



MENSTRUAL CUP MARKET ACCESSIBILITY PROJECT (MCMAP)



# EVALUATION REPORT

May 2020





### ABOUT WOMENA

WoMena is an NGO working with implementation of innovative evidence-based reproductive health solutions in low-resource settings. We develop and implement strategic plans for increasing the use of selected solutions in partnership with local and international implementing partners and technical experts.

### WOMENA UGANDA

WoMena Uganda is an NGO working to formally integrate Menstrual Health Management (MHM) into national and international frameworks through the development of knowledge, evidence, and strategies to address research, communication and policy translation gaps. WoMena Uganda is implementing activities aimed at improving the menstrual experiences of girls and women in both development and humanitarian contexts in target communities.

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Photo credits: WoMena Uganda, Tom Saater

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## ACRONYMS

AAAQ	Availability, Accessibility, Acceptability, and Quality
IEC	Information Education and Communication
MC	Menstrual Cup
MCMAP	Menstrual Cup Market Accessibility Project
MHM	Menstrual Health Management
MS	Marie Stopes
MSU	Marie Stopes Uganda
NDA	National Drug Authority
RHSC	Reproductive Health Supplies Coalition
TMA	Total Market Approach
TMI	Total Market Initiatives
UNBS	Uganda National Bureau of Standards
USD	United States Dollar
WHH	Welthungerhilfe (World Hunger Aid)
YAMs	Youth Ambassadors

## EXECUTIVE SUMMARY

In Sub-Saharan Africa, many women and girls lack access to appropriate Menstrual Health Management (MHM) products that are effective, comfortable, convenient, affordable, safe to use and to dispose of. The menstrual cup (MC) is increasingly being considered and used as an MHM solution for women and girls in low-income contexts. It is a single reusable MHM product that can last for up to ten years (dependent on brand). To date, in South and East Africa, a majority of projects working with MCs have been donation based, with free distribution of MCs to beneficiaries. To scale up availability and promote a conducive policy environment for supply and distribution, this project was established to evaluate six MC pricing, distribution, and payment models in urban and rural settings in Uganda.

The Menstrual Cup Market Accessibility Project (MCMAP) was implemented in Uganda by WoMena Uganda, in collaboration with several partners: Marie Stopes Uganda (MSU), Welthungerhilfe (WHH), private pharmacies, Ruby Life and HUE Experiential. The key objectives of the project were to Integrate MC distribution and payment models into service delivery, to evaluate the models in terms of effectiveness and feasibility and to make recommendations for future pricing, distribution and payment models for MCs. The project was funded through an Innovation Fund Grant from the Reproductive Health Supplies Coalition (RHSC) and received donated MCs from Ruby Life Ltd. With this funding from the RHSC, the project tested different payment and distribution models to incentivise the public and private sectors, NGOs as well as the government sector to integrate MC distribution into service delivery leading to improvement of accessibility to an effective and sustainable MHM product. The project targeted girls and young women, aged 15-30.

## Results

The project ran from November 2016 to October 2017, and resulted in the distribution of 1605 MCs. The project reached more than 1200 women and improved capacity to manage menstrual health projects in partner organisations by training relevant staff, and provision of Information, Education and Communication (IEC) and marketing materials. Stakeholder engagement, local level demand creation activities, continued monitoring and evaluation of sales and activities, as well as a policy assessment, also played a significant part in the success of the project. The amount of MC sales in the project exceeded expectations due to the success of two sales models; the WHH 'Goat and Cup for work scheme' and the Marie Stopes (MS) Ladies model. Furthermore, the project successfully reached its initial goal to test different sales models that could potentially be scalable. Through testing, the project suggested that MCs can be accepted in communities where they are not widely known and/or where perceived normative barriers exist. Acceptance in those communities is achievable by making MCs available at an appropriate price, providing education about MCs and reproductive health. In addition, delivering the right demand creation methods and having the right social support structures is of importance. The most MC sales were made at the price point of approximately 7 USD.

## Recommendations

The present evaluation suggests the possibility of scaling up MC supply to achieve greater accessibility in Uganda at subsidised or below current market prices. Although lack of awareness about the MC is a challenge to sales, acceptability within communities can be effectively built through community based sensitization, demand creation, and awareness raising activities.

## INTRODUCTION AND BACKGROUND

### MENSTRUAL CUP BASICS

The MC is an innovative menstrual health solution that has many benefits in comparison to traditional MHM products. The MC is a bell-shaped cup made of medical-grade silicone that is worn inside the vagina during menstruation to collect menstrual fluid. It collects three times as much fluid as a regular tampon and requires less water and soap for cleaning and can be used for up to 10 years (Van Eijk et al., 2019). Due to the long lifespan, the MC is a cost-effective solution, especially compared to disposable MHM products. It can last throughout a girl's education, reducing the economic burden, as well as minimising the strain on the already weak waste management system in many developing countries



Figure 2: Ruby Cup and storage bag, Ruby Life Ltd

### MENSTRUAL CUPS GLOBALLY

MC interventions have been successfully introduced in several low-income contexts, including in Africa (van Eijk et al., 2019). The MC is increasingly being recognised as a more sustainable MHM product and is recognised to greatly improve MHM in resource-poor countries (Tellier et al., 2012; Madziyire, Magure & Madziwa, 2018; Tellier & Hyttel, 2018; Roeckel et al., 2019). MCs are also increasingly being used in humanitarian settings (Gade & Hytti, 2017; CARE International & WoMena Uganda, 2018).

There is also an increased demand for more environmentally friendly alternatives. In high income countries, more and more MC companies and MC advocates are emerging in the last few years and consumers opt for more environmentally friendly MHM products. In low-income and in humanitarian settings, the cost effectiveness, waste savings, long lifespan, and benefits associated with cleaning are seen as the main comparative advantages. Many MC companies have a social impact model integrated into their business model and are collaborating with NGOs in different countries to improve menstrual health for all. Van Eijk et al. (2019) estimate that 199 brands of MCs are sold in 99 countries with prices ranging from USD 0.72 to 46.72.

## MENSTRUAL CUPS IN UGANDA

In Uganda, MCs have been distributed by WoMena Uganda through pilot projects across the country, with positive results and high satisfaction levels (figure 1). So far, over 7000 MCs have been directly distributed by WoMena Uganda through schools, refugee and gender-based violence programmes with thousands more distributed through our partners, whom we have provided capacity building on menstrual health interventions. In the last two years, various other organisations have also included MCs in their basket of products with various smaller pocket distributions taking place. Following the success of MC sales as a part of this project, Marie Stopes has continued MC sales through their programmatic pathways.

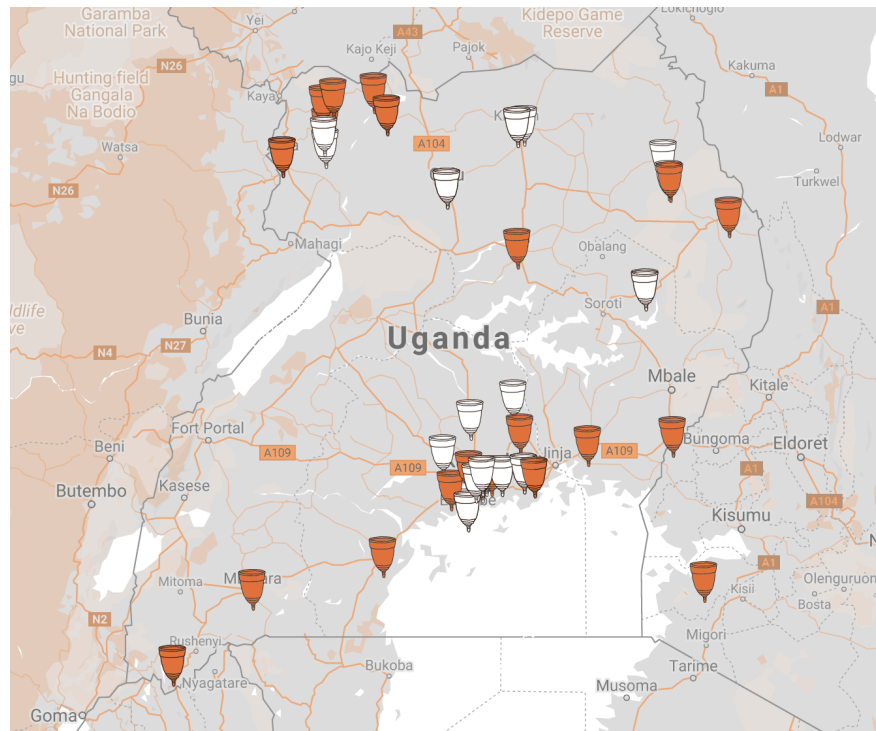


Figure 2. Map illustrating the locations where WoMena Uganda has distributed MCs (white are completed projects and orange are ongoing projects, February 2020)

### Barriers and enablers in Uganda

There is currently no established commercial supply of MCs in Uganda. The main barriers for MCs are the high importation and wholesale costs.

Since 2013, the Uganda Government has increased its engagement in MHM activities and have taken measures to improve MHM in Uganda. For instance, menstrual hygiene management has been included in the National Educational Curriculum. The Ministry of Education and Sports (MoES) advocated for the inclusion of menstrual hygiene in national policies, which resulted in the development of the National Strategy for Girls' Education (NSGE) 2015-2019 (MoES, 2013a). It also led to the establishment of the National Menstrual Hygiene Steering Committee in 2015 and resulted in inclusion of menstrual hygiene management in NSGE. Additionally, the first menstrual hygiene management conference was organised in August 2014, where MCs were recognised as an important part for successful national MHM. The conference acknowledged that women have different needs and as such, require access to different types of MHM products (Netwas Uganda, 2014). Some other examples of MHM efforts by the Uganda



Government are the MHM Charter 2015 and the Publication of the MHM Reader 2013. The Reader is developed for primary schools with the objective to enhance understanding of MHM in girls (MoES, 2013b). The Charter also created information-based initiatives, such as developing a paper on MHM (MoESTS, 2015).

Although MCs are not specifically mentioned in any national policy, they have been tax exempt since 2017 (Deloitte, 2017). Despite a significant reduction of import costs, the high wholesale price of the MC still remains a challenge. If the cost can be reduced, the relative advantage of MCs will improve significantly (Hagander & Valin 2017).

Despite all efforts, still much needs to be done to promote a conducive policy environment for MC supply and distribution in the country.

### *Import structures in Uganda*

- In Uganda, the regulatory bodies are the National Drug Authority (NDA) and the Uganda National Bureau of Standards (UNBS). However, MCs are currently not regulated in Uganda as opposed to Kenya and Nigeria where MCs are registered as a medical device due to the fact that they are a novel product that has to be approved or classified accordingly.
- All MHM products, including MCs undergo a general pre-shipment inspection and are subject to examination on the destination by the Uganda National Bureau of Standards (UNBS, 2018). For MCs, import duty and the value-added tax are exempt. All importers trading with Uganda need to comply with the requirements of the UNBS, including a certificate of confirmation for their goods to be imported and to be cleared from customs (UNBS, 2016). In Uganda, categorising MHM products as a medical device is under review and currently not regulated yet; however, it is encouraged that MC companies register their MCs with the NDA as a medical device and to have standards created by UNBS for quality assurance and to facilitate importation and safety standards.

## FRAMEWORKS

### *Availability, Accessibility, Acceptability, and Quality (AAAQ)*

In 2000, the Committee on Economic, Social and Cultural Rights set forth four essential interrelated components of the right to the highest attainable standard of health: availability, accessibility, acceptability and quality (CESCR, 2000). This framework is used in sexual and reproductive health care and used for monitor accountability, as well as in family planning, describing the barriers women face to access products a human rights violation. If sustainable access and availability is compromised through external barriers, women are unable to make informed decisions (Sabot & Avan, 2013; Hardee et al., 2014).

#### Availability

Functioning facilities, goods and services must be available in sufficient quantity and continuous supply

#### Accessibility

Health facilities, goods and services have to be accessible to everyone without discrimination

#### Acceptability

Health facilities, goods and services must be respectful of medical ethics and culturally appropriate

#### Quality

Health facilities, goods and services must also be scientifically and medically appropriate and of good quality

### *Total Market Approach*

The objective of a Total Market Approach (TMA) and initiatives (TMI) is to bring together public and private sectors, assess the characteristics of market possibilities, and establish an equitable and sustainable market for the whole population by acknowledging the need of different channels of supply (Lefebvre, 2012). The approach aims to maximise the use of MHM products, utilise market segmentation strategies to reach the whole population, and allow independence from a solely donation based system (Lefebvre, 2012).

### *AAAQ & TMA for MCs*

- Availability and Accessibility are directly linked to the TMA framework. Given the fragmented field of MHM, there is a necessity to unify market players and understand how they can collaborate to improve access to MHM products. A strategic approach is required to reach the poorest population with quality products and services. Both, AAAQ and TMA have been utilised in reproductive health and family planning programmes in several developing countries, e.g. Ethiopia (MoH Ethiopia, 2016) and Cambodia to improve efficiency of markets (PSI, 2011; Barnes et al., 2012; UNFPA & PATH, 2014).
- The AAAQ framework underlies the right to the enjoyment of a variety of facilities, goods, services, and conditions necessary for the realisation of the highest attainable standard of health. TMA is a valuable tool to achieve equitable access to medical products. It unifies different sectors including NGOs, the commercial sector, and government bodies to provide non - discriminatory access to all segments of the population, especially vulnerable or marginalised groups (CESCR, 2000).

## PARTNER PROFILES



**Welthungerhilfe (WHH)** is one of the largest NGOs in Germany. Their mission is to fight hunger and poverty by providing integrated aid from rapid disaster aid to long-term development co-operation projects. The basic principle of WHH's work is "help to self-help", focusing on strengthening structures from the 'bottom up' together with local partner organizations, and ensuring the long-term success of projects. In Uganda, WHH has been working since 1980 on projects related to rural development, water, sanitation and hygiene programs, youth promotion, and poverty reduction. The core activities of WHH in the Karamoja region focus on improving agricultural and livestock production, WASH activities, and improving natural resources, using Cash for Work to implement activities (WHH, n.d.). WHH was the implementation partner for the projects in Karamoja e.g. goat for cup work scheme.



**Marie Stopes Uganda (MSU)** is an NGO that provides reproductive health and family planning services across Uganda (Marie Stopes, 2019). MSU uses a broad range of channels to ensure they meet the family planning needs of their clients and is a recognized and trusted organisation in Uganda. MSU has 15 centres across the country providing 'gold standard' reproductive health, family planning and general health care services (Marie Stopes, 2019).



**Ruby Life Ltd.** is an award winning social business that produces and sells the Ruby Cup. Their mission is to provide a sustainable and healthy menstrual hygiene solution to women and girls worldwide. Ruby Life sells MCs based on the "Buy One, Give One" concept, so for every Ruby Cup purchased in their online shop or from resellers, Ruby Cup is donated to a girl. Ruby Cups are distributed in collaboration with local organizations and incorporate reproductive and menstrual health training. For this project, 1605 cups were donated by Ruby Life (Ruby Cup, 2019).



**Hue Experiential** is an experiential marketing agency with their headquarters in Nairobi, Kenya, that delivers optimal results through high impact creative strategies (Hue Experiential, n.d.). It specializes in 'Below the Line Marketing' as they help clients find and connect with their target audience. They do this through providing tailor made solutions that bring about positive change (Hue Experiential, n.d.). Hue Experiential donated their time to the project to support the design of marketing materials.



**Buffalo Healthcare** in Kalangala and Kansanga: Buffalo Healthcare is a chain of three pharmacies in Kampala, Uganda, founded in 2014. Buffalo Healthcare is committed to helping their clients to access high quality and affordable healthcare and pharmaceutical services.

N/A

**Asem Pharmacy** in Kansanga: Asem Pharmacy is a private local pharmacy operating in Kampala.

## OVERVIEW OF TESTED MC MODELS

Six sales models were implemented in partnership with MSU, WHH & private pharmacies by integrating MC sales into their existing service delivery channels from November 2016 to October 2017.



**WHH "Goat and a Cup for work" scheme:** As part of WHH's cash in kind programming, community members were able to sign up to a farming group and work on a communal project (e.g. planting seeds) for a set amount of days to earn a goat (16 days). By integrating MCs into WHHs "Goat and a Cup for Work" Scheme, girls and women in Karamoja had the option to work a further four days towards a MC (**approximately 4 USD**) across 15 communities in Moroto district. Promotion activities included community level sensitization meetings, social marketing utilizing a MC song and education on the safe use and care of the MC at point of distribution. Community facilitators were trained in safe use and care of MCs, provided with t-shirts, flyers and IEC materials to create demand and provide user support in their communities.



**WHH Savings Groups:** Six rural savings groups (part of the Resiliency through Wealth, Agriculture, and Nutrition in Karamoja) were sensitized to MCs, however due to lack of engagement, a further ten active urban and peri-urban savings groups were added and six savings group leaders were trained in safe use and care of MCs, and to promote MCs within their groups and provided t-shirts, bags and IEC materials. The MCs were sold at **approximately 7 USD**.



**Marie Stopes Ladies:** Marie Stopes (MS) Ladies are trained nurses and midwives, who can purchase a basket of goods from MSU and provide family planning services and products to community members in both urban and rural contexts. 48 MS Ladies, from eight districts across Uganda, were trained in safe use and care as well as promotion and sales of MCs, and received flyers, posters, t-shirts and IEC materials. MS ladies also received five free sales MCs. They were able to restock MCs from MS for **approximately 2.80 USD** and sell to members of their communities for their chosen price capped at **approximately 7 USD**. MS Ladies could choose whether or not to accept installment payments and MS Ladies also conducted local level demand creation activities and information sessions.



**Marie Stopes Clinics:** MSU has 15 gold standard clinics in Uganda. Five of them were selected for the MCMAP project to integrate MCs into standard consultations. Clinics were provided with training on safe use and care and promotion and sales of MCs and provided with marketing materials to display in the clinics. MCs were sold at **approximately 12 USD** to cater to a more affluent clientele.



**Marie Stopes Youth Ambassadors (YAMs):** Based on success with the MS Ladies model, 27 YAMs attached to two MS Clinics were trained on safe use and care and promotion and sales of MCs. YAMs could purchase MCs from the clinic for approximately 2.8 USD and sell them to members of their community and at training institutions at their chosen price, capped at **approximately 7 USD**. YAMs were provided with IEC materials, flyers and received a t-shirt upon restocking for the first time. YAMs also conducted local level demand creation activities and information sessions targeted at youth.



**Pharmacies:** Four Pharmacies, already selling MCs, were trained in the safe use and care of MCs and received marketing materials to support sales at their standard commercial price. MCs sell at pharmacies for between **approximately 18 to 22 USD**.

## PROJECT JUSTIFICATION, PROJECT OBJECTIVES AND TARGET GROUPS

### PROJECT JUSTIFICATION

So far, in South and Eastern Africa, a majority of projects working with MCs have been donation based. To scale up availability and accessibility and to promote a conducive policy environment for supply and distribution, MCMAP was conducted by WoMena Uganda, in collaboration with a number of partners, to assess six MC pricing, distribution, and payment models in both urban and rural settings in Uganda by integration of MC sales into the existing service delivery channels of above-mentioned partners between November 2016 and October 2017.

### OBJECTIVES

The objectives of the project are:

- To integrate innovative MC pricing, distribution and payment models into service delivery
- To evaluate models in terms of effectiveness and feasibility identify recommendations for future pricing, distribution and payment models, and scale up effective models
- To create a policy environment conducive to effective supply and distribution of MCs

The ultimate goal is to provide girls and women with access to a high quality and sustainable alternative MHM product, in an acceptable and affordable manner (CESCR, 2000).

### TARGET GROUPS

The main target groups for the project were adolescent girls and young women aged 15-30 who are existing members or clients of the selected sales pathways.



Figure 3: MS lady in front of her practice

## PROJECT INPUTS, ACTIVITIES AND EVALUATION

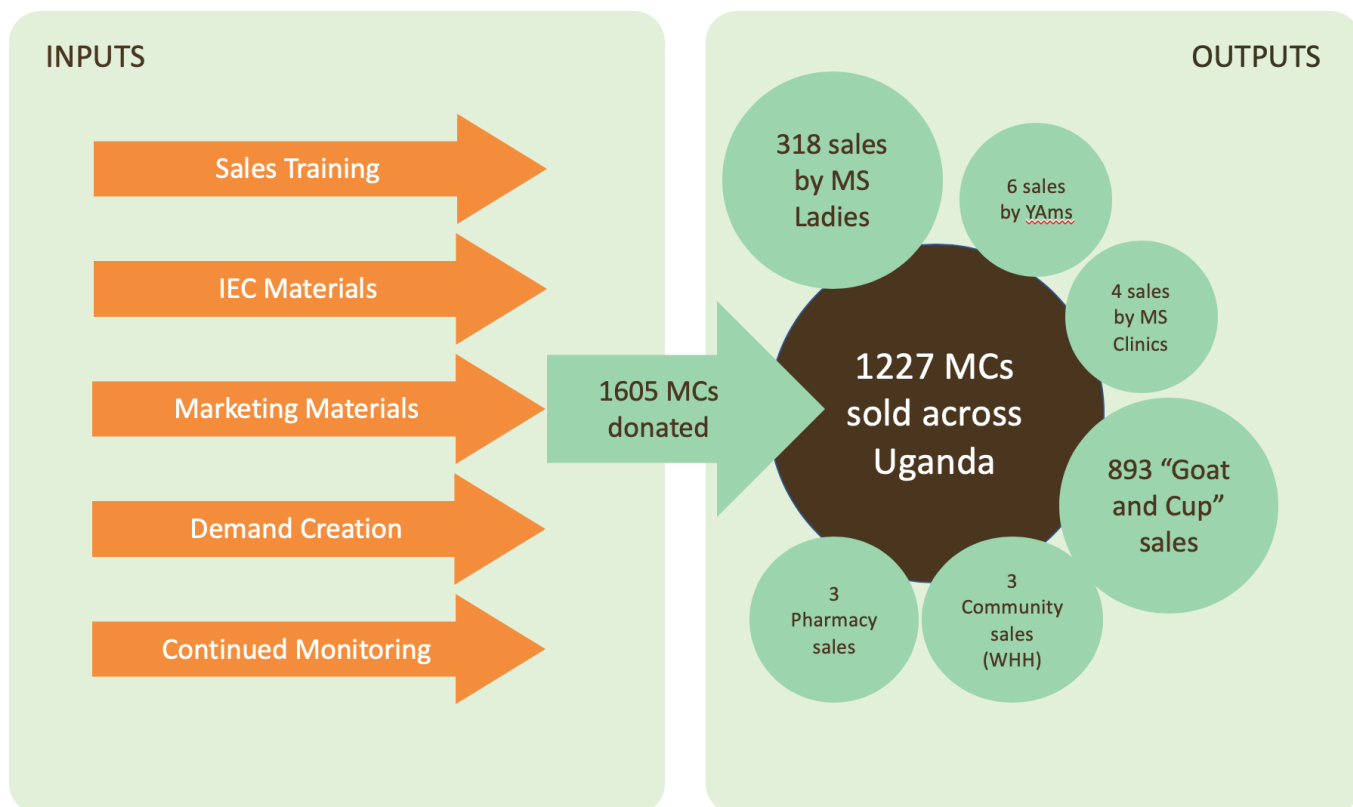


Figure 4. Input and output MCMAP

### INPUTS AND ACTIVITIES

In order to empower sales agents with knowledge on MHM and MCs, WoMena Uganda trained 193 support staff, community facilitators, and sales agents. All trained sales agents were provided with IEC materials, as well as marketing materials to support sales. Together with our partners we conducted sensitisation and demand creation activities reaching about 3,900 people. Monitoring and Evaluation of sales and activities continued throughout the project and this project resulted in stakeholder engagement and a policy assessment of MCs.

### MC Sales Training

The initial trainings for all partners were held between January and May 2017, during this timeframe 120 people were trained. Refresher training was delivered to MS Ladies and WHH staff and Community Facilitators during mid-project monitoring visits by WoMena Uganda. MSU Clinic managers had initially been trained with the expectation that they would train clinic staff. However, during the mid-project monitoring visits, it was evident that clinic staff had not received training, and clinic teams were trained directly by WoMena Uganda in May. A further 73 persons were trained between June and October 2017 when the YAMs joined the project and additional community

facilitators were recruited for Karamoja to provide continued support at community level beyond the end of the project. In total 48 people were trained for WHH, 134 for MSU and 11 for pharmacies. This equals 25%, 69% and 6% respectively (figure 5).



Figure 5. MSU Clinic Training in Gulu, Uganda

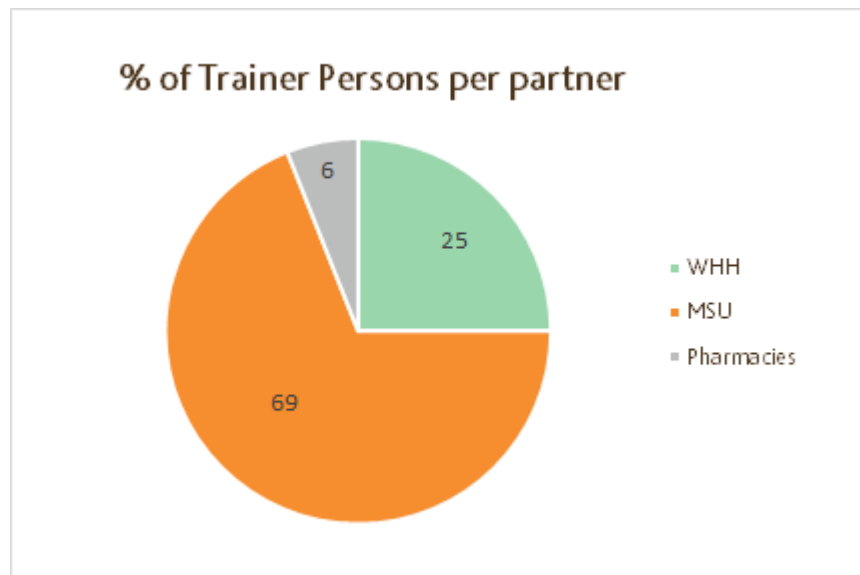


Figure 6. Persons trained per partner for MC Sales

### Summary of training (training content & Process)

The 193 people were trained through 19 training activities. All training covered the following topics:

- Introduction to WoMena and the MCMAP project
- Introduction to the MC and safe use and care
- MC sales tips and tools
- Female reproductive anatomy, hymens and virginity, and menstrual pain management

Training sessions aimed to clear up misconceptions about MCs and champion promoters and sales agents took part in training activities and the development of IEC materials to further promote sales.



Figure 7. Shamirah, WoMena Uganda's Master Trainer, training MS Ladies in Iganga, Uganda



*"I was using that IUD, so I thought maybe because I am using the IUD, the menstrual cup cannot work, but after the session that we had from the WoMena, then I discovered that it was okay for everyone even if they are using the IUD, it cannot interfere with your family planning method."*

**MS Lady, 39**

### Demonstration and Test Cups

WoMens Uganda's basic implementation model emphasises the need to ensure that MC promoters have, wherever possible, personal experience of using an MC. This aids the provision of experience-based information to potential or new users. Where possible, sales agents were provided with personal MCs to allow them to gain personal user experience (59 test MCs were handed out). In addition, 16 demonstration MCs were provided to partners. These could be borrowed by community facilitators from WHH staff and by MS Ladies, Youth Ambassadors and clinic staff from the five selected MSU clinics.



Photo credit: Tom Saater

### Toll-free Telephone Hotline

All sales models across the project promoted the MS Hotline, a toll-free telephone service run by MSU that provides support and advice on family planning in 16 different Ugandan languages. Telephone operatives were trained on safe use and care of MCs, and were equipped with a list of sales locations to refer prospective customers to. In total, 53 MC related phone calls were received and responded to by the MS Hotline throughout the project. The MS Hotline numbers were displayed on all flyers, posters, and IEC materials and all trained "sales agents" and staff were advised to provide contact details to customers.



### Demand Creation

Different demand creation activities were carried out by partners and individual sales agents at community level. Partners arranged 13 larger demand creation activities across the different implementation sites, reaching approximately 3900 community members. In Karamoja particularly, these included existing MC users sharing their own experiences to encourage others.

In addition, WoMena, in collaboration with MSU, attended two University bazaars, which provided information about MCs and sales locations with an estimated reach of 400 students and university staff.



Photo credit: Tom Saater

### Marketing and IEC Materials

Being a new and unfamiliar MHM product, the implementation partners felt that marketing materials were necessary to build trust in the MC. With support from HUE Experiential, flyers, posters, t-shirts, tote bags, and display stands were designed for pharmacies that promote the benefits of MCs, emphasising cost savings. The marketing materials included two designs, one for general use and one for Karamoja with appropriate design and translation. The slogan “Ekopo Kelap: Aberu ngina aseگان angolo lap” (Translation = Monthly Cup: Clean woman every month) was chosen by community facilitators in Karamoja during initial

training sessions and their feedback was sought on an appropriate design.



Figure 8. Marketing material with a slogan

An A3 MC sales handbook was designed, providing sales agents with short, simple information about the safe use and care of the MC as well as sales tips. The booklet also included diagrams to help the sales agents demonstrate MC insertion, use and care.



Figure 9. MC sales handbook for sales agents

## The Menstrual Cup Song

In collaboration with a local artist, Lady Comfort, WHH produced a song about the MC to build demand for the product among six intervention communities, reaching an estimated 1110 community members. The song was composed and written by Lady Comfort, however upon playing it to women from one of the villages, the women felt the song was too modern, the song was then rewritten and performed live at community sensitisation activities and on the radio. At endline visits, most women in the community knew the song and performed it to the team. The aim of the song was to build demand and create trust in the MC.



*"Kejokiar ekopo, Olakaros*

*Epatana Ebeia, ngalipio ngatomon angakan, Olakaros*

*Akaiu alosilinga, nyemunar eloua... Olakaros ngaberua, akajoikia Welthunger, WoMena eyaunete ekopo ngolo kelap!"*

*"This cup is good, let's be happy*

*Its affordable, fifteen thousand only, let's be happy*

*It has relieved me from over-spending*

*No stains on the cloth*

*Let's rejoice women because Welthunger and WoMena have brought us a menstrual cup!*



Figure 10. Women in Karamoja performing the song

## EVALUATION METHODOLOGY

### Monitoring

Continued monitoring was carried out by partners throughout the project, integrating MC sale monitoring into their standard monitoring processes. Partners kept a register of all sales activities, identifying the age, location and selected cup size of the MC recipient. Mid-project monitoring visit was carried out by the WoMena Uganda in April and May 2017.

### Endline evaluation

The endline evaluation was carried out in September and October 2017. Evaluation activities were carried out by WoMena Uganda, with support from partnerships with sales agents, community facilitators, and MC recipients as well as with community members.

Table 1. Endline Evaluation Activities

Evaluation Activities	MSU	WHH	Pharmacies	Aim
In-depth interviews- Sales agents	17	3	1	To understand sales agents experience of the sales process and challenges
In-depth interviews - MC Users/clients	17	5	0	- To capture the user experience; - To understand levels of acceptability of MCs amongst MC users/clients; - To understand the sales process
Focus Group Discussions/ Community meetings	N/A	6	N/A	To understand perceptions of MCs amongst community members ("Goat and a Cup for Work" scheme and Savings Groups)
Knowledge Retention tests	29	4 <sup>1</sup>	N/A	To check knowledge of safe use and care guidelines to gage the level of information sharing during sales interactions.
Stock checks	15	1	N/A	To validate sales records in logbooks and track sales prices from receipt booklets.
Clinic observation forms	5	N/A	N/A	To check stock held in clinics, the validation of sales records in CLIK, and qualitative review of challenges
Activity logs and sales registers review	Done	Done	Done	To validate reported sales and demand creation activities

<sup>1</sup> In Karamoja, due to literacy levels, knowledge retention was checked by utilising pictorial aids and voting with rocks in 4 communities

Moreover, endline interviews show that about 60% of MS Ladies carried out different local level activities, including information sessions at schools targeting parents and at workplaces, group discussions in their local communities, and training of Village Health teams to disseminate information about MCs.




Figure 11. Mid-Project Visit WHH

**RESULTS**

The project initially aimed to sell 285 MCs across the different models, this was exceeded with 942 MC sales, leading to a total of 1227 sales through different distribution channels. The success was largely due to two sales models, the WHH "Goat and a Cup for Work" scheme and MS Ladies Model, with 73% and 26% of sales, respectively.

A key success factor for the two best performing models was the presence of trusted and motivated community-based sales agents and promoters, who shared their personal experiences with community members, which was crucial to build trust in the product. Through community level demand creation, a marked change in male attitudes towards the MC was found at the endline, particularly in Karamoja, where compared to the start of the project, men took an active part in group discussions, promoting the use of MCs among women in their villages. These two sales models showed that with the right inputs and acceptable pricing, MC sales are possible, even in communities with little previous knowledge of MCs. In the MSU clinics, WHH savings groups and pharmacies only small numbers of MCs were sold.



*"Actually, when I saw the menstrual cup, I said how it is going to enter somebody like that , so, for the first experience, you say "how is it going to be like?", "how are you going to feel when you put it in there?" But when I used it myself, I saw that it was okay"*

**MS Lady, 39**

**MENSTRUAL CUP SALES**

As the figure below shows, around 73% of all MC sales reached the target group of girls and women between the ages of 15 and 30. Most sales (42%) were made to women aged 25-30, which could indicate that targeting a higher age group might be a beneficial starting point for sales. However, across the two successful sales models, a number of MCs were sold to mothers and grandmothers who bought the MCs for their daughters and granddaughters.

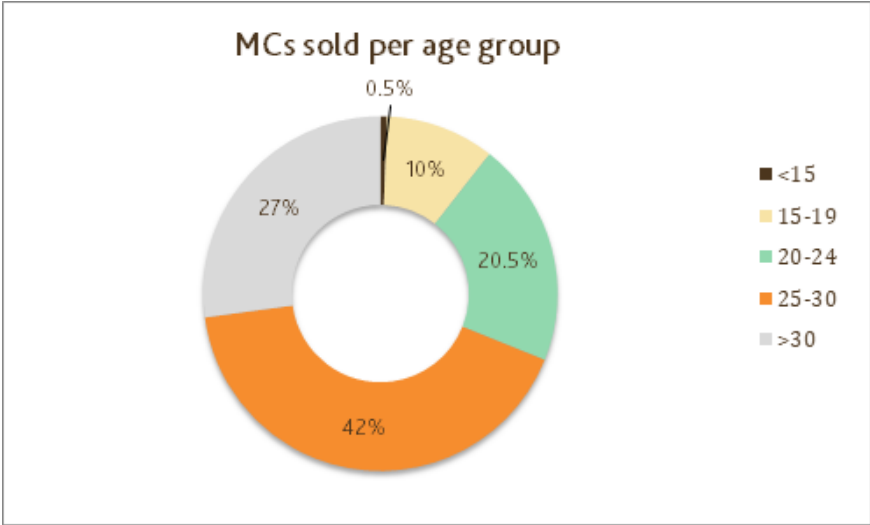


Figure 12. MCs sold per age group

Ruby Life donated in total 1605 MCs of which 16 MCs were provided as demo cups and 59 MCs were given to sales agents and staff as test cups. The stock loss counted for 1%, with discrepancies in record-keeping, as some MCs were sold but not logged as sales, because the logbooks were not available at the time the sales started. In addition, it is important to note that some MS ladies chose to use some MCs as a promotional tool and gave MCs away for free to generate interest and create demand. At the end of the project, 285 MCs were still in circulation; they had been purchased (from MSU) by MS ladies and sold or given for free to YAMs to sell. A report received from MSU three months after the close of the project reported that all MCs in circulation have been sold.

Table 2. Overview of MCs that were involved in this project

Menstrual Cup Stock	Number of MCs	Percentage (%)
Demo Cups	16	1
Test Cups	59	4
Total Cup Sales	1227	76
Total Stock in Circulation (at the end of the project)	285	18
Total Stock unaccounted	18	1
<b>Total Donated MCs</b>	<b>1605</b>	<b>100</b>

**MCs Sales via MS Ladies**

For MS Ladies, although there were more sales than expected, these were concentrated in urban areas, with low rates of sales in rural areas. Qualitative data from the mid-project and endline evaluation suggest that lower sales might have been affected by the MS Ladies personal attitudes towards the MCs, as the younger urban MS ladies showed a more favorable attitude towards MCs. Older and more rurally located MS Ladies, expressed difficulties in selling MCs as well as doubts about the MC: Only few of the MS Ladies located in more rural areas restocked on MCs once they had either sold or given away the first five MCs they received for free.

**MCs Sales via YAMs**

YAMs sales were low during the project. However, after the project, the YAMs received additional support from MSU and various demand creation activities were carried out, resulting in an increase of MC sales.



Figure 13. YAMs, training session at MSU Clinic in Gulu, Uganda

The table below depicts the number of MC sales made via different partners.

Table 3. MC sales made via different partners

Menstrual Cups sold	Number
MC sales via MS Ladies	318
MC sales via MSU Clinics	4
MC sales via YAms	6
MC sales via WHH "Goat and a Cup for Work Scheme"	893
MC sales via WHH direct community referrals	3
MC sales via pharmacies	3
<b>Total</b>	<b>1227</b>

**Expanding Reach and Sales Networks**

Project funds were leveraged to further expand the sales network and geographical reach by training an additional 27 YAms and a second cohort of MS Ladies. 22 additional community and savings group facilitators were recruited and trained in Karamoja to ensure continued support to the 893 girls and women who received an MC through WHH "Goat and a Cup for Work" scheme. As a result, MCs were sold in 8 districts across the country, covering north, south west, east, north east and central Uganda. MS ladies were connected to other MC projects, taking advantage of demand created through the free distribution of MCs of other projects. We have also identified two organisations with wide distribution networks across Uganda who are interested in taking on MCs sales once supply of MCs at a sustainable price or through a subsidised pricing model can be established.

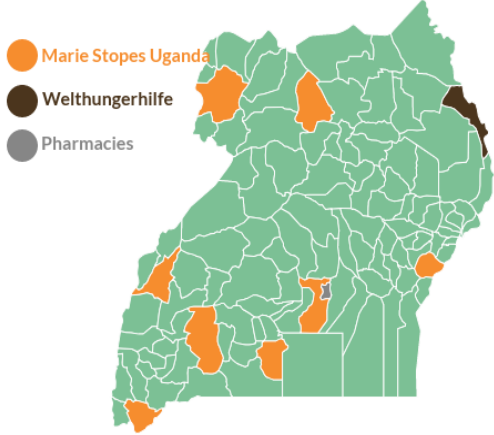


Figure 14: Map illustrating 8 districts across Uganda with MC sales, categorised per partner

**Establishing acceptable price points**

Through the testing of the different sales models we established that approximately 7 USD is an acceptable sales price. Although feedback from some areas suggests that a lower price would be preferable, it is clear that sales at approximately 7 USD are possible. Interviews with MS Ladies also suggest that allowing some level of flexibility in pricing structures allows sales agents to start sales at a lower price to build demand, and then increasing the price at a later point once demand was established.

## CHANGE AFFECTED

### *Increase in MHM, reproductive health, and MHM products knowledge*

Participants report increasing knowledge on menstruation, menstruation management, and anatomy and becoming informed about the existence of other MHM products such as MCs. Many appreciated having gained knowledge and having someone to ask if they had questions.

### *MC User satisfaction*

- Users reported increased comfort and ease in managing their menstruation, being able to carry out daily activities without disruption and traveling long distances without anyone noticing that they are on their periods.



*"I boiled it first and then I used it, but I was so surprised that it was that comfortable. In case you are travelling long distances, you do not have to carry around packets of (Always) disposable pads for everyone to know that you are on your period. For the case of a menstrual cup you just put it in your bag and it's your secret that you are menstruating. If you go to the toilet and you discover that there is blood coming already, you just put your cup in. When it comes to disposal, you just pour the blood, you do not have to look for a bin or even worry about disposing your product".*

**MC User, 41**

*"It can help me, whenever I go in the long journey, I use it, it does not even affect, it is very smart and smooth"*

**Community Facilitator, WHH "Goat and a Cup for Work"**

*"They can go to work, go to dance, those days they could not go for dancing when they were in periods but ladies and mostly the youth every evening they go to dance and nobody will understand that they are in periods. Women said we wish had them before, and I say just buy it for two, three thousand. "*

**Community Facilitator, WHH "Goat and a Cup for Work"**

*"They have to spend every month for it (pad) and now this (menstrual cup) is something you have for ten years, you know that you have saved something for this ten years, and you don't have that stress, and it is very portable, even the bag, because you are not worried that somebody will see it in my bag because the cup itself is has its own bag, and nobody can see it, but when you put pads in your bag, you are worried that if somebody see my pad"*

**Caroline, MS Ladies**

*"Menstruation (menstrual) cup is very important because it can even last for ten years but you have to buy pads every time, or borrow pads, and sometimes there is no pads but menstruation (menstrual) cup, you can use it and the good thing about the menstrual cup is that you know that this thing is full, but you cannot realise through the pads"*

**Community Facilitator, WHH "Goat and a Cup for Work"**

- Those who have been interviewed mentioned that using the MC enabled them to save money. Particularly in the Karamoja region, girls and women reported saving on soap and water and feeling cleaner, looking smarter and no longer smelling during their periods.



*"To me, the menstrual cup is a good thing and everyone should use it because it is cost effective. Ever since I started using the menstrual cup, I no longer have to budget for pads, it is comfortable and doesn't irritate and is easy to manage. It has also helped me in my work without having to worry, really it helps me do my job better!"*

**Clinic Staff Member, 29**

*"It (menstrual cup) is a saving. In terms of saving it is good. In future when I marry my wife, I will tell her to use."*

**MSU, male staff**

*"Some women and girls do not have knickers, when you use the menstrual cup, you don't need knickers. I teach them about the menstruation and the menstrual cup and how to take care, and you can see the impact on their life"*

**Community Facilitator, WHH "Goat and a Cup for work"**

*"The school that I went for the education, they actually don't even have the sanitary bins for using the pads, they throw their sanitary pads in the pit. They didn't have a packet for pads, but they have water in the school so I was telling them that you get a bottle, go to the tank, and get some water and then you go to the toilet and wash your menstrual cup and reinsert it, because the water is available."*

**MS Ladies, 39**

## SALES AGENTS (AGENTS OF CHANGE)

**Doreen Ndemariu / Age: 29 / Arua, West Nile**



*Doreen is a qualified nurse working at the Marie Stopes Uganda Clinic in Arua. She first heard about MCs from Norah, the MS Ladies Manager who, as part of her routine visits to the different implementation sites, provides support to the clinics. There is a demo cup at the clinic that Doreen shows to clients. It is not easy to promote the MC as it is a new thing.*



*"To me, the menstrual cup is a good thing, and everyone should use it because it is cost effective. Since I started using the menstrual cup, I no longer have to budget for pads, it is comfortable, doesn't irritate and is easy to manage. It has also helped me in my work without having to worry, really it helps me do my job better!"*



**Susan Tabita / Age: 29 / Nkumba, Central Uganda**

*Susan is one of the 48 MS Ladies trained to promote and sell MCs directly in their communities. Susan, like other MS ladies, carries out local demand creation activities to build her customer base and has purchased more stock for sales a number of times.*



*"Yes, it has changed in a positive way, while using a menstrual cup I am very comfortable, no worry of staining myself and how am going to get money to buy pads. It's also making me earn a living because I am able to sell the cups. Those who still have fears about the menstrual cup should give it a try, they will never forget!"*



**Joyce Lomongin / Age: 32 / Lia, Moroto**

*Joyce lives in one of the communities where WHH works in Karamoja. She was selected by WHH to be trained as a community facilitator and worked tirelessly throughout the project to promote the MC within her community.*



*"The menstrual cups have first of all changed myself and people have seen this. I showed them how it works. We worked (in the field) up to 1 pm, then we went together to check, thirteen of us in the house. I removed the MC and put blood in basin and poured it in the latrine. They saw everything! They see that I am smart ... We are all now smart, no smell, even these days they have forgotten (the old times), even these old women. Even a man can tell the woman to go use a menstrual cup!"*

## BARRIERS AND DRIVERS FOR MC SALES

### BARRIERS FOR SALES

#### *Cultural sensitivities and unfamiliarity with product*

There are challenges promoting any novel product related to reproductive health, in particular MCs. A prevailing fear among girls and women is that the MC will enlarge or stretch the vagina, and cause infertility or cancer. In Karamoja, particularly, male community members did not take part in initial discussions on the MC and one community facilitator reported having verbal arguments with male community members and even having an incident with the police. She, however, noted that she was able to use the knowledge that she received to argue her case and has later received apologies from the men, who now accept and encourage MC use.



*"Some people have a negative attitude towards it (the menstrual cup), for example I told two women about it and they said that ...they will cause you diseases because even those disposable pads are not good, that's why she was using cloths. The other said that the cup is said to cause cancer, I told them: how come me I feel nothing? They said that with time I would get sick. Then I got a question mark that what if they were right? I felt scared then I asked the nurse who explained to me with examples of some innovations that were questioned at first but turned out harmless that's when I was convinced that it's safe!"*

**MC User, 21**

*"Someone ask me "if I use that menstrual cup, can I still remain as the virgin?", and I said them this thing does not interfere with your virginity and then I explained to them that virginity is like you never have had sex with somebody that you can even have sport, heavy exercises that virginity can move aside but you consider someone virgin who has never had intercourse, you can still be virgin even if you use the menstrual cup"*

**MS Lady, 39**

Encouraging feedback from local women using the MCs and a growing cohort of users in communities are building trust in the MC and relaying these fears. In Karamoja for example, focus group participants mentioned that they have seen girls and women who have used the MCs get pregnant, providing evidence that it does not cause infertility.

A continued barrier to MC uptake is the belief or fear that MCs will damage a girls virginity. Whilst training aims to address their beliefs, they are persistent and many feel it is not appropriate to promote or sell MCs directly to girls under the age of 18. As the sales data shows, MC sales were higher in higher age groups. One of the MS Ladies with the highest sales figures, targeted parents in the schools in her neighborhood rather than school girls themselves and was successfully able to sell 61 MCs.



*"Men are telling me those menstrual cups make women's vagina large, and they think that it's the part of the family planning, that I want to reduce their children. Men are negative, but I tell women when you are in periods, put the menstrual cup and when you man see that you have your periods, they will understand."*

**Community Facilitator, WHH "Goat and a Cup for Work"**

### *Fractured record keeping, price tracking and accountability for MCs*

Being a new programme and due to the lack of standard tools for reporting stock sales, MS Ladies and YAMs experienced some inconsistencies in record keeping and logging of sales. All of this led to difficulties in verifying MCs stocks, reporting and tracking of MCs given to individuals for sale at the start of the project. To address these issues, MS Ladies management provided additional guidance to MS ladies and reminders on accurate data entry. To capture sales prices, MS Ladies were provided with receipts booklets to capture sales. However, at the endline some sales were still not recorded in the receipt booklets. MSU intends to implement a standard reporting mechanism for YAMs, MS Ladies, and centres to track sales going forwards.

MS Ladies were also provided with five free MCs each at the start of the project, these sales particularly were not logged. Although MS Ladies followed up all sales via phone calls, a more cost effective solution for sales logging is needed. The second cohort of MS Ladies did not receive free MCs; this worked well and progressed, successful sales agents were deployed to encourage initial purchases rather than provide free MCs. MS Ladies were not provided with demonstration or test MCs; hence, a number of Ms ladies chose to utilise some of the initial free MCs which they received for this purpose. As a result, going forward, selling a demonstration and test MC to MS ladies at a marginal price may be considered.

### *Knowledge retention*

Qualitative interviews showed high levels of satisfaction with MCs among users and all interviewees. They also reported using MCs according to safe use and care guidelines. However, the knowledge retention tests conducted at the endline showed lower than expected levels of knowledge retention. For example, up to 25% of respondents indicated that disinfecting the MC with chemical products was safe practice; this was similar across MC users and sales agents. The correct knowledge was reiterated during endline data collection activities and additional community facilitators were trained in Karamoja to aid in knowledge retention.

In Karamoja where literacy levels are particularly low, based on feedback from girls and women, community facilitators were provided with MC user guides, produced in simple English that can be shared at a community level and used by literate community members to share knowledge. This, however, highlights the importance of refresher training and a need to develop user-friendly IEC materials to support maintaining safe use and care knowledge among recipients. The difficulty involved using a new product has been highlighted as one of the major challenges in adopting the MC (Hagander & Velin, 2017). This can be addressed with adequate education about virginity and reproductive health, as well as follow-up support (Hagander & Velin, 2017).

### *High import and supply costs of MCs*

The tested sales prices are currently lower than market value. At the moment, there is only one commercial importer of MCs in Uganda. WoMena aims to provide donations until price can be lowered through subsidies or when MCs are available for a lower wholesale price. Working with partners, WoMena is exploring potential pooled procurement to bring down import costs and possibilities for importation of cheaper MCs.

### *Staff turnover*

Staff turnover in some MS centers resulted in lack of adequate knowledge regarding MC use; reducing the efficacy of cross-selling. Therefore, there is a need for periodic refresher trainings for service providers to maintain their knowledge of MCs and also reinforce their buy-in to cross-sell. Community based

mobilisers for centres should be involved in the training to enable them to generate demand and refer clients to purchase MCs from centres.

## DRIVERS FOR SALES

### *Motivated sales agents and promoters*

Across the sales models, despite a lack of sales in some agents, champions with high motivation to promote MCs could be identified. Within the WHH "Goats and a Cup for Work" model and the MS Ladies model, a number of highly motivated individuals have successfully promoted MC use and sales. These individuals have drawn on personal experience and examples from community members to promote sales. Although sales have been steady among MS Ladies, approximately 50% of MS Ladies have not made any sales or restocked beyond the first three months of sales. The MS Ladies programme included a "sales award" providing a small cash prize to successful sales agents. This approach should be considered to provide motivation.

### *Flexibility in pricing*

Installment payments were deemed risky and were not favored by MS Ladies even though flexibility to set sales prices has reflected in successful sales. This allows MS Ladies to build demand and effectively carry out their own market segmentation according to their understanding of the local market.

### *Reaching targeted age group*

Around 73% of sales were made to youth aged 15 to 30 while the median age of MCs users was 26. Based on the endline evaluation, sales to younger girls still seems challenging by many sales agents since the MC is considered to be high-priced. However, increased sales to parents purchasing MCs for their daughters has also been seen. This has been possible through targeting parents for sales promotion rather than girls themselves. Going forward, we hope to develop sales routines specifically targeted at younger girls and their parents to promote MC use amongst younger age groups.

### *Demand creation*

Targeted local level demand creation activities delivered by community-based promoters and community-based sales agents have had a significant impact on uptake and acceptance. The MC song in Karamoja has proven to be an excellent promotional tool. Despite local level efforts, most sales agents noted that a broader marketing effort using radio would help increase credibility of the product. The study of Hagander and Velin, 2017 observed that awareness is one of the main factors contributing to the adoption of MCs. Promotion and marketing as well as including influential leaders and trusted communities into advocacy activities were recommended as beneficial solutions. This correlates with our findings. Therefore, it is recommended that future scale up activities integrate a broader demand creation strategy.



*"We have the target group here, I like the pilot project and supply much, and demand this supply, and also the possibility of direct sales in the community or with other class of women because what we need to do is to create a platform that these women can also come and can share their experiences and these women can also be used in talk shows, and they speak in their local language and bring the women and men also and answer their questions, host them in the talk show and tell them about how the cup works"*

**Male Team Leader, WHH "Goat and a Cup for Work" scheme**

## RECOMMENDATIONS FOR SUSTAINABLE AVAILABILITY OF MC

**Awareness creation:** Acceptability is a challenge in Uganda due to lack of awareness of the MC's at both community and decision-making levels (Hagander & Velin, 2017). Increased acceptability would lead to increased product uptake. Networking and communication with other organisations, NGOs, and influential government officials and leaders have been found to be beneficial to improve affordability, acceptability, awareness, and availability of the MC amongst the Ugandan population and are therefore recommended (Hagander & Velin, 2017).



*"There are few people who know about menstrual cups. So we still need to sensitize people. So we need to go out and--- even the health providers don't know menstrual cups. Also health providers, whoever is going to use it. They all lack education. So we need to go and sensitize the communities. All people. Tell them now we have menstrual cups, which are better than maybe pads. So that people who do know about them, and when they know they will come and use."*

**MSU, 31**

*"I advice that you explain the issue of how much blood women lose, this can be done by demonstrating to them with an actual pad and the cup for them to prove because some say that they use four disposable pads a day so how can the cup take in so much?"*

**MC User, 47**

**Lower prices sales:** Since Uganda is made up of a diverse range of ethnic groups and cultures with different socioeconomic status, developing effective market segmentation based on the needs of the local market is needed.

**Diversification and innovation in information dissemination:** For a MC sales strategy to succeed, diverse and innovative dissemination methods need to be considered.

**Marketing and promotion:** The findings show that most sales (42%) were to women aged 25-30, this could indicate that targeting a higher age group might be an appropriate starting point for sales promotion due to the fact that several mothers as well as grandmothers said they purchased MCs to give them to their daughters and granddaughters.

In order to increase the availability and acceptability of MCs, dissemination of information, marketing, and promotion should be also continuously implemented and integrated into activities (Hagander & Velin, 2017). Development of customised social marketing strategies, using diverse communication channels, and designing effective point of sale campaigns are also recommended.

**Sales agents who are convinced about the product:** Based on experience gained from this project, sales agents who have been convinced of the advantages and safety of MCs were able to create trust in the product and finally had more sales. Hence, in order for sales agents to act as effective advocates in promoting MC use and sales, it is recommended to ensure that sales agents are motivated and convinced about the advantages of MCs.



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