant to authorities and target participants was written and stamped by the Client prior to fieldwork (See appendix iii). A meeting was held with each District Health, Education and Community Based Services offices as an entry point into the districts. The District officers were briefed about the objectives of the assessment and requested for their support in identifying implementing partners with a focus on menstrual health and hygiene management. Two organizations were identified in each district with at least a focus on general sexual and reproductive health. At National level, a letter of introduction was used to seek appointment for interviews and choices of interview via face-to-face, telephone or zoom were proposed to participants given the prevailing Covid19 pandemic situation in the country.

### 2.5.2 Data collection tools

The Consultant developed a Key Informant Interview Guide which was discussed and approved by the client (See appendix i)

## 2.6 Quality Control

The following measures were undertaken at all levels of the assessment to ensure validity of the findings. A voice recorder was used to accurately capture the views of participants verbatim. Fieldwork reviews were done every day to ensure completeness of the guide questions and accurate capture of data.

## 2.7 Data Processing and Analysis

After data collection, the consultant organized cleaned and categorised data. Thematic and content analysis were used in addition to descriptive techniques to identify themes and patterns of the participants' views and opinions which informed the interpretation of the findings.

## 2.8 Ethical Consideration

Appropriate measures were taken to guarantee and protect the rights of the participants. Individual informed consent was obtained from each participant and voluntary participation in the assessment was encouraged. In all interviews, data collectors explained to participants the objectives of the assessment and permission was obtained for any audio recordings during interviews. Interviews were conducted in an environment which ensured privacy and confidentiality of interviewees' information was assured.

## 3.0 Chapter Three: Findings

### 3.1 Introduction

The assessment report provides an assessment on establishing a national CSO coalition on menstrual health and hygiene management (MHHM) advocacy in Uganda. It explored CSOs' key areas of focus in menstrual health and hygiene management advocacy, existence of coalitions or networks focused on menstrual health and hygiene management advocacy and existence of intra and multi sectoral coordination structures and stakeholders' engagement platforms on MHHM.

### 3.2 Response Rate

**Table 2: Targeted participants for the rapid assessment and response rate**

| Category of participant   | Tool used | Targeted number | Target reached | Response rate |
|---|-----------|-----------------|----------------|---------------|
| CSOs/NGOs in menstrual health and hygiene management at national level  | KII Guide | 10              | 6              | 60%           |
| CSOs/CBOs in menstrual health and hygiene management, Kyegegwa district | KII Guide | 2               | 2              | 100%          |
| CSOs/CBOs in menstrual health and hygiene management, Bugiri district   | KII Guide | 2               | 2              | 100%          |
| CSOs/CBOs in menstrual health and hygiene management, Mpigi district    | KII Guide | 2               | 2              | 100%          |
| CSOs/CBOs in menstrual health and hygiene management, Oyam district     | KII Guide | 2               | 2              | 100%          |
| <b>Total</b>  |           | <b>18</b>       | <b>14</b>      | <b>78%</b>    |

### 3.3 Civil Society Organizations in Menstrual Health and Hygiene Management Advocacy and Priority Areas

The assessment activity identified eight (8) Non-Government Organizations engaged in menstrual health and hygiene at the district level in both schools and in the communities. The assessed organizations are largely focused on implementation of service oriented interventions, community mobilization and awareness creation on menstrual hygiene management. Most of the organizations mainly integrate menstrual health and hygiene management interventions in other broader projects related to sexual and reproductive health and rights (SRHR) and Water, Sanitation and Hygiene (WASH). None of the interviewed organizations in the target districts was implementing deliberate advocacy interventions for menstrual health and hygiene management. There is weak local level advocacy linked to national and global policy commitments leading to weak accountability for menstrual health and hygiene service delivery. This undermines sustainability of the MHHM interventions by various organizations since most of them are project based.

At national level, four key organizations were interviewed and two profiled through document review. These have a mix of interventions ranging from advocacy, direct service delivery, training and raising awareness.

#### *3.3.1 CSOs involved in menstrual health and hygiene, strategies and target audience*

The identified organizations involved in menstrual health and hygiene in the target districts and at national level are profiled in this report in table 3 with their respective primary contacts, areas of focus and target audiences. The list includes organizations which operate within one district, in multiple districts and others with a nation-wide focus.

**Table 3: CSOs Involved in Menstrual Health and Hygiene Management**

| District                   | Name of organization                                    | Focal Person/ primary contact                                  | Contact information   | Area of focus (activities/strategies)   | Target group/ audience  |
|----------------------------|---|--|---|---|---|
| <b>DISTRICT LEVEL CSOs</b> |   |  |   |   |   |
| Mpigi                      | Kaleke Kasome Foundation (KAKAF)                        | Mr. Muhasa Maurice, Programme Manager                          | Nsamizi Trading Centre, Mpigi Town Council<br>Tel: +256392001601<br>Mob: 0701239311<br>Email: <a href="mailto:kalekekasome@gmail.com">kalekekasome@gmail.com</a><br><a href="mailto:mauricehasa@gmail.com">mauricehasa@gmail.com</a><br>website: <a href="http://www.kalekekasome.org">www.kalekekasome.org</a> | <ul style="list-style-type: none"> <li>▪ Awareness creation on MHM especially to mitigate menstrual stigma</li> <li>▪ Training in making sanitary re-suable pads</li> </ul>   | Girls, boys, parents<br><br>Girls, boys and community members   |
|                            | Gejja Women Foundation                                  | Ms. Marjorie Atuhurra, Founder                                 | Bulyasi village, Mpigi<br><a href="tel:256750000602704662659">Tel: 256750000602/704662659/07702226124</a><br>Email: <a href="mailto:info@gejja.org">info@gejja.org</a>  | <ul style="list-style-type: none"> <li>▪ Making 'safegirl' re-usable sanitary pads for sell</li> <li>▪ Training in making sanitary re-suable pads</li> <li>▪ Menstrual hygiene awareness and education campaigns</li> <li>▪ Information dissemination on menstrual hygiene management through IEC materials to dispel myths and misconceptions</li> </ul> | Vulnerable girls, corporate companies, NGOs, donors<br><br>Women, girls, schools<br><br>Schools, boys<br><br>Schools, girls, boys |
| Bugiri                     | Multi-Community Based Development Initiative (MUCOBADI) | Mr. Frank Bogere, Cluster Manager (Bugiri, Bugweri, Namayingo) | Tel: +256434250913<br>Email: <a href="mailto:info@mucobadi.org">info@mucobadi.org</a> /<br><a href="mailto:mucobadi@yahoo.com">mucobadi@yahoo.com</a><br>Website: <a href="http://www.mucobadi.org">www.mucobadi.org</a>  | <ul style="list-style-type: none"> <li>▪ SRH including menstrual hygiene education through Girl first clubs in schools and out of schools</li> <li>▪ Training in making re-usable sanitary pads</li> </ul>  | Girls in and of school<br><br>Girls   |
|                            | Beyond Uganda Ministries                                | Mr. Akimazi Augustine, Country                                 | Email: <a href="mailto:akim@beyonduganda.org">akim@beyonduganda.org</a>   | Procurement and distribution of sanitary pads   | Most vulnerable girls enrolled in the organization  |

|                            |                           |  |   |   |  |
|----------------------------|---------------------------|--|---|---|--|
|                            |                           | Director<br>Ms. Mercy Lukwago,<br>Project Team Leader  | Tel: 0782331215<br>Email: <a href="mailto:mercy@beyonduganda.org">mercy@beyonduganda.org</a>  |   | programmes   |
| Oyam                       | World Vision Uganda       |  |   | Provision of WASH facilities (water, gender sensitive latrines, hand washing facilities)  | Households, Schools  |
|                            | Doctors with Africa CUAMM |  |   | A new project to train in making sanitary pads in three sub counties of Oyam  | Girls  |
| Kyegegwa                   | BRAC                      | Mr. Okia Bob Elvis,<br>Project Health Assistant        | 0783935717  | <ul style="list-style-type: none"> <li>▪ Training community health promoters through LC structure</li> <li>▪ Creating awareness about menstrual hygiene</li> <li>▪ Distribution of re-usable and non-reusable pads at subsidized price</li> <li>▪ Training in making sanitary pads</li> </ul> | Community members<br><br>Girls<br><br>Girls and women<br><br>Girls and women             |
|                            | Miryante Orphans Home     | Doreen Tigah,<br>Project Coordinator                   | Kabara Sub county<br>Tel: +256779928039<br>Email: <a href="mailto:miryanteorphanshome@gmail.com">miryanteorphanshome@gmail.com</a>  | Training in making sanitary pads  | Girls  |
| <b>NATIONAL LEVEL CSOs</b> |                           |  |   |   |  |
|                            | Straight Talk Foundation  | Walakira Geoffrey,<br>Training and Development Manager | Plot 4, Acacia Avenue, Kololo<br>Office: +256 - 312262030/312262031<br>Mob: 0772309342<br>Email: <a href="mailto:info@straighttalkfoundation.org">info@straighttalkfoundation.org</a> | <ul style="list-style-type: none"> <li>▪ Building capacity of target districts in menstrual hygiene management</li> <li>▪ Advocating for planning and budgeting for MHM essential items (basin, jerry can, soap, mattress, pain killers) in target districts</li> </ul>                       | School Management Committees (SMCs), District Education Officers (DEO)<br><br>DEOs, SMCs |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
|  |   |   |   | <ul style="list-style-type: none"> <li>Information dissemination on menstrual hygiene</li> </ul>  | Schools/pupils  |
|  | Uganda Youth and Adolescent Health Forum (UYAHF)  | <p>Mr. Patrick Mwesigye,<br/>Team Leader</p> <p>Ms. Norah Nakyegera,<br/>Advocacy &amp; Campaigns Officer</p> | <p>Plot 1238, Bukoto 1 - UCB Zone<br/>0700385818/0776385819/<br/>Email: <a href="mailto:patsewa@gmail.com">patsewa@gmail.com</a></p> <p>Email: <a href="mailto:nakyegeranorah@gmail.com">nakyegeranorah@gmail.com</a><br/>Mob Tel: 0774042204</p>   | <ul style="list-style-type: none"> <li>Training in making re-usable sanitary pads and provide to vulnerable girls, sell at subsidized price</li> <li>Awareness raising and education on MHM</li> <li>Developing materials and disseminating information on MHM</li> </ul>   | <p>Vulnerable girls</p> <p>Schools</p>  |
|  | Raising Teenagers Uganda                          | Ms. Hope Nankunda,<br>Executive Director  | <p>Mob Tel: 0772305742<br/>Email: <a href="mailto:info@raisingteenagers.org">info@raisingteenagers.org</a></p>  | <ul style="list-style-type: none"> <li>Advocating for menstrual hygiene facilities in schools</li> <li>Menstrual hygiene education</li> <li>Menstruation, growth &amp; pubertal development</li> <li>Distribution of sanitary pads and under-wears</li> </ul>   | <p>MoES, DEOs, Inspectors of Schools</p> <p>Girls, boys, teachers, parents<br/>Rural &amp; vulnerable girls</p> |
|  | Uganda Water and Sanitation NGO Network (UWASNET) | Ms. Yunia Yiga<br>Musaazi,<br>Executive Director  | <p>Plot 475M Butabika Road, Luzira<br/>Office Mob: 0772617710<br/>Personal Mob: 0776451971<br/>Email: <a href="mailto:ngocoord@uwasnet.org/">ngocoord@uwasnet.org/</a><br/><a href="mailto:ymusaazi@uwasnet.org">ymusaazi@uwasnet.org</a><br/>Website: <a href="http://www.uwasnet.org">www.uwasnet.org</a></p> | <p>The network has 200 members coordinated through six thematic working groups. One of the groups is sanitation and hygiene which integrates menstrual hygiene. Another group is governance and accountability which takes on advocacy issues</p> <p>It focuses on WASH with interventions aimed at achieving access to adequate and equitable sanitation and hygiene for all.<br/>It conducts applied research</p> |   |

|  |                           |  |  |  |   |
|--|---------------------------|--|--|--|---|
|  |                           |  |  | for evidence based advocacy<br>It builds capacity of its members   |   |
| <b>Other CSOs Involved in Menstrual Health and Hygiene but NOT Interviewed (Information obtained through document reviews)</b> |                           |  |  |  |   |
|  | Plan International Uganda | Kiiza Samuel<br>Programme Manager,<br>WASH | Mob Tel: 0772622885<br>Email: <a href="mailto:samuel.kiiza@plan-international.org">samuel.kiiza@plan-international.org</a> | Implementing projects in districts such as ' <i>Bloody Serious Matter</i> ' in Kamuli to: <ul style="list-style-type: none"> <li>• improve knowledge and break taboos about MHH</li> <li>• improve MHH practices</li> <li>• increase access to affordable and hygienic sanitary pads</li> <li>• increase access to gender friendly toilets and water supply facilities in schools</li> <li>• ensure MHH is included in district and national policies</li> </ul> | Adolescent girls& boys; men & women<br>Girls& women<br><br>School administration & SMCs<br><br>DEOs, Ministries |
|  | WoMena Uganda             | Mr. Paul Kapotwe,<br>Executive Director    | Plot 242, Ntwali Close – Busibante Zone, Najjera<br>Tel: +256 200902098  | <ul style="list-style-type: none"> <li>• Providing access to reusable pads and menstrual cups</li> <li>• Technical support in policy analysis, research to generate evidence, awareness materials</li> </ul>   | Girls and women<br><br>NGOs, private sector and Government  |

Source: Assessment Content Analysis, 2020



**Table 4: Summary of MHHM areas of focus by frequency and the target audience at District and National Level**

| Area of focus (activities/strategies)  | Target group/ audience  | Frequency |
|--|---|-----------|
| <b>DISTRICT LEVEL</b>  |   |           |
| Training in making sanitary re-suable pads   | Girls, boys, women, schools, community members  | 6         |
| Education and awareness creation on MHHM such as best practices, mitigation of menstrual stigma, development and dissemination of IEC materials on dispelling myths and misconceptions   | Girls, boys, parents, schools, women,   | 4         |
| Making pads for sale, procurement of pads and distribution for free or at subsidized price   | Vulnerable girls, corporate companies, NGOs, donors, Schools, community health promoters                            | 3         |
| Provision of WASH facilities (water, gender sensitive latrines, hand washing facilities)   | Households, Schools   | 1         |
| <b>NATIONAL LEVEL</b>  |   |           |
| <b>Advocacy and accountability:</b> <ul style="list-style-type: none"> <li>• Planning and budgeting for MHHM essential items /facilities such as basin, jerry can, soap, mattress, pain killers in t districts</li> <li>• Increase access to gender friendly toilets and water supply facilities in schools</li> <li>• Inclusion of MHH in district &amp; national policies</li> </ul> | Line ministries (education, water, gender, health)<br>DEOs<br>Inspectors of Schools<br>School administration & SMCs | 5         |
| Provision of MHHM facilities for free or at subsidized price e.g. pads, underwear, menstrual cups  | Rural & vulnerable girls, schools   | 4         |
| <b>Awareness and education:</b> Menstruation, growth & pubertal development , improving knowledge and break taboos about MHH, MHHM practices   | Girls, boys, teachers, parents , schools, men, women  | 4         |
| Development of IEC materials on MHHM and dissemination   | Schools/pupils, Vulnerable girls  | 3         |
| Building capacity of target districts in MHHM, technical support in policy analysis  | NGOs, SMCs, DEOs, private sector, DEOs, SMCs  | 2         |
| Research and evidence generation for advocacy  | NGOs, private sector& Gov't   | 2         |
| <b>Training in making re-usable sanitary pads</b>  | Vulnerable girls , schools  | 1         |

### 3.3.2 Key Capacity Building Needs and Challenges

Capacity building needs and challenges for menstrual health and hygiene management advocacy exist, which are majorly internal in the organizations. The needs and challenges which limit organizations' effective advocacy are mainly related to resource constraints, skills gap and inadequate evidence, fear of repression from district authorities and resistance from school administrations.

- a) **Resource constraints:** All district based organizations which participated in the assessment expressed inadequate resources to effectively undertake advocacy on menstrual health and hygiene. The resource constraints especially for district based organizations range from limited or lack of finances to support advocacy, understaffing and insufficient time to take on multiple roles. Inadequate resources also limit their geographical scope hence struggling to sustain outreach engagements with stakeholders such as schools, local leaders and community members. Limited geographical scope and low community involvement denies organizations to have community voices for amplification at local, district and national level.
- b) **Advocacy and communication Skills:** Participants from the districts reported inadequate skills to carry out strategic advocacy at the district level. Many expressed that advocacy is a new area where they need to build skills so that they can effectively engage decision makers and duty bearers for better menstrual health and hygiene outcomes for adolescent girls and young women.
- c) **Monitoring and Evaluation (M&E):** It came out strongly among the national level participants that there is a weak M&E component in their menstrual health and hygiene programmes/projects making it challenging to measure performance and impact of their interventions. Developing M&E system should be an integral part of any project design so that organizations are able to gather data, analyse data, and use it for MHHM accountability and continuous improvement at outputs, outcomes and impact level.

*“Monitoring and evaluation system is not in place. It is hard to really monitor our work and evaluate impact when it comes to menstrual health and hygiene. We do community and school outreaches but tracking progress is a challenge,” A Key Informant at National Level.*

- d) **Evidence gathering:** Building evidence for menstrual health and hygiene management advocacy was highlighted as one of the challenges CSOs face. It is important to execute evidence based advocacy so that decision makers respond to the core issues affecting girls and young women during menstruation. However, CSOs noted that some of available information they use is questioned by some stakeholders. They called for capacity building in gathering evidence and analyzing it to inform their advocacy planning.

*One of the challenges is that we need to do research because sometimes you quote something and someone else says that is not true, there conflicting figures. For example, girls being absent from school, there is really controversy around it," A Key Informant at National Level*

- e) **Fear of repression from district authorities:** At the district level, the key decision makers are the top district political and technical officials, who plan, budget, implement, monitor and evaluate service delivery up to the lower local administrative units. These are the primary advocacy targets but some organizations expressed fears of repression if they demanded accountability for service delivery. This is also an indication of inadequate empowerment of district based civil society organizations to be social watchdogs and hold leaders accountable to delivering on government commitments and promoting, fulfilling the health rights of girls and young women.

*"You see, issues around advocacy at times on the side of the duty bearers they always have those question marks, who is behind you? Of course we advance such advocacy issues after knowing that there is something that is not going well like for sexual and reproductive health and family planning services we are much aware that there is a budget to support the delivery of such services and if you find that the services are not there or there is little allocation but on the side of duty bearers, budget holders, at some point they do not take it in a positive way they think you are looking after them or you are trying to monitor how they spent their budgets. So, even at some point it affects partnership with the district more so if they do not perceive you objectively," A Key Informant in Bugiri District*

- f) **Bias by school administrators:** The Ministry Education and Sports developed and officially launched a National Sexuality Education Framework which seeks to create an over-arching national direction for providing young people with sexuality education in the formal education setting. Menstrual health and hygiene is one of topics provided for in the framework. However, some school administrators have not yet fully welcomed sexuality education in their schools despite the government official position by this framework.

Some organizations have been blocked from schools or given restrictive access to pupils and students for health education engagement including menstrual health and hygiene management. This is due to a preconception that they will be taught sex education/orientation. These stances hinder empowerment of girls, boys and teachers and also exclude their voices in demanding for better service delivery and from being amplified to higher decision making levels.

*“There are certain schools that are still biased when you tell them you are coming to the school they think of sex orientation. So, some schools will block you from accessing the schools and students,” A Key Informant at National Level.*

*“Not all schools accept us to do the awareness campaigns. Before we conduct health education, we always send out request letters to schools requesting if they can allow us to conduct the meetings. These health education talks are for free but some schools do not allow it. The reason they give is that we shall spoil their children/students because we want to explain everything in detail so that you know what happens,” A Key Informant in Mpigi District*

- g) **Lack of indicators:** CSOs especially at national level expressed a challenge of lack of specific indicators for menstrual health and hygiene across the concerned ministries particularly ministries of health, education, gender and water. The measurement of hygiene by multi-sectoral players is mainly placed on other sanitation and hygiene facilities and materials such as latrines to address open defecation, clean and safe drinking water, and hand-washing facilities. Lack of explicit indicators on menstrual health and hygiene management makes it a challenge for CSOs’ to carry out effective advocacy and accountability.

*“Menstrual health and hygiene management is new on the agenda of our WASH network. Its effective monitoring is hampered by lack of specific indicators in all line ministries,” A Key Informant at National Level*

### 3.4 Coalition(s) for Menstrual Health and Hygiene Management Advocacy; Opportunities and Stakeholders’ Views about Forming a Coalition

The assessment sought to establish the existence of any coalition(s) for menstrual health and hygiene management advocacy, opportunities and stakeholders’ views of forming one. This is against the backdrop that CSOs play a vital role through their collective voices and actions to ensure that girls and young women regardless of their social-economic status, geographical location enjoy their right to good quality menstrual health and hygiene services. Also cognizant that effective advocacy for menstrual hygiene management requires strong leadership, planning, coordination, organization and resource mobilization. Therefore, galvanizing and mobilizing CSOs’ synergies is a strategic direction.

### *3.4.1 Working in partnership*

All individual organizations interviewed at the district level had some form of working collaboration with others on different areas of interest some of which are crosscutting into health, education, water and community based services sectors. However, there were no specific advocacy partnerships on menstrual health and hygiene management across the four districts. Some organizations had collaborations in sanitary pad making and distributions, sexual and reproductive health (SRH) interventions, primary healthcare. For instance, in Bugiri District there is a loose accountability platform on SRH and Family Planning coordinated by Multi-Community Based Development Initiative (MUCOBADI) and other members include Straight Talk Foundation, Bugiri People Living with HIV/AIDS Forum, Beyond Uganda Ministries and Reproductive Health Uganda. Nevertheless, most participants appreciate the value addition of working in partnership such as facilitating information sharing and exchange; transfer of skills where some organizations learnt making sanitary pads from their partner organizations.

At national level, the organizations interviewed also work with partners on a broad range of issues relating to sexual and reproductive health and rights; and water, sanitation and hygiene.

### *3.4.2 Alliances/coalitions on menstrual health and hygiene management*

There were no alliances/coalitions on menstrual health and hygiene management advocacy in Mpigi, Kyegegwa, Oyam and Bugiri District. In addition, there were no active District NGO forums/Networks which coordinate, and provide leadership to NGOs and CBOs operating in the districts. Lack of an established MHHM advocacy platform contributes to disjointed advocacy efforts and creates a weak bottom-up advocacy chain and feedback loop. This does not promote synergy but rather fragmentation or insufficient action on menstrual issues that affect girls. It perpetuates the menstrual hygiene challenges faced by adolescent girls and young women across the country. The NGO forums or networks which would be a starting point for coordinating CSOs were nonexistent in all the four districts under the assessment.

*"In Bugiri we are trying to revive the District NGO Forum. It is currently not active," Key Informant*

Information from all the Key Informants at the national level also showed that there were not aware of any specific coalition or alliance on menstrual health and hygiene management at national level. However, three participants in the assessment reported to belong to an alliance or a network. One belongs to an SRHR alliance, another to Girls Not Brides a global partnership majorly focusing on ending child marriages and the

other to a WASH network. These networks reported to have integration of menstrual health and hygiene under their respective clusters and thematic working groups but it is not their main area of focus.

*“I am not aware of any coalition or network in Uganda on menstrual health and hygiene but one I know is at continental level based in South Africa where I am a member of its steering committee,” A Key Informant at National Level.*

*“We do not have a platform or a coalition that is working on menstrual health, I do not know of any. You realize all of us are doing work individually. Even if you wanted to advocate for something the rallying is not as much because you cannot meet together and have joint effort but the coalition that I know is not in Uganda,” National level Key Informant*

### **3.4.3 Benefits of Working in partnership/alliance/coalition**

Participants in the assessment acknowledged that even in the absence of a coalition and low focus on advocacy at district level, they appreciate the importance of working in coalition to advance menstrual health and hygiene management. The following were noted as value addition when working in a coalition.

**Achieving bigger goals:** Through joint efforts, organizations agree on shared goals and strategies and all get aligned to it and work towards achieving them due to synergies.

**Leveraging resources:** A single organization may not have capacity to address all menstrual health and hygiene issues due to insufficient financial and human resources, limited capacity to mobilize funds but when individual strengths are brought together, it makes them stronger.

**Empowerment:** A coalition provides a platform for networking, exposure due to a mix of district and national level stakeholders and avail opportunities to members which empower them to grow institutionally. It facilitates learning and transfer of skills among members.

**Unified voice and recognition:** A coalition enhances coordination of stakeholders to speak with one voice from the grassroots and amplified to decision makers at different levels. If well-coordinated, it leads to wider recognition of the stakeholders and the advocacy issues which eventually facilitates meaningful participation and engagement for collective solutions.

### 3.4.4 Priorities, Opportunities, and challenges for Strengthening MHHM Advocacy

#### Priorities for menstrual health and hygiene Advocacy

Hygiene plays a key role in the health and wellbeing, education and empowerment of girls and young women. In Uganda, millions of adolescent girls and young women lack the means to ensure their menstrual health in a hygienic and safe way, which leads to stigma, restrictive and discriminative practices such as not going to school during their periods. Lack of access to basic menstrual hygiene facilities has also been associated with increased health risks, such as reproductive and urinary tract infections among girls and women.

This situation can be mitigated or avoided so that the impact on girls and young women's lives is minimal. The priorities for strengthening MHHM advocacy at national, district and community level include the following aspects:

#### **Box 1: Priorities for strengthening MHHM advocacy**

- Strengthening CSO coordination, networking and joint advocacy
- Forming partnership and collaboration with development partners, influential individuals, people most affected by the burden of menstrual health and hygiene and private sector
- Ensuring intra and multi-sectoral strategies and costed plans adequately address nationwide menstrual health and hygiene needs
- Affordable menstrual materials and facilities especially advocating for removal of taxes or price subsidization of menstrual hygiene products implementation of such policy decisions
- Advocating for universal access to sanitary pads through free provision of pads to adolescent girls and vulnerable young women. *"You go to bathrooms in offices or public places and find condoms for free. Why cannot we have sanitary pads in public sanitary places? Sex is a choice while menstruation is not a choice," National Level Key Informant*
- Improvement in financing of menstrual health and hygiene for both school and out of school programmes and interventions. For instance, advocating for increased school capitation grant to address essential menstrual hygiene items and services, inclusion of specific menstrual hygiene interventions and indicators in Uganda sanitation fund for local governments under ministry of health

## Opportunities for menstrual health and hygiene advocacy:

Uganda provides a political and policy environment which gives a window for dialogue and engagement at various levels of government on issues of relating to girls and women's health than ever before. This presents an opportunity for the advancement of critical issues affecting menstrual health and hygiene in the country. This assessment brings out available opportunities that can be harnessed to strengthen menstrual health and hygiene management advocacy as highlighted below.

***Policy and legal environment:*** The existing policies, guidelines, strategies and programs on menstrual health and hygiene management across sectors (health, education, gender, water) provide a ground for accountability and advocacy to ensure that there is sufficient financing for the essential menstrual hygiene requirements of girls in and out of school and effective implementation of the relevant sectors' plans and interventions towards improving menstrual hygiene in schools and communities. For instance, there is: Basic Requirements and Minimum Standards Indicators for Education Institutions, 2010; National School Sanitation Guidelines; The Uganda National Parenting Guidelines, 2018; The Multi-sectoral Framework for Adolescent Girls, 2017; National Sexuality Education Framework, 2018; National Policy Guidelines and Service Standards for SRHR, 2012; NRM Political Party Manifesto 2016-2021. These provide a fertile ground for an organized and well-coordinated civil society to hold government accountable to deliver on its commitments of improving menstrual health and hygiene hence contributing to achieving gender equity, education for all, and health for all.

***Key Policy development processes:*** According to UWASNET Policy Brief (2020), there are ongoing processes in ministries to develop key policy documents on menstrual health and hygiene management. Ministry of Education and Sports is in a process of developing a National Menstrual Health and Hygiene Management strategy while Ministry of Health is in the process of developing a Management Information System for monitoring sanitation and hygiene. These developments are strategic for ensuring MHHM interventions and indicators are clearly defined and included.

***Coordination and engagement platforms:*** Strategic coordination structures and engagement windows exist at national and district, schools and community level where CSOs can take advantage to push for menstrual hygiene advocacy agenda. These platforms are important avenues of promoting and strengthening mutual accountability between state and non-state actors in MHHM. These include:

- (a) District Technical Planning Committee
- (b) District Executive Committee
- (c) District Council
- (d) Social Services Committee
- (e) Orphans and Vulnerable Children Committees
- (f) School Management Committee
- (g) District planning and budgeting process



- (h) District Health Management Team
- (i) Youth Council Structures
- (j) National Sanitation Working Group under ministry of health
- (k) Inter-ministerial Taskforce for Adolescent Girls at Ministry of Gender, Labour and Social Development and National inter-sectoral Technical Working Group

**Vulnerability of girls and young women:** Many girls are still more vulnerable to poor menstrual health and hygiene management. Girls from poor backgrounds especially in rural and poor urban areas face challenges to have essential menstrual items like sanitary pads during their menstruation periods. This increases their exposure to risks that deny them to fully exploit their potential hence ruining their future. For instance, a risk of early sexual debut, unprotected sex to be able to get the basic menstrual hygiene items. These issues which are significantly prevalent in many communities present an opportunity and also challenges civil society actors to strengthen advocacy so that girls and young women are able to maximize their potential and thrive.

*“For sure there is unmet need around menstrual hygiene. The many child pregnancies that you hear of in Busoga are not the making of the girls. They go through a lot of challenges and part of it is menstruation. The moment they reach that stage you find they do not have necessary requirements, they end up dropping out of school or they get someone to support them with sanitary pads. You remember during the COVID19 lockdown, there was a story running on NBS TV, it was a girl from Luuka, she noted it clearly that she did not have sanitary pads and this guy who is a chapatti maker bought her sanitary pads, and after her periods, the guy was asking for the payback and the very first time they slept together she got pregnant,” A Key Informant narrated*

**Presence of the Media:** Media is a powerful tool to create social change and voices across different mediums can create impact. At district level, the common and widely accessible and used medium is radio and local FM radio stations with coverage within and across districts in respective regions exist. MHHM advocacy stakeholders can tap into this opportunity and partner with media houses and journalists to support their designed advocacy campaigns. The media has the power to play a multi-dimensional role of informing, highlighting, placing accountability and taking to task those who fail to deliver on their commitments to improve menstrual health and hygiene for adolescent girls and vulnerable young women. The issue of menstrual health and hygiene needs to be known by all including those in decision-making positions and decision implementers.

**Key Moments:** A number of key moments exist and these present opportunities for engagement of policy makers and implementers, and the public in menstrual health and hygiene advocacy and awareness. Many of these are on both national and international calendars. These include:

- i. District Local Governments Planning and Budgeting Process (Sept-May)
- ii. National Planning and Budgeting Process (Sept-May)

- iii. National Annual Joint Sector Reviews for Health, Education, Gender, Water and Environment
- iv. Menstrual Hygiene Day (28<sup>th</sup> May)
- v. The Day of the African Child (16<sup>th</sup> June)
- vi. International Women's Day (8<sup>th</sup> March)
- vii. International Youth Day (12<sup>th</sup> August)
- viii. Annual Hiking Event for Ending Menstrual Stigma (Organized by CSO)
- ix. School assemblies and parades and health days

Worth noting is that MoH, with support from UNICEF, is currently developing a real-time web-based monitoring system for sanitation and hygiene in Uganda which may resolve this issue.

***Social, physical and human capital:*** District based organizations expressed interest and willingness to embrace advocacy by widening their current main focus from menstrual hygiene service delivery and awareness to including a focus on strategic advocacy for sustainability and scaling up of their limited interventions so that more adolescent girls and young women can benefit. However, it requires leadership to coordinate and rally potential advocacy actors around shared goals and strategies.

**Box 1: Key challenges of working as part of coalition as expressed by participants**

- *Working in coalitions is perceived by some organizations differently:*
  - *encroaching on their time meant for other activities*
  - *rebranding their organizations*
  - *facilitation of staffs who participate in coalition activities*
- *Competition for resources and members perceive each other as competitors*
- *National level members tend to suffocate and ignore district level stakeholders*
- *Leaders of coalition take advantage of the coalition to achieve selfish interests*

### 3.4.5 Views about forming an alliance/coalition

There was strong support and interest of forming a coalition on menstrual health and hygiene management advocacy by participants at both district and national level with exception of one participant whose view was to mainstream MHHM in existing WASH network. They feel that a coalition has potential to amplify and place menstrual health and hygiene as one of the key priorities on the districts and national development agenda. It harnesses the voice and support of various stakeholders including communities and those mostly vulnerable to poor menstrual health and hygiene. It also gives different actors a platform to organize and have united efforts for strategic

advocacy that link district and national level advocacy and engagements. Below are some of the views transcribed verbatim.

*“It is a brilliant idea to form a coalition and it is premised on the fact we do not have such streamlined channels. The advocacy that we do end at district level and for some of these things to have impact sometimes when directives come from the centre to Local Governments, you find that things move on easily and implemented,” CSO Key Informant, Bugiri District*

*“Our prime goal is to improve the status of people and we are working together as NGOs. We aim at seeing communities develop, change and families improve. If there is a chance we can be part of it, we are not self-centered,” CSO Key Informant*

*“I really want it to be formed because with a coalition we can join with different stakeholders to tackle menstrual hygiene issues. I am going to present it to the country management team and see how we can really focus on menstrual hygiene advocacy,” CSO Key Informant, Kyegegwa District*

*“There is a lot to benefit or learn through skills transfer and collaboration. A coalition is good because it facilitates networking, exposure and opportunities. It empowers other players/stakeholders. There is exposure due to a mix of rural and national level based stakeholders,” A Key Informant, Mpigi District“*

*“My view is that let us create one and my organization will be glad to be part of it. It will help us to save on resources that we keep spending individually. For instance, you find different organizations doing research on same or similar issue meeting the same people,” A Key Informant at National Level*

*“It is good to have a coalition because it keeps us up to-date, provides a platform to share knowledge and information, planning together and engaging government and other stakeholders collectively,” A Key Informant at national level*

### 3.5 Coordination Mechanisms and Engagement of Stakeholders

Menstrual health and hygiene is a multi-sectoral issue with multi-stakeholders and multi interventions. The assessment largely focused on health, education and gender sectors’ intra and multi-sectoral coordination and district/departmental formal engagement mechanisms with civil society actors. At district level, the interest was on existence of structures that facilitate departmental and inter departmental collaboration in terms of programming, implementation, monitoring and review of menstrual health and hygiene service delivery. It also focused on existence of departmental and interdepartmental stakeholders’ engagement forums to harness the best possible experiences, insights and innovations for better menstrual health and hygiene outcomes.

**Table 5: Existing coordination structures at national and district level**

| <b>Coordination structure</b>                    | <b>Responsibility and composition</b>   |
|--|---|
| Inter-ministerial Taskforce for Adolescent Girls | It is presided over by Ministry of Gender, Labour and Social Development. Main role is to provide legal, policy and budgetary strategic direction   |
| Technical planning committee (TPC)               | It is chaired by the Chief Administrative Officer and all heads of departments are members. It is charged with development of district development plans and budgets  |
| District Health Management Team (extended)       | It is the sector's technical decision managing body at the District level. It is chaired by the District Health Officer. It is comprised of DHO; Assistant DHOs in charge of MCH and in charge of Environmental Health; Senior Health Inspector and Health Educator; Biostatistician; Programme Focal Officers; ACAO-Health; District Health Information Officer; Health Sub District (HSD) in charges; representatives of Regional Referral Hospital and General Hospital; representative of Private Not For Profit health facilities; Principal Planner; a representative of the Private Health Providers; representative of implementing CSO partners. The committee is responsible for; preparing District Health Sector Strategic plans, coordinate planning for health services, preparing annual plans, support supervision, co-ordination of all stakeholders, including development partners at all levels in the district |
| Youth Council Structures                         | Established at district to lower level units. It has youth elected members and meant to provide a voice for youth   |
| Orphans and Vulnerable Children Committees       | Coordinated by Community Based Services department. There is a district and sub county based committee  |

**Table 6: Engagement Platforms/forums at national and district level**

| <b>Platform/Forum</b>  | <b>Responsibility</b>   |
|--|---|
| National Sanitation Working Group                                    | Coordinated under ministry of health. It provides leadership on sanitation and hygiene interventions under the sanitation fund  |
| National Steering Committee on MHHM                                  | Hosted by Ministry of Education and Sports with representation from civil society actors. It provides technical ideas and recommendations especially on MHHM policy matters. The committee has a WhatsApp group used as a platform for communications and information sharing/exchange among members. It is administered by Ms. Catherine Nakabugo, a civil society representative on the steering committee. |
| National inter-sectoral Technical Working Group for adolescent girls | It brings together focal persons from line ministries, UN agencies and other stakeholders including CSOs to participation in implementation, monitoring and review of the National Multi-sectoral Framework for Adolescent Girls  |
| District Executive Committee   | It is a political forum which conducts monitoring and supervision of service delivery in the district. It is chaired by LC V Chairperson  |
| District Council   | It is the highest political decision making arm of the district. Civil society has opportunities to engage with it on service delivery and resource allocation  |
| Social Services Committee  | It is a committee of the District Council mandated to review plans and budgets of social services sectors like health and education before they are approved by the council.  |
| School Management Committee  | Oversees the management and administration of a school. It has community representation   |
| District planning and budgeting process                              | It is an annual process which is an opportunity to influence the planning and budgeting priorities  |

There is a weak inter-departmental collaboration on issues which are crosscutting or interdisciplinary in nature such as menstrual health and hygiene management at district level. The programming and planning, implementation, monitoring and review of services are not strongly interconnected. Departments are still in-ward looking where one may look at menstrual health and hygiene as a health, education, gender or water department issue.

A number of formal stakeholders' engagement forums exist in the districts but the assessment found that they are not effectively being utilized by civil society players. Some of the organizations were not well informed about the existence of the forums hence could not take advantage of them. This also explains their target audiences and type of interventions which are not mainly advocacy in nature. For instance, Youth

council structures which would have been one of the forums to channel young people’s concerns and needs for deliberation and amplification to relevant decision makers and duty bearers are less or none functional at all district levels.

According to Community Based Services departments at districts, the structures are poorly funded with only the district youth council funded to hold quarterly meetings and lower structures have no budget. One of the District Probation and Welfare Officers had this to say:

*“The district youth council is active despite its challenges for example low funding. Recently their funding increased to about one million shillings per a quarter. It is active but may not be very effective but the sub county councils are almost not there, they have no funding. For sub counties funding the councils is not a priority due to inadequate funding. This is where issues like menstrual hygiene would have come in because they have a female youth in charge of female affairs but she has no active platform. She cannot go to communities because she has no transport.”*

CSOs at national level were also not aware of key coordination structures such as the Inter-ministerial Taskforce for Adolescent Girls in ministry of gender which provides policy and budgetary leadership and direction on the National Multi-sectoral Framework for Adolescent Girls. Menstrual health and hygiene management is one of the components of this framework and CSOs can take advantage of it to influence menstrual health and hygiene policy and financing.

To ensure CSOs’ meaningful engagement and participation in the coordination and stakeholders’ engagement platforms for menstrual health and hygiene, will call for prioritization of capacity building in respect to advocacy and communication skills, dissemination of relevant information and raising awareness about policy environment and frameworks, gathering evidence and building a strong CSO advocacy group on MHHM. With an empowered civil society, it is able to play its pivotal role of securing commitments and accountability for menstrual health and hygiene especially from decision makers and implementers.

### 3.6 Conclusions and Recommendations

**Table 7: Conclusions and Recommendations**

| No. | Conclusion  | Recommendation  |
|-----|---|---|
| 1   | There is general weak coordination of civil society actors in all the four districts where the assessment was conducted. None of the four districts had an active NGO forum or network. CSOs Key Informants across the four districts reported non-existence of a coalition on menstrual health and hygiene in their respective districts. A few organizations work on loose collaboration on specific projects and tend to | Convene interested civil society actors to discuss the modalities of forming a coalition/alliance which should culminate into developing coordination and engagement structure, a strategy and advocacy implementation plan |

| No. | Conclusion  | Recommendation  |
|-----|---|---|
|     | <p>stop when projects end. In addition, at national level there is no coalition with specific focus on MHHM. Menstrual health and hygiene is treated as a cross-cutting issue in a few existing SRHR and WASH networks where it is not given adequate attention. There was a general view welcoming formation of a coalition on MHHM advocacy</p>   |   |
| 2   | <p>There is weak focus on advocacy in programming strategies and interventions of organizations involved in menstrual health and hygiene management especially at district level. This undermines a bottom-up approach to advocacy and accountability efforts where grassroots voices may not be amplified at appropriate decision making levels for action.</p>  | <p>Organizations without standalone MHHM programmes or projects should use an integrated approach and prioritize menstrual health and hygiene interventions with clear indicators for monitoring and evaluation of performance.</p>           |
| 3   | <p>There is more focus on personal menstrual hygiene and menstrual hygiene products by CSOs and less on menstrual hygiene facilities and environmental menstrual hygiene. CSOs interviewed are largely involved in providing life skills especially in making sanitary pads, providing sanitary pads at a fee and in some cases for free to most vulnerable girls, awareness raising campaigns. Limited attention on ensuring MHM facilities such as gender responsive toilets/latrines, washrooms, sustainable water supply, essential medicines; policy and financing; capacity building of schools to manage MHH etc. Also important to focus on environmentally friendly menstrual waste disposal mechanisms.</p> | <p>Develop a multi-dimensional/holistic Menstrual Health and Hygiene Management advocacy agenda based on evidence and priority needs of girls and young women</p>   |
| 4   | <p>Skills gap in advocacy among district based CSOs. This negatively affects effective and meaningful engagement in advocacy and accountability for menstrual health and hygiene service delivery. In addition, there is weak monitoring and evaluation of MHHM projects among CSOs due to non-integration of M&amp;E component at programme/project design and planning cycles but also limited M&amp;E skills among some CSOs</p>   | <p>Build technical capacity of CSOs that will form part of the MHHM coalition</p>   |
| 5   | <p>There was an observation among CSOs of limited and asymmetric awareness about policies, strategic plans and implementation frameworks that relate to menstrual health and hygiene particularly in sectors of health, education and gender.</p>   | <p>Develop robust information sharing and dissemination mechanisms so that they are CSOs are equipped with relevant information to be able to carry out effective advocacy and accountability for menstrual health and hygiene management</p> |

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- 8) The Uganda National Parenting Guidelines, Ministry of Gender, Labour and Social Development, 2018
- 9) Transforming our world: the 2030 Agenda for Sustainable Development, UN General Assembly Resolution A/RES/70/1 adopted on 25 September 2015



## **Annexes:**

Annex i: Key Informant Interview Guide

Annex ii: Terms of Reference

Annex ii: Letter of introduction