



# SYMPOSIUM ON MENSTRUAL HEALTH AND HYGIENE IN WEST AND CENTRAL AFRICA

## SUMMARY REPORT

### KEY MESSAGES

- ③ Menstrual health and hygiene policies and actions need to be broadened in scope, to achieve a cross-sectoral approach that integrates sexual and reproductive health, education, socio-economic well-being, hygiene and sanitation. This will enable the issue to be addressed holistically in any setting, including fragile settings.
- ③ Such synergies are essential, not only in developing theories of change for programmatic interventions, but also in identifying sources of urgently needed funding for menstrual health and hygiene.
- ③ There is a need to strengthen the overall environment for the private sector to engage in menstrual health
- ③ Women and girls need to be involved at all stages of policy development and implementation, to ensure that national governments and regional and international bodies take a rights-based approach, but also to accelerate results.

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**Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.**

*Terminology Action Group of the  
Global Menstrual Collective, 2021*

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# INTRODUCTION

## Background

Menstrual health and hygiene (MHH) is a basic right for girls and women, and a key element in achieving gender equality. However, in many settings, particularly in West and Central Africa, women and girls do not have access to reliable, complete and accurate information, nor to adequate sanitation or protective products to allow them to manage their menstruation safely and with dignity. This results in many women being denied their basic human rights during menstruation, in terms of education, health, work, water or dignity in a broader sense.

It is in this context that UNICEF and UNFPA organized this regional symposium, within the framework of the French Muskoka Fund and in partnership with UNESCO. The event also built on initiatives carried out by the French Muskoka Fund over the past several months: it was preceded by a virtual conference held to mark the International Day of the Girl on 11 October 2020, followed by the digital communication campaign #LetsTalkPeriod.

## Symposium agenda and objectives

All the symposium resources (agenda, session recordings, briefings) are available on the [Let's Talk Period](#) website.

The symposium took place on 25-27 May 2021, in the run up to World Menstrual Hygiene Day. It was entirely virtual due to the COVID-19 pandemic. There were four main components to the agenda:

### Plenary sessions

to discuss overall and cross-cutting issues.

**More focused thematic sessions**, organized into four interrelated thematic strands: cross-sectoral collaboration; financing and partnerships; key programmatic approaches and interventions; research, monitoring and evaluation.

**Special interest sessions** on more specific topics, such as menstrual health and hygiene in emergency settings, menstrual health and hygiene for people with disabilities, and quality standards for menstrual products.

**Virtual spaces to visit:** the online platform for the symposium offered participants access to a resource center, an exhibition hall for social enterprises, a briefing room and a networking room.

Drawing on the status report presented in October 2020, this symposium was designed to focus more on the operation aspect of MHH, with the objective of sharing, supporting and encouraging initiatives to promote MHH in the countries of West and Central Africa.

More than 1,000 people from 91 countries took part in the event, which brought together a wide range of stakeholders: governments, technical and financial partners, NGOs, faith-based organizations, social enterprises and academia. The complete list of speakers is available in the full report.

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# SUMMARY OF LESSONS LEARNED, RECOMMENDATIONS AND COMMITMENTS

## 1. The cross-cutting and multi-sectoral nature of menstrual health and hygiene

Improving menstrual health and hygiene will require interventions at various levels and affecting various sectors: **a multi-sectoral and integrated approach** is needed to make a real impact on the lives of girls and women.

### **Example:**

In **Côte d'Ivoire**, a national guidebook on menstrual health and hygiene has been developed jointly by the Ministries of Education and Health, in partnership with UNFPA and civil society organizations. Work has begun on adapting this guidebook into educational sheets to support the work of teachers in schools, as well as into informational leaflets for girls and women who visit health facilities.

Similarly, **advocacy for menstrual health and hygiene should involve all relevant sectors**, including health, education, gender, sanitation and hygiene, as well as the private sector and ministries of trade and economic development (e.g., to support regulation or incentives for market entry).

### **Special interest session: menstrual health in emergency settings**

This session highlighted the following principles.

- i. It is essential to consult girls and women throughout design and implementation of the program, including in emergency settings.
- ii. It is vital to have coordination between the various sectors (health, water, sanitation and hygiene, education, protection, non-food items).
- iii. Disposal of menstrual waste should be considered at the program design stage.
- iv. Including menstrual health in emergency preparedness helps to better address challenges relating to the supply of MHH products.
- v. Attention to menstrual health must go beyond the simple distribution of menstrual protection products.

Overall, it is important to improve coordination and preparedness in humanitarian response, taking into consideration the various aspects of menstrual health, throughout the different stages of an emergency.

**Useful resource:** *Columbia University and International Rescue Committee, [A Toolkit for Integrating Menstrual Hygiene Management \(MHM\) into Humanitarian Response \(2017\)](#).*





### **Special interest session: menstrual health and hygiene for girls and women with disabilities**

This session highlighted the following principles.

- i. During menstruation, girls and women with disabilities face double discrimination.
- ii. Special and inclusive schools should be integrated into MHH interventions.
- iii. Menstrual health and hygiene programs must be inclusive (e.g., educational materials on MHH should be adapted to different formats).
- iv. Sanitation facilities must be increased and adapted to the specific needs of people with disabilities.
- v. It is essential to collect data on the specific situation faced by girls and women with disabilities.

## **2. The need to further integrate menstrual health into sexual and reproductive health (SRH) services**

**The menstrual cycle tells us a lot about the sexual and reproductive health of girls and women and can be seen as an indicator of good health**, as well as a means of detecting certain diseases. **Experience of menstruation also affects girls' and women's decisions about family planning methods**. For example, they may decide to stop using contraception due to a lack of information about the side effects on their menstrual cycle.

In view of this, **menstrual health and hygiene can be integrated into SRH at various levels of the health system**: SRH advice sessions, including for family planning; antenatal clinics and postpartum care; care services for those living with HIV; abortion/post-abortion counselling; community health. Adolescent sexual and reproductive health (ASRH) services also play a crucial role in addressing menstrual health.

- **Health providers need better training and support to address menstrual health issues, and to provide girls and women with appropriate and tailored advice on contraception** (including contraceptive-induced menstrual changes).

**Useful resource:** *PSI Europe*, [Technical brief for the Integration of Menstrual Health in SRHR \(2019\)](#); *FHI 360*, [NORMAL Counseling Tool for Menstrual Bleeding Changes \(2020\)](#).

## **3. Menstrual health needs to be better integrated into the education sector**

Overall, **the fact that menstruation is still a taboo subject**, including among policymakers themselves, has been identified as **a barrier to the development of effective menstrual health policies in school settings**.

In addition, **the lack of water, sanitation and hygiene (WASH) facilities in schools in West and Central Africa can have a direct negative impact on girls' attendance and performance** (absenteeism during menstruation, lack of concentration, stigma, etc.).

Moreover, in many settings in West and Central Africa, **girls and women do not have access to the knowledge (especially in terms of biology and physiology) or skills (use of menstrual protection, waste management, etc.) needed to manage their menstruation**. In most cases, they receive only partial information, based on social and religious beliefs, which perpetuates discrimination and taboo around menstruation. This information is often provided late, after girls have had their first period.



In addition to improving WASH services, better integration of MHH into the education sector will involve:



Providing skills and competence-based education focusing on health and rights, to both girls and boys, to break the stigma surrounding menstruation

improving linkage between health services and schools, as well as providing menstrual products to enable girls to participate fully in the classroom

Encouraging greater government involvement in improving integration of menstrual health in school settings.

**Curricula that have proved effective in improving menstrual health and hygiene share the following features:** they are broad in scope (address MHH alongside other related topics), effective even when adapted to a different setting, fully implemented (cover all originally intended content), consider learners' contexts, incorporate discussion about rights, adopt a gender approach, and involve adolescents. Menstrual health education also needs to be provided earlier (before girls start menstruating), be age-appropriate and developmentally appropriate, and be repeated several times.

- Teachers are not always comfortable and willing to discuss certain taboo subjects. It is essential to provide them with training and support to ensure successful implementation of these programs.

Moreover, programs also need to target out-of-school children and the wider communities in which the adolescents and young people are growing up: parents, grandparents, social service providers, other community members, etc.

Useful resource: UNESCO, [Puberty Education & Menstrual Hygiene Management](#), 2014.



## 4. Menstrual health needs greater attention in public policies and national strategies

While menstrual health and hygiene represent an important part of girls' and women's lives, **the associated problems in terms of education, health and economic security are still too little reflected in public policies.**

**There are several stages to ensuring full consideration of the specific needs of girls and women in relation to menstrual health and hygiene:** cross-sectoral collaboration through coordination mechanisms created at national and local levels, allocation of dedicated budgets, and joint development of reference documents.

- **In preparation for this coordination effort, it is essential that countries move beyond narrow entry points and policy frameworks focusing on hygiene and access to menstrual products, towards a more inclusive and holistic definition and vision of MHH.**

*Useful resources:*

- i. UNICEF, [Policy Brief: Advancing Menstrual Health and Hygiene Programs in West and Central Africa](#), 2021
- ii. French Muskoka Fund, [Guide sur la santé et l'hygiène menstruelles en Côte d'Ivoire](#), 2021.

### ***Adolescents and young people must be at the heart of programs***

A plenary session highlighted young people's passion about this issue which has direct consequences for their health and well-being. The session also emphasized the importance of addressing menstrual health as an equality issue and promoting a rights-based approach. Young feminist activists in West and Central Africa have already taken up the issue of menstrual health: they have identified their difficulties, analyzed their needs and developed appropriate solutions.



## 5. Particular need for cross-sectoral synergy to identify urgently needed funding mechanisms and partnerships for menstrual health and hygiene

### **Funding for menstrual health and hygiene programs is still limited, fragmented and non-holistic:**

a recently published study into [investments in MHH](#) revealed that this area receives very modest funding and does not benefit from dedicated funds. Donors rarely fund it directly, but rather as part of programs such as water, sanitation and hygiene (WASH), education, sexual and reproductive health (SRH) or ending child marriage. This makes it difficult to track funding for MHH. It should be noted, however, that a survey by Swedish Aid showed that about USD 36.5 million has been channeled into MHH since 2012, mainly through the health sector. Most of the funding for MHH has been for specific settings, mainly schools, and for menstrual products or facilities.

**Several factors can encourage investment in menstrual health and hygiene:** developing data collection to demonstrate the impact of programs in various sectors; ensuring existing investments in MHH are effective by conducting a full review of financial and technical needs and adopting a gender-based approach (so MHH is addressed as a gender issue and not simply a biological one); and ensuring cross-sectoral coordination.

**Relatedly, several key principles were recommended for investing in menstrual health and hygiene:** investments should foster an approach that is cross-sectoral and engages all levels of implementation, inclusive and rights-based, evidence-based, and tailored to the context and needs of the targeted individuals.

**In addition, resources for menstrual health and hygiene can be increased through innovative financing and involvement of the private sector (social enterprises and investors):** sources to consider include mixed financing (public-private), social impact bonds, etc.

- ▶ **In the case of private funding, support and mentoring are essential, especially for young social enterprises.** This was the case for AfriPads and its investor The Case for Her, as well as for KmerPads and its investor FADEV. These flexible, long-term partnerships have enabled these social enterprises to grow and to access larger sources of funding

**Other lessons learned by social enterprises working on MHH include:** (i) truly operating as businesses, i.e., according to market principles (with the objective of generating profits); (ii) investing in understanding their market and their business (by carrying out market research) in order to develop; and (iii) not hesitating to ask for help (being as specific as possible in their request) in order to keep learning as they grow.

*Useful resource: PSI, [Making the Case for Investing in Menstrual Health & Hygiene](#), 2021.*

**An emerging initiative:** In Ethiopia, the MHH Development Impact Bond (DIB) supported by the French Development Agency (AFD) aims to change the MHH landscape through a holistic program including advocacy and awareness raising, increasing the availability of menstrual products, and building WASH facilities in schools. The program is pre-financed by private investors, who will be reimbursed by AFD only if the outcomes are achieved. This innovative funding mechanism gives service providers the freedom to experiment with certain practices and adjust as necessary; it increases accountability through a rigorous monitoring framework and improves service provider performance.

**Promising practice:** In the Pacific Islands, the [Trade Finance Vehicle](#) (TFV) aims to change the power dynamics in the financing ecosystem to help small MHH businesses to participate more effectively in the market. The TFV has helped to give businesses cheaper and more consistent access to materials, without putting them in debt or at risk, so they can reduce their production costs. The key to this work is to change the power dynamics in financing relationships to allow businesses to control how they participate in the market. This also highlights the value of focusing on the overall financing of businesses, rather than on supporting specific businesses. It is a question of viewing MHH as a real industry, with significant economic activity, where there is a need to identify activities for investment, i.e., activities where investment would enable: a) growth, or b) stabilization (greater predictability). For example, the TFV enabled one company working in MHH to hire more staff, and another to become a hub for other small production companies in MHH.

## 6. Programmatic approaches and interventions to encourage

### I. Support social and behavior change in relation to menstruation.

Perceptions and social norms in relation to menstruation have a negative impact on the health and well-being of girls and women. They lead to stigma and discrimination towards those who are menstruating, and result in behaviors unfavorable to their health and quality of life.

Fortunately, there are many levers to encourage societies to co-create new social norms and bring about behavior change: educating through entertainment (or “edutainment”), involving boys and men, mobilizing traditional and religious leaders or social media influencers.

- To create lasting social and behavior change, it is essential to combine different approaches and tools, while simultaneously targeting and engaging different key groups.
- In West and Central Africa, there are already a number of tools for social and behavior change communication in relation to menstrual health. Some of these tools, tailored to specific settings and target groups, are available in local languages and have already been tested.

Useful resource: NGO RAES, [C'est la Vie! digital Library](#).

### II. Improve access to facilities and services that are tailored to menstrual health and hygiene needs and that meet minimum service standards.

In West and Central Africa, there is a shortage of functioning water, sanitation and hygiene facilities in all settings (schools, homes, workplaces, public spaces, prisons): less than 50% of the population has access to basic water, sanitation and hygiene services. This lack of access has negative impacts on menstrual health and hygiene and on girls and women with special needs. It also negatively affects their well-being and safety: the lack of hygiene and privacy at existing facilities exposes girls and women to insecurity and violence.

- There is therefore a need for public and community toilets tailored to women and girls.

Several criteria have been identified for designing and upgrading public and community toilets to meet the specific needs of girls and women, while also meeting the needs of all users. The toilets should

- i. be safe and private;
- ii. allow for proper menstrual hygiene management and other hygiene measures (access to water, soap, etc)
- iii. be accessible to all (including people with disabilities);
- iv. be affordable and available;
- v. be well maintained and managed; and
- vi. meet the requirements of caregivers and parents.

- Governments, but also local authorities (at town level), with the support of technical and financial partners, play a key role, particularly in establishing minimum standards, financing and maintenance.

Useful resource: WaterAid, [Female-friendly public and community toilets: a guide for planners and decision makers](#), 2018.

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### III. Improve access to a range of appropriate, quality menstrual protection and hygiene products.

It is important to differentiate between menstrual material options (disposable or reusable cloths/pads, tampons, menstrual cups, menstrual underwear) and complementary menstrual hygiene products (soap, underwear, waste bin, etc.), bearing in mind that both are required and should be accessible for good menstrual health and hygiene.

- Girls' and women's preferences for types of materials vary from person to person, over time and depending on the setting. **Menstruating women need to be consulted to ensure that their preferences are taken into account before distributing menstrual materials, and that girls and women are provided with a range of options enabling them to make informed choices.**

Useful resource: UNICEF, [Guide to Menstrual Hygiene Materials](#), 2019.

**There are many obstacles to accessing menstrual materials and hygiene products in West and Central Africa:**

- lack of information on options available;
  - unavailability of menstrual material options;
  - cost of materials and products;
  - cultural and social acceptability of certain material options (especially tampons and menstrual cups for internal use) and persistent taboo surrounding menstruation;
  - lack of access to complementary hygiene products (soap, washing and drying facilities, etc.);
  - waste management issues.
- **Programs and policies to improve access to menstrual materials and hygiene products must go beyond mere distribution and form part of holistic approaches** that simultaneously address supply of materials, knowledge and skills, MHH facilities and services, and improved social support.
  - Those of us working in this field need to think about sustainable service delivery models for menstrual materials that go beyond direct distribution and are more market driven.

#### **Special interest session: quality standards for menstrual materials**

This session highlighted **the role of standards in ensuring access to quality menstrual materials and enabling informed choice**. Standards that guarantee the quality of materials and components, manufacturing processes and product safety:

- build confidence and empower users
- establish a shared definition of quality
- improve access to products by creating pathways to market for new types of products
- reduce long-term costs in product distribution (as governments/donors or NGOs can build on existing standards and do not have to develop ad hoc standards).

Building the capacity of small businesses and providing technical support to enable them to offer products that meet standards can help to achieve many socio-economic goals.

The standards developed over recent years in many countries in Eastern and Southern Africa (South Africa, Kenya, Malawi, Uganda, Zambia, Zimbabwe) can guide countries in West and Central Africa in their own processes to develop advocacy and standards.

- **The government plays a leading role in these processes, which involve a cross-sectoral approach** (industry, trade, health, education and research). Policymakers also have a key role in promoting the adoption and implementation of quality standards.

#### **IV. Advance research into menstrual health and standardize monitoring and evaluation.**

Although it is an essential element in measuring needs and progress, and in increasing investment in menstrual health and hygiene, **monitoring and evaluation of programs and initiatives in this area remains fragmented**. Where it does exist, monitoring and evaluation mainly views MHH as a hygiene issue. The inherently cross-cutting nature of MHH presents a challenge to current monitoring and evaluation models. Moreover, **there is as yet no comprehensive international set of validated and standardized indicators**.

**However, in recent years several tools have been developed to improve and standardize monitoring of menstrual health and hygiene:**

- [Reports by the Joint Monitoring Programme](#) for Water Supply and Sanitation (JMP) run by WHO and UNICEF
- [PMA surveys](#) (Performance Monitoring for Action) by John Hopkins University
- [MHM Rapid Assessment Tool](#) (M-RAT) for use in emergency settings, developed by the International Rescue Committee and Columbia University
- [Menstrual Practice Needs Scale](#) (MPNS-36) developed by Hennegan et al.
- [Sexuality Education Review and Assessment Tool](#) (SERAT) from UNESCO.
- 👉 **The UNICEF guide to menstrual health and hygiene lists resources available on this subject.**

*Useful resource: UNICEF, [Guidance on Menstrual Health and Hygiene](#), 2019*

**In addition, it is essential to improve qualitative monitoring of MHH interventions**, in order to

- i. fully reflect the needs of girls and women;
- ii. ensure that activities also lead to behavior change;
- iii. give proper weighting to the socio-cultural setting.

Finally, while the region can celebrate the increasing volume of formative research conducted in recent years, mainly in school settings, most studies focus on the psychosocial status of girls at the time of menarche, rather than on the long-term impact on their psychosocial well-being. **It would also be useful to improve knowledge about the underlying factors for social norms surrounding menstruation.**

**In research efforts, the description of menstrual practices (what women do) cannot provide insight into the extent of unmet need:** use of menstrual materials alone cannot tell us to what extent material needs have been met, especially for disadvantaged groups. More effort is needed to identify or develop accurate indicators of menstrual health at the population level, that reflect the full range of experiences of menstruating individuals and an agreed-upon definition of menstrual health.

*Useful resource: UNICEF, [Santé et hygiène Menstruelles en l’Afrique de l’Ouest et du Centre : Une analyse documentaire et des programmes de l’UNICEF](#), 2021.  
UNICEF, [Aperçu des obstacles à la santé et à l’hygiène menstruelles](#), 2021.*

## CONCLUSION

This symposium provided the first platform for discussion about menstrual health and hygiene in West and Central Africa. Well beyond West and Central Africa, it enabled various stakeholders working in MHH to benefit from experience already developed in other African and world regions, and to participate in international discussion about this issue.

**It is now critical to disseminate the recommendations for action developed during the various sessions at the symposium and summarized in this report**, so that all partners can implement them to improve integration of MHH in every sector involved. At the end of the symposium, the following general recommendations were made.

- **Proactively integrate menstrual health into theories of change and funding proposals** for SRH, girls' education and gender equality
- **Increase awareness and support for health providers so that menstrual health is better addressed** in all care settings, especially within services tailored to adolescents and young people
- **Improve the overall environment enabling the private sector to engage in menstrual health** (e.g., regulate products and services, create incentives for market entry).
- **Expand menstrual health programming in humanitarian interventions, while:**
  - improving coordination between sectors through a cluster approach
  - working on optimum preparation that considers the various aspects of menstrual health, including waste disposal, throughout the different stages of an emergency.
  - advancing methods that enable better consultation with those affected.
- **Build WASH facilities that reflect the scope of menstrual health needs**, while increasing operational and maintenance budgets to support the facilities in the long term and requiring minimum standards (safe and private with access to water, soap, a waste bin and a shelf to put things on). Where national guidelines do not exist, international guidelines can be used as a reference.
- **Strengthen, or if necessary create, a multi-sectoral working group to manage menstrual health at the national level.** This group could be led by the government and bring together key stakeholders from various departments and the public and private sectors.
- **Capitalize on the momentum and links created during the symposium**, continue the discussions by creating a network of participants and ensure facilitation of this network by mobilizing dedicated resources



### Reminder of some key advocacy messages

- *MHH must be recognized as a public health issue.*
- Menstrual materials must be affordable and accessible to different social groups, and all efforts to ensure access to menstrual materials must be based on the principle of informed choice.
- *MHH must be taken into account in all schools and integrated into the school curriculum.*
- *MHH should be seen as a factor in realizing girls' and women's rights and empowerment.*
- *MHH must be promoted as a research topic in its own right.*





### ***The #LetsTalkPeriod digital campaign on menstrual health and hygiene***

In the run-up to the symposium, and in order to maintain the engagement of all stakeholders between the virtual conference in 2020 and the symposium, a major digital campaign on menstrual health and hygiene in West and Central Africa was run from 11 October 2020 to 28 May 2021. The campaign, shared online using the hashtag #LetsTalkPeriod, was relayed by the French Muskoka Fund's partners (UNICEF, UNFPA, WHO, UN Women) and by UNESCO, the NGO RAES and Equipop, both at regional and country levels, as well as by feminist influencers and activists from the region.

The goals of the campaign were to remove taboos, encourage free speech, improve communication and access to information, and support regional and country advocacy on menstrual health and hygiene.

The campaign used a variety of media: infographics, videos of personal stories and influencers, challenges, web series, animations. **The 420 posts created, and the media coverage obtained (Canal Plus, RFI, Allodocteurs.Africa, TV Sud) enabled the campaign to reach more than 16 million people.**

Useful resource: <https://soyonsreglos.com/en/>.

