

## Ministry of Water, Irrigation and Energy Community-Led Accelerated WASH Project (COWASH)

Menstrual Hygiene Management Assessment of Ethiopia & COWASH Project



Figure 1: MHM room at Menkere Complete Primary School (Ofila, Tigray)

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## Acronyms

COWASH	Community-Led Accelerated WASH Project
FMoH	Federal Ministry of Health
GTP II	Growth and Transformation Plan II
HSTP	Health Sector Transformation Plan
MHM	Menstrual Hygiene Management
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
MoWIE	Ministry of Water, Irrigation and Energy
PSI	Population Service International
SNV	Netherlands Development Organization
UNICEF	United Nations Children's Fund
ToT	Training of Trainers
SDG	Sustainable Development Goal
RSU	Regional Support Unit



## 1. Introduction

On a global level, around 52% of the female population which corresponds to 26% of the total population is of reproductive age (House, Mahon and Cavill, 2012). Most of these women and girls experience menstruation every month which is a natural biological process of the female body (House, Mahon and Cavill, 2012). However, in many cultures it is stigmatized and considered a taboo which is not openly discussed (House, Mahon and Cavill, 2012). This, amongst other aspects, has led to the fact that at least 500 million women and girls worldwide lack adequate facilities for Menstrual Hygiene Management (MHM) (The World Bank, 2018). MHM is an issue which cuts across different sectors such as WASH, gender, health and education and is heavily intertwined with girls' education, gender equality, women empowerment and social development (Kuhlmann, Henry and Wall, 2017).

**According to the Joint Monitoring Program of the World Health Organization and UNICEF, the ability to manage menstruation hygienically and with dignity is the following:**

*“Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials” (WHO/UNICEF Joint Monitoring Programme (JMP), 2012).*

According to Kuhlmann, Henry and Wall (2017) some of the following challenges are experienced by women and girls to improving MHM, in resource poor settings:

- lack of support from teachers (who are frequently male);
- teasing by peers when accidental menstrual soiling of clothes occurs;
- poor familial support;
- lack of cultural acceptance of alternative menstrual products;
- limited economic resources to purchase supplies;
- inadequate water and sanitation facilities at school;
- menstrual cramps, pain, and discomfort;
- and lengthy travel to and from school, which increases the likelihood of leaks/stains (Kuhlmann, Henry and Wall, 2017).

The three main pillars which interventions that attempt to improve MHM should focus on according to Kuhlmann, Henry and Wall (2017) are

- I. *improved education regarding menstrual hygiene for girls, teachers, parents, and other decision makers;*
- II. *adequate menstrual hygiene supplies;*
- III. *clean water and improved sanitation (in schools) (Kuhlmann, Henry and Wall, 2017) and*
- IV. *additionally, the policy field could also be considered an important sphere of intervention.*

In Ethiopia, women and girls experience many of the earlier mentioned challenges to improving MHM (Kuhlmann, Henry and Wall, 2017) . In this report, the status of MHM in Ethiopia is analyzed and the extent to which MHM can further be integrated into the Community-Led Accelerated WASH (COWASH) project, which is introduced below, is assessed.



## 2. Brief Description of COWASH Ethiopia

Community-Led Accelerated WASH (COWASH) is a bilateral water, sanitation and hygiene project between the Government of Finland (GoF) and the Government of Ethiopia (GoE), led by the Ministry of Water, Irrigation and Energy. The project started in July 2011 and is expected to be completed by the end of June 2020. The project has been implemented in three phases over the past 9 years. Technical assistance to COWASH is provided by Ramboll Finland Oy (lead consultant), Niras Ltd and IRC WASH. The COWASH Federal Technical Assistance Team (FTAT) is housed inside the Ministry of Water, Irrigation and Energy (MoWIE). The team facilitates overall project implementation and capacity building of the overall project management function, while Regional Support Units (RSUs), whose staff is employed by the Regional Water Bureaus, facilitate planning and implementation at regional level and below. Woreda WASH Teams are responsible for COWASH implementation at community level.

COWASH project is being implemented in 76 woredas and 25 zones of Amhara, Tigray, SNNP, Oromia and Benishangul Gumuz regions.

The main objective of COWASH Phase III is to achieve universal access to WASH in the rural areas of Ethiopia through the acceleration of access in rural water, sanitation and hygiene service delivery employing the Community Managed Project (CMP) approach. One of the main sustainability pillars of the project is women empowerment and WASH business development ensuring women leadership. As part of this pillar, MHM is an important issue to consider as it is strongly intertwined with women empowerment and can be promoted through business development. The figure below also demonstrates the manner in which MHM is considered an integral part of Women Empowerment by the COWASH project.

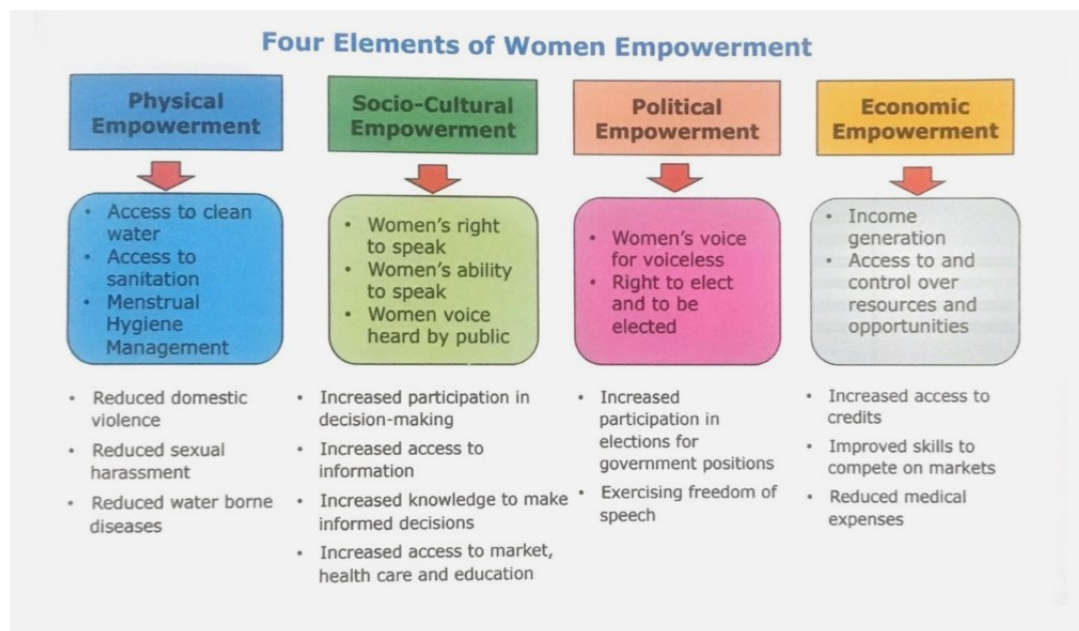


Figure 2 Four Elements of Women Empowerment (COWASH, 2019)



### 3. Objective and Methodology

The objective of the MHM assessment is primarily to sketch an overview of MHM in Ethiopia and the specific interventions and activities that have been implemented by the COWASH project in order to target this issue. Based on this, recommendations are given in order to further integrate MHM into the next (fourth) phase of the COWASH project.

For the sake of validation of data, triangulation has been used as a technique and therefore several research methods have been used in order to collect the necessary data. The results presented in this report are based on the following research methods:

- literature gathered through various sources (e.g. online literature, COWASH internal documents and surveys conducted by other organizations),
- Observation, and
- (in depth) semi-structured interviews.

### 4. MHM in Ethiopia

Before assessing how COWASH can further integrate MHM activities into the next phase of implementation, a brief discussion of the current status of MHM in Ethiopia is discussed below. This analysis is mainly based on literature and interviews with key informants. In order to understand the current status of MHM in Ethiopia, the most important policies, guidelines and frameworks surrounding MHM are discussed hereunder.

#### 4.1 Policy landscape

In order to put the policy landscape of Ethiopia, in terms of MHM in the broader, global perspective, it is important to mention some of the principal global frameworks which shape the policy landscape in Ethiopia.

One of the most important global frameworks that set the agenda in terms of development and change until 2030 is the Sustainable Development Goals (SDGs). The 17 SDGs (Figure 1 below) are the blueprint to achieve a better and more sustainable future for all (United Nations, no date). Some of the SDG target issues are directly related to MHM such as SDG 3,4,5,6 and 8 and therefore demonstrate the earlier mentioned multi-sectoral approach necessary within MHM interventions. For instance, the lack of knowledge on menstruation can negatively affect mental health and the use of unhygienic sanitation products may cause reproductive tract infections which directly affects SDG 3 (United Nations Children's Fund, 2019a). Furthermore, the lack of adequate sanitation facilities for MHM in schools or at work directly affects girls performance in school (SDG 4) and economic opportunities (SDG 8) (United Nations Children's Fund, 2019a).





Figure 3: Sustainable Development Goals (United Nations, 2019)

Another framework which is important to consider in understanding MHM is the human rights declaration. According to Sommer et al. (2016) framing MHM as a human rights issue is ultimately about working towards achieving gender equality and it furthermore provides a way of engaging states in MHM issues in relation to their human rights obligation (Sommer *et al.*, 2016). Furthermore, it provides a bridge between practitioners and researchers as it is a human rights concern that impacts both health and education but also issues such as dignity and gender equality (Sommer *et al.*, 2016). Framing MHM in the context of human rights and gender equality may engage local, municipal, provincial and national government actors not typically attuned to MHM concerns, and can therefore guide policy arguments for government action in a certain direction (United Nations Children’s Fund, 2019a).

Specifically for Ethiopia, one of the main frameworks which shapes the policy landscape and uses the SDGs as its backbone is the Growth and Transformation Plan II (GTP II) which is the national development plan of Ethiopia from 2015 to 2020 (National Planning Commission, 2016) . Through rapid inclusive economic growth, social development, environmental protection and management capacity it envisions to turn Ethiopia into a lower middle income country by 2025 (National Planning Commission, 2016). Even though MHM is not explicitly mentioned within the GTP II, gender equity and women empowerment is mentioned as one of the major targets within the plan (National Planning Commission, 2016). One of the manners in which this can be achieved, according to the GTP II, is through ensuring gender equality at all educational levels by creating a conducive environment for female students (National Planning Commission, 2016). MHM can and should play a crucial role in creating such a conducive environment for female students.

Another crucial tool which sets the agenda for health within the GTP II is the Health Sector Transformation Plan (HSTP) (Federal Democratic Republic of Ethiopia Ministry of Health(FMOH), 2015) . The HSTP has included gender equity as a health determinant and a cross cutting equity indicator





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(Federal Democratic Republic of Ethiopia Ministry of Health(FMOH), 2015). Similar to the GTP II, there is no direct mention of MHM within the HSTP, however, interviews with key informants in one of the regions have demonstrated that the Ministry of Health has trained health extension workers in the regions through the regional bureau of health to perform awareness raising activities on MHM while the Ministry of Education has trained teachers and representatives of girls clubs/WASH clubs to do the same (Bureau of Health Tigray, 2019).

In 1993, the Ethiopian government introduced the National Policy on Ethiopian Women which also articulates ways in which an environment can be created that is conducive to the enhancement of equality between men and women in Ethiopia (The Transitional Government of Ethiopia, 1993).

Even though the earlier mentioned frameworks make no direct reference to MHM, it is crucial to view any other policy frameworks which are directly related to WASH or MHM in the light of this frameworks as they shape the policy landscape within the country.

The principal national program, directly related to WASH in Ethiopia is the One Wash National Program (OWNP) which is a *sector wide approach (SWAP) with the broad objectives of achieving water, sanitation and hygiene results in Ethiopia through official policies, strategies and development plans*. Aside from the government, there are several other actors (e.g. development partners and NGOs) that work towards achieving WASH results within the OWP (Wilson *et al.*, 2018). Decreasing school drop-out, especially of girls, through WASH interventions in schools is a major component of the OWP (Federal Democratic Republic of Ethiopia Ministry of Health(FMOH), 2016). During the first phase of the OWP, organizations such as UNICEF have already successfully piloted activities related to MHM. However, there is a need for further up scaling of this activities (Wilson *et al.*, 2018).

There are several other frameworks related to WASH that mention the importance of MHM in promoting WASH. The National Hygiene and Sanitation Strategy, which is directly related to WASH and was launched by the FMOH, in 2005, is one of these (Federal Democratic Republic of Ethiopia Ministry of Health, 2005). It explicitly mentions the association between lack of separate, private, secure, hygienic latrines, particularly in adolescence (during menstruation) and a high drop-out rate of girls in Ethiopia (Federal Democratic Republic of Ethiopia Ministry of Health, 2005). Furthermore, it makes recommendations for action as it suggests making loans available for women specifically to meet their sanitation and hygiene needs (Federal Democratic Republic of Ethiopia Ministry of Health, 2005). Furthermore, it emphasizes the gender divide in sanitation roles and attitudes and the important role that women play in determining hygiene standards at the household level considering their special hygiene requirements and the importance of having them play a central role in sanitation promotion campaigns (Federal Democratic Republic of Ethiopia Ministry of Health, 2005).

Additionally, the FMOH has introduced an Ethiopian Sanitation and Hygiene Improvement Program ESHIP (ESHIP-2) which also aims to increase the knowledge and practice of women and adolescent girls on MHM and in that manner aims to contribute to school drop-out (Federal Democratic Republic of Ethiopia Ministry of Health(FMOH), 2016).



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Another framework related to WASH is the Baby and Mother WASH Implementation Guideline which also emphasizes the importance of promoting MHM amongst adolescent girls as this will trickle down in young mothers and women (Federal Democratic Republic of Ethiopia Ministry of Health(FMOH), 2017).

The principal framework guiding MHM in Ethiopia is the MHM Policy and Implementation Guideline launched by the FMOH in 2016 which ultimately aims to contribute to the achievement of the GTP II by supporting organizations working on MHM (Federal Democratic Republic of Ethiopia Ministry of Health(FMOH), 2016)). Furthermore, on a more practical level, it demonstrates how to work with communities and implement concrete actions. The focus of this guideline is women and girls, however secondary audiences (e.g. officials at all levels) and tertiary audiences (e.g. political leaders) are also considered a target audience. It further emphasizes the importance of not only engaging women and girls but also boys in interventions related to MHM (Federal Democratic Republic of Ethiopia Ministry of Health(FMOH), 2016)).

The frameworks mentioned earlier shape the policy landscape around MHM in Ethiopia. However, the MHM landscape is not limited to these frameworks. Other frameworks such as the School Improvement Program (SIP) which is part of the General Education Improvement Program (GEQIP) and is designed to assist schools in identifying priority needs also shape the policy landscape (Federal Democratic Republic of Ethiopia Ministry of Health(FMOH), 2016).

## 4.2 Country context

Bearing in mind the broad overview of the policy landscape, in terms of MHM in Ethiopia, discussed in the previous section, the current status of MHM in Ethiopia is discussed as follows. In order to discuss the current status of MHM in Ethiopia, each of the four pillars mentioned in the introduction (which interventions that intend to improve MHM should focus on) are discussed in a separate section. Furthermore, the MHM products market is discussed and some of the challenges experienced by adolescent girls and young women in MHM. It is worth mentioning that most of the data provided below builds on the WASH Knowledge Attitude and Practice (KAP) Baseline Survey published by UNICEF in 2017.

### 4.2.1 Education regarding Menstrual Hygiene

In terms of access to information concerning MHM, 52% of adolescent girls have never received information concerning MHM and this percentage is significantly higher in rural areas (69% in rural pastoralist and 54% in rural non-pastoralist) compared to urban areas (33%) (United Nations Children’s Fund, 2017). A lack of support from the government to put MHM on the agenda as a national health concern is seen as the main obstacle for girls to access information according to key market actors (Population Service International, 2018). Approximately eight out of ten women do not talk about menstruation to their daughters before she started menstruation as the majority of mothers do not feel free to discuss this with their daughters (United Nations Children’s Fund, 2017). It is worth mentioning that only twenty percent of women thought girls could miss class because of menstruation (United Nations Children’s Fund, 2017). This demonstrates the lack of awareness and therefore support from mothers to adolescent girls (United Nations Children’s Fund, 2017). According to Upashe, Tekelab and Mekonnen (2015) educational status of mothers is positively associated with good knowledge and practice of menstrual hygiene among girls (Upashe, Tekelab and Mekonnen, 2015).



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Girls desire quality information on menstruation management while mothers, health extension workers and teachers often do not discuss MHM due to shame, secrecy and norms around menstruation (Population Service International, 2018). As for adolescent girls, being ashamed is the main reason for not talking about menstruation (United Nations Children’s Fund, 2017; Kebede, 2019)

In terms of knowledge, the majority of women (85%) and adolescent girls (70%) were aware of the fact that menstruation is a natural process of the body. However, a significant number, three girls in every ten (29%) and 11% of adolescent girls do not know what the cause of menstruation is (United Nations Children’s Fund, 2017). Menstruation is considered a sign of maturity or indication girls are ready for marriage by 71% of adult women and 52% of adolescent girls (United Nations Children’s Fund, 2017). Furthermore, according to some research participants there are individuals who associated bloodstains with a girl having had sexual intercourse or having aborted a child (United Nations Children’s Fund, 2017; Kebede, 2019).

### 4.2.2 Adequate MHM Supplies and Practice

Out of the approximately 24.1 million girls and women of reproductive age, only 28% report having everything they need to manage their menstruation (Population Service International, 2018). The three main challenges adolescent girls reported were the inability to afford sanitary pads (23%), feeling ashamed when menstrual blood accidentally stains on their clothes (21%) and lack of private place to change pads at home (11%) (United Nations Children’s Fund, 2017). The latter occurs mostly in households without toilet facilities meaning the only option is to change MHM material in other areas in the house which jeopardizes the degree of privacy experienced during menstruation (United Nations Children’s Fund, 2017). In schools, specifically, the main mental effect of menstruation is fear of accidental bloodstains on cloth and the teasing related to it (United Nations Children’s Fund, 2017).

In terms of the use of sanitary pads, a discrepancy exists between adolescent girls and adult women. Half of adolescent girls report using disposable sanitary pads as compared to 24% of adult women (United Nations Children’s Fund, 2017) . Among adult women, the use of reusable pieces of cloth was common (49%) while for adolescent girls this was significantly less common (30%) (United Nations Children’s Fund, 2017). Access to sanitary pads at schools was very limited and adolescent girls are sometimes required to pay for them (United Nations Children’s Fund, 2017). According to Upashe, Tekelab and Mekonnen (2015) earning permanent pocket money from parents is positively associated with good knowledge and practice of MHM ((Upashe, Tekelab and Mekonnen, 2015). As this would directly target the challenge adolescent girls face related to the inability to afford sanitary pads. Another barrier to purchasing MHM products aside from affordability was the fact that household funds for MHM products were limited as it was not perceived as a necessity by older family members and furthermore, adolescent girls and adult women are often harassed by men and boys when buying MHM products as it is associated with sexual activity (Population Service International, 2018). The use of sanitary pads is strongly correlated with absence from school. According to Kuhlmann, Henry and Wall (2017) girls who do not use sanitary napkins are 5.37 times more likely to be absent from school ((Kuhlmann, Henry and Wall, 2017).

The main reason both adolescent girls and adult women used the type of menstrual hygiene material indicated was because it was because of comfort and because it is locally available (United Nations



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Children's Fund, 2017). Furthermore, the majority of adolescent girls (77%) and adult women (78%) wash their reusable menstrual hygiene material with soap (United Nations Children's Fund, 2017). While almost half of adolescent girls reported that they usually take a bath every day during menses a significant proportion (5.8%) reported not taking a bath at all during their menstruation due to the fear of increased blood flow (urban 64%, rural pastoralist 56%, rural non-pastoralist 55%) or the believe that it would increase abdominal pain (24%) (United Nations Children's Fund, 2017).

### 4.2.3 Market for MHM products

In order to further comprehend the practice in terms of MHM of adolescent girls and adult women, it is crucial to gain some insights on the market for MHM products. There are two main brands of sanitary pads (Eve and Comfort), which are both imported from China and dominate 90% of sales and are widely available in small kiosks, rural drug outlets and mini markets in semi-urban towns (woreda towns) (United Nations Children's Fund, 2019d) (Population Service International, 2018) . Furthermore, the market is to a very large degree concentrated in Addis and other major cities (90%) while 84% of population lives in rural areas (Population Service International, 2018). There is a lot of potential for the market to grow from and estimated US\$ 21.7 million to US\$ 600 million (if consumption matches US/Europe/China) (Population Service International, 2018). However, lack of access to foreign currency results to stock outs of up to 40% of the year of menstrual hygiene products (Population Service International, 2018). Furthermore, MHM supplies are still considered luxury items by the government and are therefore subject to tax rates which impede the affordability of sanitary pads(United Nations Children's Fund, 2019d).

Reusable pads are preferred by adolescent girls and adult women in rural areas while disposable pads were preferred in urban areas (Population Service International, 2018). However, in 2016, reusable pads constituted less than 0.5% of the total market volume and are mainly produced by small enterprises and women groups (Population Service International, 2018). Additionally, these reusable pads are 100% subsidized and distributed by non-profit organizations and therefore not widely available on the regular market (United Nations Children's Fund, 2019d) (Population Service International, 2018). There is potential for the market for reusable pads to grow, especially in rural areas, however, there is no branded, properly packaged product available which could respond to consumer need (United Nations Children's Fund, 2019d). Even though quality standards have been formulated for sanitary pads many adolescent girls and adult women report that they want better quality of MHM products (Population Service International, 2018). In terms of willingness to pay for MHM products, this was found to be higher than the current market prices. Therefore, the issue is affordability of sanitary pads and not necessarily the willingness to pay for them. The fact that sanitary pads are not affordable for a significant proportion of the female population of Ethiopia is associated with various aspects, such as long supply chains, with middlemen and the use of non-local products (United Nations Children's Fund, 2019d).

### 4.2.4 Access to Water and Sanitation

Access to water and sanitation is another important factor which influences the ability of adolescent girls and adult women to adequately and hygienically manage their menstruation. According to USAID, Lowland WASH (2019), only over a quarter of the population in Ethiopia has access to improved



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sanitation and more than half has reliable access to safe water (USAID: Lowland WASH, 2019). It is important to mention that there exists a discrepancy between access to water for the rural (49%) and the urban (93%) population of Ethiopia (USAID: Lowland WASH, 2019). The focus of most of the actors in the WASH sector has been improving basic access to sanitation facilities and safe water (USAID: Lowland WASH, 2019). MHM is just starting to gain more attention in recent years and therefore inadequate sanitation facilities and discriminatory, gendered social norms related to sanitation continue to create circumstances in which women and girls cannot manage their menstrual hygiene adequately and with dignity.

According to a baseline study executed by UNICEF, lack of water (56%) and soap (80%) at schools was reported as a problem for a significant amount of adolescent girls (United Nations Children’s Fund, 2017). In addition to this, in some areas, access to adequate sanitation is impeded by taboos and misconceptions about menstruation (USAID: Lowland WASH, 2019). A study conducted by USAID Lowland WASH has demonstrated 5 out of 12 schools had no improved water sources within 1 km distance of the school and even though 10 out of 12 schools had sex segregated latrines, almost all were without lockable doors and unhygienic (USAID: Lowland WASH, 2019). Furthermore, 7 out of 12 did not contain handwashing facilities (USAID: Lowland WASH, 2019). As mentioned earlier, disposal at sanitation facilities also presents a challenge for adolescent girls and adult women. As for disposal, almost half (48%) of girls and a-third (33%) of adult women usually dispose of used hygiene materials in the toilet (United Nations Children’s Fund, 2017). A higher proportion of adolescent girls compared to adult women use safe methods for disposal (United Nations Children’s Fund, 2017). There are still issues with disposals, as proper facilities for disposal are often absent in schools (majority (72%) of girl dispose MHM products in toilet) and only few waste management systems can actually process MHM products (Population Service International, 2018) (United Nations Children’s Fund, 2017). Additionally, a separate room for changing menstrual hygiene materials is still lacking in the majority of schools and therefore a significant percentage (34%) of adolescent girls do not change menstrual hygiene materials at school (United Nations Children’s Fund, 2017).

In conclusion, specifically in schools, a significant amount of adolescent girls (61%) feels confident to properly manage their menstrual hygiene, however, there is still a significant proportion that does not feel this way, especially in rural areas (United Nations Children’s Fund, 2017). This ultimately affects girls education as eleven percent of school girls reported that they have missed school because of their menstruation and seven percent reported they interrupted class (United Nations Children’s Fund, 2017).

### 4.3. Actor Mapping in MHM

As described in the previous section, there is still a lot to be done in order to improve MHM in Ethiopia. In order to create a better understanding of what can be done, it is important to sketch a basic picture of the actors that work with MHM aside from the COWASH project and what kind of interventions have been implemented by the COWASH project and these other actors up to date. In what follows, a non-exhaustive list of development organizations, both international and national, that work on MHM is provided.

- Anchor for Nation
- CARE International



- Community-Led Accelerated WASH (COWASH) Project
- Dignity Period
- Finnish Red Cross
- Girl Effect
- IRC WASH
- USAID Lowland WASH
- Netherlands Development Organisation (SNV)
- Oxfam International (only emergency settings)
- People in Need
- Plan International
- Population Service International (PSI)
- Save the Children
- Splash
- Transform WASH
- United Nations Children's Fund (UNICEF)
- WaterAid
- World Vision
- Yegna

In addition to development organizations, there are several private sector institutions involved in MHM, such as Mariam Seba Sanitary Products Factory and Noble Cup (Noble Cup, 2017; Dignity Period, 2018a)

Finally, there are several actors within the public sector that work on MHM. These include the Ministry of Water, Irrigation and Energy, the Ministry of Health, the Ministry of Education, the Ministry of Youth and Sports and the Ministry of Labor and Social Affairs of Ethiopia

As becomes clear from the list of actors, MHM is approached as a multi-sectoral issue which is tackled by actors at different levels and in different sectors. In what follows, some of the activities and interventions that have been implemented by the different actors mentioned above are discussed.

#### 4.4 Interventions in MHM

In order to gain a basic understanding of what kind of interventions have been implemented in terms of MHM, some of the major players and their role in MHM in Ethiopia is discussed below. One of the major players, that plays a central role in MHM in Ethiopia is UNICEF. UNICEF, Save the Children, SNV, UNICEF, WaterAid, World Vission together with the FMoH was involved in developing the national MHM guide (Geertz *et al.*, 2016). Furthermore, UNICEF is involved in awareness raising and education on MHM, amongst men, boys and girls through training of trainer and tackling social/cultural beliefs and taboos in communities (Geertz *et al.*, 2016). Additionally, UNICEF promotes access to private, minimum-standard toilets, hand washing stations, adequate waste disposal and safe spaces (United Nations Children's Fund, 2019c). On top of this, UNICEF aims to improve the supply chain for sanitary pads production through establishing women groups to produce reusable sanitary pads and supporting local manufacturers through partnerships (United Nations Children's Fund, 2019c). UNICEF also conducts





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research on a number of issues related to MHM such as social taboos and business development in MHM (Geertz *et al.*, 2016; United Nations Children’s Fund, 2019d).

CARE works through Village Savings and Loan Associations and is one of the only organizations that also targets out of school girls (Gulliver, 2019). CARE focuses on norm change and breaking taboos related to menstruation by including modules on MHM in health programs (Gulliver, 2019). Furthermore, CARE has intervened in schools by providing MHM products in school shops (Gulliver, 2019).

Dignity Effect works with Mariam Seba, which is a local manufacturer of reusable pads, to distribute pads to school girls (Geertz *et al.*, 2016). Aside from this, Dignity Period gives education to girls in order to enable to manage their menstruation hygienically (Dignity Period, 2018b). Furthermore, Dignity Period conducts research on issues related to MHM (Geertz *et al.*, 2016)

Plan International has established a program known as ‘Because I am a Girl (BIAAG)’ Empowerment Through Education. The program provides education for more than 5,000 schoolgirls in two major sub-cities of Addis Ababa. In these schools, Plan International provides free disposable sanitary pads to girls and training for girls and teachers (Geertz *et al.*, 2016).

Under the ‘Girls in Control’ program, SNV, just like UNICEF, has conducted research in MHM and has supported the provision of adequate (MHM friendly) WASH facilities and sanitary materials in schools (Geertz *et al.*, 2016). Furthermore, SNV has worked in information provision on MHM and is attempting to eliminate the stigma around menstruation. Additionally, SNV, advocates for policy change in national and local governments (Geertz *et al.*, 2016).

WaterAid enhances menstrual hygiene by providing toolkits and educational resources. Moreover, WaterAid addresses taboos and misinformation related to MHM as well as teaching how to adequately and hygienically manage menstruation (Geertz *et al.*, 2016). WaterAid supports the creation of hygiene clubs in order to increase access to information and support creation of homemade, reusable pads (Geertz *et al.*, 2016).

PSI is involved in providing access to improved water and sanitation in general, but also works specifically on improving access to menstrual hygiene products through developing markets and conducting research (Population Service International, 2018).

To summarize, most development organizations are involved in interventions in schools, mainly targeting girls. The majority of the interventions focus on the first three pillars mentioned in the introduction, namely, improved education regarding menstrual hygiene for girls, teachers, parents, and other decision makers, adequate menstrual hygiene supplies and clean water and improved sanitation (in schools). It seems like the fourth pillar, namely, interventions in the policy field is only targeted to a minor degree by development organizations.

In terms of interventions related to MHM by the public sector, one can refer to the earlier section on the policy landscape of MHM in Ethiopia.



## 4.5 MHM Interventions by COWASH

In terms of interventions on MHM which have been implemented by COWASH, there is one central intervention on MHM in all the regions, and several other interventions which are only implemented in specific regions. The central intervention and some of the other region-specific interventions are discussed below.

### 4.5.1 Training of Trainers (ToT)

The central activity which is implemented by all COWASH regions is Training of Trainers (ToT) on MHM. These trainings are given from the regional level to either the zonal level or directly from the regional level to the woreda level. One of the main challenges associated with ToT which was mentioned by regional staff from Amhara and SNNP is the cascading of trainings down from the regional level to the zonal level and then to the woreda level. Although it is beneficial to create awareness at different levels, information is lost on the way and only part of the information is received by the beneficiaries. In Tigray, Benishangul-Gumuz and Oromia this cascading down of ToT did not seem to present a challenge. In these three regions, trainings were directly given from regional level to woreda level instead of through the zonal level first. In Benishangul-Gumuz, for example, the trainings from the regional level were cascaded down to schools in six out of nine woredas (the other three were not managed due to security situation). Furthermore, budget constraints were presented as a barrier to cascading the trainings down to the beneficiaries by some of the regional staff.

### 4.5.2 MHM Rooms

Aside from the ToT on MHM, another activity which has been implemented in some schools throughout the different project regions is the construction and equipment of an MHM room. An MHM room is a safe space in a school in which some of the basic amenities needed to adequately manage menstruation are provided. These basic amenities include a mattress, sanitary pads, painkillers, washing/showering facilities, blankets and pillows. It is important to mention that none of the MHM rooms which have been constructed in the different regions were built by the COWASH project. All the existing MHM rooms were constructed through the initiative of the schools themselves or through the ONE WASH initiative (in SNNP). In one region, namely Tigray, the COWASH project has started providing some of the earlier mentioned basic amenities for the MHM rooms. One of the challenges mentioned by regional staff in Amhara is maintenance of this MHM rooms.

### 4.5.3 MHM supplies

Except for the MHM supplies provided to schools in Tigray for the MHM rooms which is currently present in four schools, there were no other regions in which supplies (sanitary pads) were provided to girls. Some schools received sanitary pads through NGOs.

### 4.5.4 Other interventions not directly related to MHM

Finally, there are several other interventions which have been implemented by the COWASH project which are not directly related to MHM but have a strong influence on the ability of girls to hygienically manage their menstruation. One of these is the construction of sanitation facilities and hand washing facilities in schools and health facilities. The construction of sanitation facilities on its own is not sufficient, gender sensitivity should be considered when constructing these sanitation facilities. Some of



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the challenges mentioned by staff from all the regions was the fact that most schools do not have enough latrines and latrines are not always gender segregate. Aside from constructing sanitation facilities, the COWASH project has constructed water points which have improved access to water for girls to manage their menstruation hygienically. Nonetheless, the lack of (clean) water in sanitation facilities was mentioned as a challenge by staff from several regions (in Amhara, Benishangul-Gumuz).

### 4.5.5 Recommendations from the Regions

Below some of the recommendations that were given by COWASH staff from the different regions.

- When latrines are constructed in schools, an MHM room (or girls' room) should become an integral part of the basic package of construction. In addition to this, existing sanitation facilities should be upgraded in order to include an MHM room (or girls' room).
- With regards to ToT, further assessments have to be conducted on how to improve the cascading of these trainings. Information provided by the different regions indicate that cascading is much more effective when the trainings are conducted in a more direct manner, directly from the regional level to the woreda's instead of from the regional level to the zonal and then to the woreda's in order to minimize the loss of information. However, bypassing zones has its own drawbacks, as non COWASH woredas would not be reached. Content wise, part of the training should focus on how to maintain MHM rooms. A manual which is provided by Ministry of Health, is used to provide the trainings. However, there is a need to adapt this manual further to specific contexts and the information given it should be more detailed and prescribe more concrete actions.
- There is a need to work with and strengthen girls' club in schools
- In order for girls to have access to pads in a sustainable way, it is necessary for them to learn how to make and sell their own sanitary pads. When implementing this intervention, it is important to maintain the quality standards of sanitary pads to avoid health hazards.
- MHM education should become part of the core curriculum of schools.

## 5. Case Study

Following a brief overview of the situation in terms of MHM in Tigray region, as described by COWASH staff and government officials, a case study of one specific school in Tigray region is discussed in more detail. In Tigray region most of the interventions that have been implemented up till now are concerned with capacity building and awareness creation through training of teachers by the regional bureau of education and through training of health extension workers by the regional bureau of health (Bureau of Health Tigray, 2019). This health extension workers conduct awareness raising activities in the broader community and are therefore able to reach girls and women that are not in school (Bureau of Health Tigray, 2019). Aside from training health extension workers and teachers on MHM, the issue of MHM has also been included as a component of the core curriculum (in biology class) taught in school. Through the training received, some of the schools have taken the initiative to construct or dedicate an



already existing space to the purpose of an MHM (or girls) room on the school grounds. Additionally, through support of the COWASH project and several NGOs (e.g. ActionAid and Dignity Period), some schools are providing reusable sanitary pads to female students in schools.

One of the schools that the COWASH project has intervened in is the Menkere



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Complete Primary School in Ofla district (woreda), which is located in the Southern

**Figure 4: Water source Menkere Complete Primary School (20.06.2019)**

zone of Tigray region. The Menkere Complete Primary School is known as one of the so called model schools in terms of sanitation and hygiene facilities. In the following, some of the good practices in terms of MHM observed and mentioned during interviews at the Menkere Complete Primary school are presented as an example of the reality on the ground. Some of the key information on the school is provided below in order to sketch an image of the school.

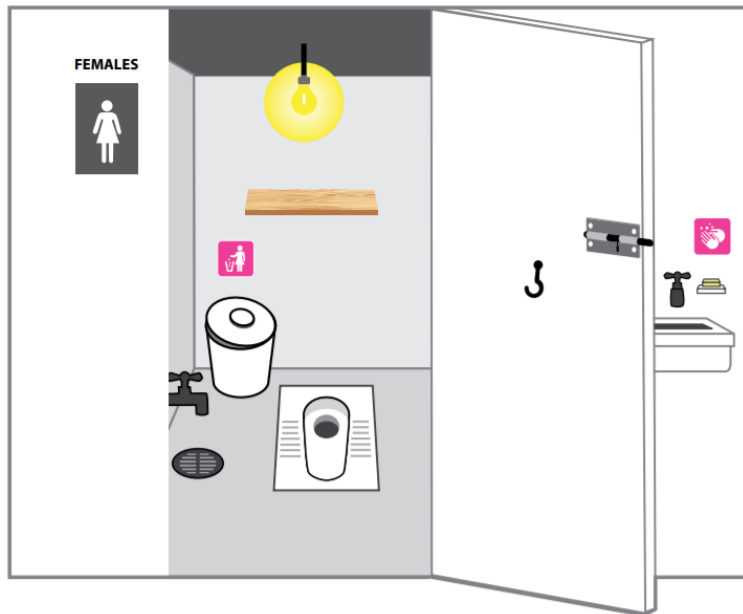
Menkere Complete Primary School is a rural school which educates students from grade 1 to grade 8. The total number of students is 776, of which 379 are female, and none of these are students with a disability. The school has several student-led organizations in the field of health and WASH and also specifically for girls.

The main water source of the school is a tube well/borehole as is shown in the image below. This water source is located on the school compound. Furthermore, water is available at the water source and the water source was functional at the time observations were conducted at the school. The water source is mainly used for drinking, hand washing, personal hygiene, bathing, latrine cleaning and the waste water is used for gardening (which is an income generating initiative of which the income is partly used to purchase reusable sanitary pads).

### 5.1 Sanitation Facilities

The school has separate latrine blocks (for girls, for boys and for staff) on school grounds which can be used at any time. In order to assess to what extent the latrine blocks provide girls with the ability to adequately manage their menstrual hygiene, the minimum requirements for female friendly latrines demonstrated in the figure below were used. It is worth mentioning that the minimum requirements depicted in the figure is mainly used in humanitarian settings. However, many of the minimum requirements also apply in other settings and therefore this figure is used as a reference.

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-  Adequate numbers of safely located toilets separated (with clear signage) from male facilities.
-  Safe and private toilets with inside door latch
-  Clear signs instructing girls and women to dispose of menstrual waste in the trash bin
-  A shelf and hook for hygienically storing belongings during usage.
-  Night time light source both inside and outside of the toilets
-  Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials.
-  Trash bins (with lids) to dispose of used menstrual materials
-  Walls, door and roof are made of non-transparent materials with no gaps or spaces.
-  Some units should be accessible to people with disabilities.

Figure 5: Minimum requirements female friendly latrine(Sommer, Schmitt and Clatworthy, 2017)

Below several images of the latrine block for girls at Menkere Complete Primary School are depicted.







**Figure 6: Sanitation Facilities for Girls**

The number of latrines (namely 4 for defecation and 4 urinals for 379 girls) and the distance from latrines for boys is in line the WASH in schools manual requirements designed by UNICEF (Ministry of Health Education and Water and Energy in Collaboration with UNICEF, 2012). The four latrines for defecation all contained doors with an inside door latch and the doors and walls were made out of non-transparent material with no spaces which is essential in order to provide privacy and safety. Clear signs instructing girls to dispose of menstrual waste in the trash bin were not present. Additionally, not all cubicles contained a trash bin. Moreover, a shelf and hook for hygienically storing belongings during usage was likewise not available. Water and soap was not available inside the cubicle and the water ton outside the cubicles was not filled with water. Finally, even though there were no students with a disability attending the school, it is important to mention that the sanitation facilities were not accessible for students with a disability as the entrance to the latrine blocks was elevated.

## 5.2 The Girls Room

The earlier section demonstrates clearly that sanitation facilities did not adhere to the minimum requirements depicted in figure 4. However, the school has a designated space for the purpose of a so called girls room in the Menkere Complete Primary School. This room, amongst other issues related to female health, provides a safe space for girls to adequately manage their menstrual hygiene. This girls room has three partitions, a reception room (for counselling), a showering and washing (and drying) of MHM materials room and a sleeping room. These three partitions are demonstrated below.





Figure 7: Partition 1 - Reception room (for counselling)



Figure 8: Partition 2 - Showering room (and washing and drying of MHM materials)



**Figure 9: Partition 3 - Sleeping room (and small library with reusable sanitary pads available)**

Even though the sanitation facilities at the Menkere Complete Primary School did not adhere to the minimum requirements depicted in figure 4, the presence of a girls’ room meant that the three different pillars (*improved education regarding menstrual hygiene for girls, teachers, parents, and other decision makers; adequate menstrual hygiene supplies; clean water and improved sanitation*) necessary for girls to hygienically manage their menstruation were addressed. Interviews with several female students attending the school also demonstrated that the girls’ room played a crucial role in the ability of girls to manage their menstruation hygienically and with dignity (Menkere Complete Primary School, 2019).

Unfortunately, the situation in Menkere Complete Primary School, described above, in terms of MHM is not yet the standard in schools as some of the other schools visited have demonstrated. In other schools, some of the basic requirements in terms of the girls’ room or MHM room were not present or an MH room was not present at all. Similar to Menkere Complete Primary School, the sanitation facilities for girls did not adhere to the requirements described in figure 4 and water was not available in the schools which were visited.

### 5.3 Key insights from Tigray

Some of the key insights through the observation and interviews conducted in Tigray region are summarized below:

- Awareness raising and education on MHM for girls, boys and the broader community plays a key role in the ability of girls to manage their menstruation hygienically and still presents a challenge in Tigray region. Education on MHM should be further integrated into the general education program of schools.
- The girls’ room in Menkere Complete Primary School demonstrates the importance of a safe space in order for girls to adequately manage their menstrual hygiene, especially



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when adequate sanitation facilities and awareness outside schools presents a challenge. It is important that this MHM room is properly and sustainably equipped. This could be done through income generating activities as is the case in Menkere Complete Primary School. Furthermore, there is a need for a guideline or a standard for MHM rooms so that schools know what minimum requirements an MHM room should adhere to.

- Even though an MHM room has proven to be an appropriate way to support girls to adequately manage their menstruation, an MHM room should not replace, but go hand in hand with adequate and well managed sanitation facilities, which is still an issue in schools in Tigray region.
- The availability and access to clean and safe water for MHM presents a challenge for girls.
- It is necessary to find more sustainable ways of providing (reusable) sanitary pads to girls as the main distribution channel at present is through NGOs. This could be done through business development, income generating activities or provision of sanitary pads by the government.
- Finally, there is a need for further research into how girls with a disability can manage their menstruation adequately (in schools).

The key insights acquired through data collection in Tigray are discussed further in the following section.

## 6. Suggestions for future interventions

In the following section, some key recommendations are given for future interventions and how these intervention should be adequately implemented are discussed. The recommendations given are separated into the four different pillars mentioned in the introduction of this report.

### 6.1 Improved education regarding MHM

One of the crucial intervention areas in terms of MHM are education and awareness raising. In terms of education and awareness raising there are few important issues to consider.

#### 6.1.1 Target population

In order for education and awareness raising interventions to work, it is important that not only girls are targeted but also boys, teachers, parents and other decision makers. At present, many of the interventions in terms of MHM are implemented in schools. It is necessary to do further research as to how girls and women that are not attending school can be reached. This is already done to a certain extent by health extension workers, but assessment is needed to what extent girls and women not attending school are aware of issues related to MHM and how this can be enhanced further. As mentioned in the FSG study, "out-of-school girls in Ethiopia remain untouched by the public systems (Geertz *et al.*, 2016). Programs that offer Safe Spaces for girls to connect are aiming to bring education to out-of-school girls and help them form social networks with peers and mentors. Menstruation and MHM could serve as a platform for discussion within these groups" (Geertz *et al.*, 2016). However, further research is necessary as this field is largely unexplored (Geertz *et al.*, 2016). Furthermore, as girls are prohibited from practicing certain religious activities (e.g. visiting mosque) whilst they are





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menstruating it is important to target religious leaders when implementing interventions associated with education and awareness raising. Additionally, research has demonstrated that the educational status and awareness on MHM of mothers has been positively associated with good MHM knowledge and practice of girls (Upashe, Tekelab and Mekonnen, 2015). Therefore, targeting mothers during interventions associated with knowledge and awareness creation could be an adequate channel to reach girls. Another channel that could be mobilized to reach girls and the broader community is the WASHCOs. MHM could be included as part of the WASHCO training program curriculum (in local language) and should consequently be cascaded down to other members of the community. The approach in which this cascading is executed and role which HEW can play in this should be determined by members of the WASHCOs themselves.

### 6.1.2 Type of interventions

In terms of the type of interventions, there are several important aspects to consider. Data collection in Tigray has demonstrated that menstrual-related education is considered as a component of the core curriculum in some schools. It is important that this is replicated throughout the whole country. There are several studies that recommend integrating MHM awareness raising into existing frameworks concerned with general public health or sexual and reproductive health instead of focusing on MHM as a single intervention (Geertz *et al.*, 2016; Kuhlmann, Henry and Wall, 2017; Population Service International, 2018). There are many reasons why this is recommended. The Menkere Complete Primary School in Tigray region which was presented earlier is one of the school in which this approach to MHM was observed in the girls' room, as the girls' room addressed various issues related to female sexual and reproductive health. It is important to upscale this kind of approach to the rest of the regions COWASH intervenes in. Additionally MHM education should be integrated into the core curriculum of schools.

In terms of the timing and number of interventions, they should be implemented before girls reach menarche in order to avoid traumatizing experiences at the onset (Sommer *et al.*, 2016). Furthermore, as mentioned earlier the number of trainings given should increase due to the high turnover of teachers (Fala Complete Primary School, 2019; Mebrahtu, 2019; Oflla High School, 2019).

Moreover, a positive association was found between good knowledge of menstruation and having a radio or TV, in a study among high school girls in Western Ethiopia (Upashe, Tekelab and Mekonnen, 2015). The study argues that the knowledge level of menstrual hygiene increases with more time spent on watching TV/listening to the radio. According to the study the reason might be that "mass media may be endorsed to the effect of technology on increasing knowledge and gaining needed information about menstrual hygiene" (Upashe, Tekelab and Mekonnen, 2015). COWASH has established Regional Communication Networks in each region. The members of this network are the communication directories from each WASH sector bureaus and the regional Communication Bureau, is a member of this Network. All the communication directorates of this network have access to mass media channels (television and radio). The use of this network could be an opportunity for COWASH to increase MHM awareness through mass media.

There are various other good practices that can be utilized in order to mobilize the target population. Key lessons from Kenya, in which significant progress in terms of MHM has been observed, demonstrates that the involvement of prominent personalities as MHM champions is a fruitful approach (Mirembe, 2019). An example of prominent personalities that could be involved as MHM champions is Yegna, which is a girls' music band that supports women's rights using music influenced by Ethiopian



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heritage (The Guardian, 2018). According to UNICEF, the use of games around WASH and MHM, amongst other techniques, to make it less embarrassing, and more interesting and fun is considered another good practice in terms of mobilization techniques (United Nations Children’s Fund, 2019a).

It is worth mentioning that studies have demonstrated that MHM education is an added effort for teachers which they are often not compensated for (Sommer *et al.*, 2016). Therefore, it is important to consider how teachers can be compensated for this added effort in order to increase the willingness of teachers to give MHM education (Sommer *et al.*, 2016).

Finally, knowledge on MHM should not limit itself to beneficiaries but extend further to those that implement interventions on this topic. For this reason, COWASH has created a web folder where all the information on MHM (in Ethiopia) can be found. It is crucial to continuously update this file and to share this with other individuals and organizations interested in MHM.

In sum, it is therefore of the uttermost importance to consider what target population one wants to reach with interventions. In the case of MHM, the target population should extend further than just girls (in schools) and consider some important members of the community which are currently still neglected in terms of MHM education (e.g. out-of-school girls, mothers and religious leaders). Besides, MHM education programs should not be a stand-alone program but framed as a general public health issue which is intertwined with many other issues. Finally, the number of trainings should be increased and the channels of communication should be considered (e.g. using radio/television or MHM champions) as they are largely dependent on the context one intervenes in.

## 6.2 Adequate MHM supplies

The first half of this section discusses what is considered as adequate in terms of MHM supplies in the Ethiopian context and the second half of this section discusses how this adequate MHM material can be supplied to adolescent girls and adult women.

### 6.2.1 What is adequate?

There are many different types of materials used by adolescent girls and adult women when they are menstruating. The figure below provides a summary of the different types of menstrual hygiene materials used and some of the characteristics of each.



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	Menstrual cloth	Reusable pad	Disposable pad	Menstrual cup	Tampon		Menstrual cloth	Reusable pad	Disposable pad	Menstrual cup	Tampon
Insertion	-	-	-	Yes	Yes	Health risks*	Medium	Medium	Low	Medium	Medium
Reusable	Max. 1 year*	1+ year	-	5-10 years	-	Maintenance	High	High	Low	Medium	Low
Wear time	Approximately 2-4 hours*	Approx. 3-6 hours	Approx. 3-6 hours	Approx. 6-12 hours	Max. 8 hours	Learning costs	Medium	Medium	Low	High	High
Amount needed for one cycle	1*	Minimum 5	12-22	1	12-22	Supportive supplies needed	Soap for handwashing, laundry detergent, bucket for washing, clothesline, storage bag, underwear, scissors.	Soap for handwashing, laundry detergent, bucket for washing, clothesline, storage bag, underwear.	Soap for handwashing, underwear, lidded bins inside toilet.	Soap for handwashing, container for boiling.	Soap for handwashing, lidded bins inside toilet stall.
Price for one item	US \$ 2 for 1m x 1.5m	US \$ 1.50-3	US \$ 0.10-0.30	US \$ 10-40	US \$ 0.20-0.30	Supportive environment needed	Sufficient water for washing (daily), private washing space, drying space, solid waste management system.	Sufficient water for washing (daily), private washing space, drying space.	Solid waste management system in place from on-site to end-point.	Water for sterilisation (one time per cycle), hygienic space for storage, water inside toilet stall.	Solid waste management system in place from on-site to end-point.
Estimated cost for one year*	US \$ 2	US \$ 1.5-3	US \$ 30-90	US \$ 1-8	US \$ 60-90	Availability of local manufacturers for procurement*	High	Medium	Medium	Low	Low

\*There is a lack of guidance on safe wear and life-time of cloths. The stated timeframes are estimates.

\*Depending on the size of the cloth provided, and whether it is reused or disposed of.

\*Based on an average cycle length of 5 days and 13 menstrual cycles per year and 22 tampons/pads per cycle.

\*Depending on context and general hygiene aspects.

Figure 10: Different MHM materials and their characteristics (United Nations Children’s Fund, 2019b)

When one compares reusable to disposable pads, research has demonstrated that reusable pads are preferred in rural areas in Ethiopia and they are significantly more beneficial for the environment. As for the menstrual cup, this cannot be used by many girls in Ethiopia as it is not possible to insert it when a girl has been circumcised, since the opening left is too small with the extreme form of circumcision. In some regions, in Ethiopia more than 80% of girls have been circumcised (United Nations Children’s Fund, 2018). As for insertable products in general, (i.e., tampons and menstrual cups) according to FSG these "are barely used due to taboos associated with inserting a foreign object into a girl or woman’s body, women’s personal discomfort with inserting products, and the high cost of the product" (Geertz *et al.*, 2016). Considering this, both the menstrual cup and the tampon are currently not appropriate options in Ethiopia. Therefore, the most appropriate option, considering the previously mentioned cultural and practical aspects related to MHM, is the reusable sanitary pad. Another important issue to consider in order to promote pad uptake is the fact that many adolescent girls and adult women, in rural areas do not wear underwear which is a necessity in order to wear any type of sanitary pads and should therefore be offered as a complementary product (United Nations Children’s Fund, 2019d)





### 6.2.2 How can it be supplied?

As the reusable sanitary pads are the most appropriate MHM material currently available, it is important to analyse further how this can be supplied in a sustainable and adequate manner. Information from the regional staff of COWASH indicates that currently, schools mostly acquire sanitary pads through NGOs. NGOs purchase sanitary pads from private sector companies. Mariam Seba Sanitary Products Factory is one of the main producers of reusable sanitary pads (and underwear) in Ethiopia. The majority of its sales (90%) is made through NGOs. One could question how sustainable this way of providing sanitary pads to school girls is as opposed to a more market-based solution. Research by UNICEF and consultation with Freweini Mebrahtu (owner of Mariam Seba Sanitary Products Sanitary Factory) demonstrates that there are possibilities to franchise Mariam Seba Sanitary Products Factory and upscale it to the rest of Ethiopia (Mebrahtu, 2019; United Nations Children’s Fund, 2019d). One of the key sustainability pillars of the COWASH project is women empowerment and WASH business development. As part of this pillar, COWASH promotes women-led-micro and small- enterprise (MSE) development in sanitation marketing, water supply construction and maintenance and in spare parts supply. Within this framework, training women to produce affordable, reusable sanitary pads using the standards from Mariam Seba Sanitary Products could be an opportunity for MSE development. This furthermore requires close consultation with UNICEF as they have done extensive market and supply chain research in the MHM field. In water scarce areas, reusable sanitary pads may not be the right choice as they need to be washed after usage.

## 6.3 Clean Water and Improved Sanitation

In terms of clean water and improved sanitation the previous sections have demonstrated that girls and women both in and out of school experience challenges to managing their menstrual hygiene related to the lack of access to clean water and improved sanitation.

### 6.3.1 Water

In terms of water, a lot of schools have access to water on the school grounds but often this is only limited to certain places and is not available at or close to sanitation facilities and is not accessible for people with a disability. Observations at the schools in Tigray demonstrated that water was only available in the girls’ room of one of the schools and not in the sanitation facilities. Furthermore, the water that is available is not always clean. Therefore, as an intervention to overcome the challenges that girls experience in terms of MHM related to access to water, it is important to have more water points available at schools and at sanitation facilities (if possible, inside the cubicles).

### 6.3.2 Sanitation

In terms of sanitation, there are some very concrete interventions that should be implemented to improve the ability of girls to manage their menstrual hygiene according to the described minimum requirements in figure 4 . This includes:

- Trash bins in every cubicle to dispose of MHM materials;
- Shelf and hook in every cubicle for hygienically storing belongings during usage;
- Doors in every cubicle and no gaps and spaces to ensure privacy;
- Water and soap available (preferably inside cubicle); and



- Sanitation facilities for girls with a disability.

In terms of sanitation, it is important to include the MHM room as part of the standard minimum requirements for sanitation facilities as the MHM room plays a central role in girls ability to manage their menstrual hygiene. Clear guidelines for the construction and minimum requirements for an adequate MHM room should be available. As mentioned in one of the schools in Tigray, the material used to construct the MHM room should also be improved in schools with existing MHM rooms in order to facilitate the management of these rooms.

Finally, as part of sanitation, safe management of menstrual waste which is defined as "the treatment/destruction and final disposal of used absorbents in a manner that does not cause harm to girls and women (the user), waste handlers and the environment" is essential. As mentioned earlier, in many schools unsafe and inappropriate disposal practices are used. The figure below presents some of appropriate approaches for menstrual waste management.

Approaches for menstrual waste management	Purpose	Potential solutions
<b>Reduce waste volume</b>	Lessen the amount of waste that is generated and that must be managed	Alternative menstrual hygiene products: compostable sanitary pads, reusable menstrual hygiene products
<b>Sterilize waste</b>	Make menstrual waste less hazardous	<ul style="list-style-type: none"> <li>● Chemical treatments</li> <li>● Autoclaving technologies</li> </ul>
<b>Change the physical nature of waste</b>	Make waste easier to handle, reduce waste volume by changing the very structure of waste	<ul style="list-style-type: none"> <li>● Incineration</li> <li>● Composting</li> <li>● Solid waste interventions</li> </ul>

Figure 11: Menstrual waste management approach and solutions (Government of Madhya Pradesh, 2019)

As becomes clear from the figure, some of the potential solutions might not be appropriate or feasible in the Ethiopian context. Reducing the waste volume is an appropriate solution which can go hand in hand with increasing the availability and accessibility of reusable sanitary pads.

#### 6.4 Incentivizing Political Climate

One of the pillars that has not been addressed by many organizations working on MHM is the political climate. In order to advance in MHM a multi-sectoral approach is needed, this means that several different actors work on MHM within their own spheres of responsibility. On top of this, these actors need to work together and build synergies as MHM is intertwined and touches upon various different fields. Furthermore, there is a need to facilitate coordination between the private sector and the public sector and create public-private-partnerships between the government and companies like Mariam Seba Sanitary Pads. It is crucial to frame MHM as an issue which does not stand alone but is related to other issues and affects the general health of women. This is also viewed as a key lesson in Kenya, a



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country which is recognized for having progressed significantly in terms of MHM (Mirembe, 2019). From an advocacy perspective, institutions within both the public and private sector might be more willing to enhance MHM within a general public health structure in contrast to when it is framed as a single isolated intervention. With the existence of various other issues (e.g. early marriage) a narrow focus on MHM will not suffice and a more holistic approach is necessary (Geertz *et al.*, 2016). Additionally, framing MHM as a human rights issue is an appropriate entry point as it may engage local, municipal, provincial and national government actors not typically attuned to MHM concerns, and can therefore guide policy arguments for government action in a certain direction (United Nations Children’s Fund, 2019a).

Aside from the necessity to integrate MHM within existing frameworks, it is also crucial that clear guidelines and policies are drafted in terms of MHM which can consequently guide action planning and implementation. This is considered a key lesson of the earlier mentioned case of Kenya (Mirembe, 2019). In Ethiopia, several guidelines and policies have been drafted in terms of MHM (see earlier section on policy landscape), however these guidelines often do not explicitly discuss concrete actions that can be undertaken and some issues such as the MHM room (and minimum requirements for the MHM room) are not addressed.

Furthermore, it is necessary to continue lobbying for tax reductions/exemptions for sanitary pads as they are still taxed as a luxurious product. Organizations such as UNICEF have been lobbying for this tax reductions/exemptions on sanitary pads but support from actors such as COWASH could exert more influence on the political agenda. Finally, the government plays a key role in promoting business development, building a local market for MHM materials and in promoting education programs on MHM therefore advocacy in order to mobilize the government is important.

## 7. MHM and disability

Although it has mentioned several times throughout this report, before moving on to the conclusion, it is of the uttermost importance to gear the reader's attention towards the issue of adolescent girls and adult women with disabilities. A study in Nepal amongst adolescent girls and adult women with disabilities has demonstrated that they face even more barriers and challenges related to adequately and hygienically managing their menstruation which negatively affects their safety, security and dignity (Wilbur *et al.*, 2017). Examples are difficulties with access sanitation facilities (e.g. steep and slippery path), small fixtures and fittings on the toilet door and absence of a seat in the toilet (Wilbur *et al.*, 2017). Furthermore, the difficulties associated with access to adequate water and sanitation facilities have created a high dependency of adolescent girls and adult women on others (Wilbur *et al.*, 2017). Further research is necessary involving adolescent girls and adult women with disabilities and their experience with MHM in Ethiopia in order to formulate/create interventions specifically targeting adolescent girls and adult women with disabilities.

## 8. Conclusion

Although in the past years, there has been a movement towards improving MHM for adolescent girls and adult women within the development sector as well as the public sector, MHM is still considered a neglected topic in Ethiopia. Interventions to target these issues work best when they are aimed at a



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combination of knowledge, awareness raising on the one hand, and provision of the necessary infrastructure on the other hand. Most of the interventions implemented by the COWASH project concentrate on the first pillar of education and awareness raising and the third pillar of water and sanitation. This report has provided a few concrete ideas of interventions that can be implemented by the COWASH project in order to further integrate MHM in the project considering the other two pillars of MHM.

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