

Assessment For the Need to Establish a National CSO Coalition on Menstrual Health and Hygiene Management Advocacy in Uganda

Prepared by:

Senfuka Samuel and

Patrick Ojulong

(Independent Consultants)

March 2021

Background

- Menstrual health and hygiene is a development and multi-sectoral issue
- It is an enabler of other SDGs such as education, gender equality, poverty – it nourishes them
- Resolution 6.2 of the UNGA on 2030 development agenda focuses on achieving access to adequate and equitable sanitation and hygiene for all

Background

- It pays special attention to the needs of women and girls and those in vulnerable situations so that they menstruate with dignity
- GoU committed to improving menstrual health and hygiene in its various policy frameworks
- Civil society plays a key role - mobilization, tracking progress, advocacy and accountability

Objectives

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

Methodology

- Qualitative assessment
- Study sites

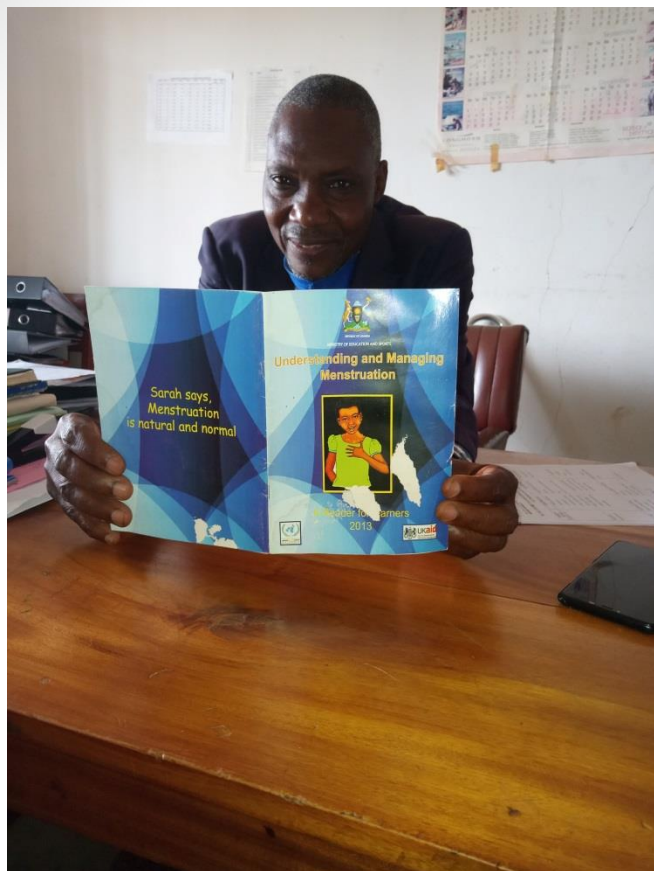
No.	District	Region	Reason for selection
1	Kigegwa	Western Uganda	It is a host of refugees which is more likely to have vulnerable refugee girls in accessing quality menstrual health and hygiene facilities and services.
2	Bugiri	Eastern Uganda	High household poverty level exposing many families to social-economic 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.

Methodology

- Participants – Key Informants

Category of Participant	Targeted #	Target reached	Response rate
CSOs/NGOs in MHHM at national level	10	6	60%
CSOs/CBOs in MHHM, Kyegegwa district	2	2	100%
CSOs/CBOs in MHHM, Bugiri district	2	2	100%
CSOs/CBOs in mhhm, Mpigi district	2	2	100%
CSOs/CBOs in mhhm, Oyam district	2	2	100%
	18	14	78%

Key Findings



A product of Gejja Women Foundation, Mpigi

CSOs Involved in MHHM - District

Area of focus (activities/strategies)	Target group/ audience	Frequency
<ul style="list-style-type: none"> • Education and awareness creation on MHM 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
<ul style="list-style-type: none"> • Training in making sanitary re-suable pads 	Girls, boys, women, schools, community members	6
<ul style="list-style-type: none"> • 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

CSOs Involved in MHHM - National

Area of focus (activities/strategies)	Target group/ audience	Freq
Building capacity of target districts in MHM, technical support in policy analysis	NGOs, SMCs, DEOs, private sector, DEOs, SMCs	2
Advocacy and accountability: <ul style="list-style-type: none"> • Planning and budgeting for MHM essential items /facilities such as basin, jerry can, soap, mattress, pain killers in t districts • increase access to gender friendly toilets and water supply facilities in schools • Inclusion of MHH in district & national policies 	Line ministries (education, water, gender, health) DEOs, Inspectors of Schools School administration & SMCs	5
Development of IEC materials on MHHM and dissemination	Schools/pupils, Vulnerable girls	3
Training in making re-usable sanitary pads	Vulnerable girls , schools	1
Provision of MHM facilities for free or at subsidized price e.g. pads, underwear, menstrual cups	Rural & vulnerable girls, schools	4
Awareness and education: Menstruation, growth & pubertal development , improving knowledge and break taboos about MHH, MHHM practices	Girls, boys, teachers, parents , schools, men, women	4
Research and evidence generation for advocacy	NGOs, private sector& Gov't	2

Capacity Building Needs & Challenges

- Resource constraints - finances for advocacy, understaffing, insufficient time to take on multiple roles
- Advocacy and communication Skills
- Monitoring and Evaluation
- Evidence gathering
- Fear of repression from district - demanded accountability for service delivery authorities
- Bias by school administrators
- Lack of indicators

Needs & Challenges - Verbatim Quotes

“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

“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

Verbatim Quotes...

“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

“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

Alliances/coalitions on MHHM Advocacy

- No alliances/coalitions on MHHM advocacy in assessed districts
- No active District NGO forums/Networks which coordinate NGOs and CBOs operating in the districts
- Key Informants at the national level were not aware of any specific coalition or alliance on MHHM advocacy - SRHR alliance, Girls Not Brides, WASH network

Verbatim Quotes.....

“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

Benefits of Working in partnership/ alliance/coalition

- Achieving bigger goals
- Leveraging resources
- Empowerment
- Unified voice and recognition

Priorities for MHHM Advocacy

- Strengthening CSO coordination, networking and joint advocacy
- Forming partnership and collaboration
- Intra and multi-sectoral strategies and costed plans adequately address nationwide MHH needs
- Affordable menstrual materials and facilities
- Advocating for universal access to sanitary pads
- Financing of MHH for both school and out of school programmes
- Increasing awareness on MHHM at all levels

Opportunities for MHHM advocacy

- Policy and legal environment
- Key Policy development processes
- Coordination and engagement platforms
- Vulnerability of girls and young women
- Presence of the Media
- Key Moments
- Enthusiasm of civil society members

Verbatim Quote...

“For sure there is unmet need around menstrual hygiene. The many teenage 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

Views About Forming an alliance/ coalition

- Strong support and interest of forming a coalition on MHHM advocacy by participants
- It has potential to amplify and place MHH as key priority on the districts and national development agenda
- It harnesses the voice and support of various stakeholders including communities and those who are vulnerable
- A platform to organize and have united efforts for strategic advocacy that link district and national level advocacy

Sampled Verbatim Quotes...

“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

“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

Verbatim Quotes...

“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

Coordination Structures & Engagement Forums on MHHM

- Weak inter-departmental collaboration on menstrual health and hygiene management at district level
- A number of formal stakeholders' engagement forums exist at district level but not effectively utilized by civil society players
- A number civil society actors interviewed were not well informed about the existence of the coordination and engagement forums

Coordination Structures

- MHHM is a multi-sectoral issue with multi-stakeholders and multi interventions
- Inter-ministerial Taskforce for Adolescent Girls - provides legal, policy and budgetary strategic direction
- Technical planning committee (TPC)
- Extended District Health Management Team
- Youth Council Structures
- Orphans and Vulnerable Children Committees

Engagement Platforms/Forums

- National Sanitation Working Group at MoH
- National inter-sectoral Technical Working Group for adolescent girls
- District Executive Committee
- District Council
- Social Services Committee
- School Management Committee
- District planning and budgeting process
- Parliamentary committees on health, education...

Conclusions & Recommendations

Conclusion	Recommendation
National and district level Key Informants reported non-existence of a coalition on menstrual health and hygiene management advocacy. MHHM is treated as a cross-cutting issue in existing SRHR and WASH networks where it is not given adequate attention	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
There is weak focus on advocacy in programming strategies and interventions of organizations involved in menstrual health and hygiene management especially at district level	Organizations without standalone MHHM programmes or projects should use an integrated approach and prioritize MHH interventions with clear indicators for monitoring and evaluation of performance.
There is more focus on personal menstrual hygiene and menstrual hygiene products by CSOs and less on menstrual hygiene facilities and environmental menstrual hygiene.	Develop a multi-dimensional/holistic Menstrual Health and Hygiene Management advocacy agenda based on evidence and priority needs of girls and young women

Recommendations...

<p>Skills gap in advocacy especially among district based CSOs. This negatively affects effective and meaningful engagement in advocacy and accountability for menstrual health and hygiene service delivery. Weak M&E of MHHM projects among CSOs due to non-integration of M&E component at programme/project design and planning cycles but also limited M&E skills among some CSOs</p>	<p>Build technical capacity of CSOs that will form part of the MHHM coalition</p>
<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>

Thank You For Listening!