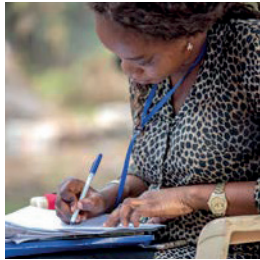


REGIONAL CONFERENCE



18  
19  
JUNE  
Dakar, Senegal

Reducing  
gender  
inequalities  
in the  
WASH  
sector



EXECUTIVE REPORT



“I must admit that breaking the silence surrounding Menstrual Hygiene Management (MHM) is a major and complex challenge owing to the strong sociocultural taboos that negatively impact our perceptions and behaviours. However, such activities as research, capacity-building, communication, coupled with a strong political will, can undoubtedly reverse the trend.”

**Dienaba Wane Ndiaye**, UN Women Country Director.

“I would like to thank all the participants, including government representatives, experts, partners, the media and the conference organizing committee for their active support, commitment, useful contributions and relevant recommendations that will significantly help to shape and provide inputs to forthcoming programmes.”

**Rockaya Aidara**, Public Policy Specialist, WSSCC Joint Programme Manager.

“Every government should set forth its own priorities and targets to meet WASH goals and achieve women’s empowerment through an inclusive, multisectoral and innovative policy.”

**Rolf Luyendijk**, WSSCC Executive Director, via his video speech at the Dakar regional conference.

“The UN Women-WSSCC Joint Programme generated significant outcomes which in all likelihood will be capitalized upon, improved and scaled-up in order to involve other requesting countries and stakeholders.”

**Oulimata Sarr**, UN Women Deputy Director.

“We need to strengthen advocacy as a way to ensure women and girls’ access to WASH services, including menstrual hygiene management, so that by the year 2021, no less than 2,021 communities are fully informed via MHM campaigns whose findings and outcomes will be presented at the 2021 Water Forum in Dakar, Senegal.”

**Mohamed Diatta**, Technical Advisor 1, Ministry of Hydraulics and Sanitation, Senegal.

“Not very long ago, I could not imagine simply expressing a number of terms because of strong and deeply rooted sociocultural constraints; but now, thanks to the WASH programme, we, parents, can freely speak to our daughters, a big step forward in MHM mainstreaming.”

**Moussa Maman**, Deputy Secretary-General, Ministry of Hydraulics and Sanitation, Niger.

“Water, hygiene, sanitation and health are critical issues at the forefront of life and human development in terms of quantity and quality, availability, equitable access, use and, last but not least, shared and sustainable management.”

**Ciré Lo**, Cabinet Director, Ministry of Women, Family and Gender, Senegal.

“Involving the capacities of the relevant authorities, the building sectoral ministries and of the community manager, while initiating field research, will significantly boost MHM mainstreaming into public policies, budgets and strategies.”

**Amadou Diallo**, Drinking Water and Sanitation in Rural Areas Programme (PEPAM) Coordinator, Senegal.



# Voices from the Dakar Regional Conference



“Notwithstanding the commitment of grassroots communities, deficits in funding the subsector seriously undermine any initiative to match water, sanitation and hygiene facilities with women and girls’ specific needs, while also hampering effective communication for MHM mainstreaming.”

**Labo Madougou**, Director of Sanitation Services Development, Niger.

“Turn schools into a dynamic framework to fully enhance children’s well-being through equitable and sustainable access to drinking water supply, hygiene and sanitation services.”

**Alice Ngo Njiki**, Deputy Director, Water Resource Management Monitoring, and MHM Focal Point, Ministry of Energy, Cameroon.

“The management of menstruation presents significant challenges for women in lower-income settings; the effect of poor MHM, however, remains unclear. It is plausible that MHM can affect the reproductive tract, but the specific infections, their impact and the route of transmission remain unclear.”

**Chris Bobel**, PhD, Associate Professor of Women’s, Gender Sexuality Studies, University of Massachusetts, Boston, USA.

“Prevailing studies clearly establish the important causal link between girls’ voluntary drop out of education during menstruation and the lack of adequate facilities to ensure safe, hygienic and individual menstrual management. Women workers also cannot do this work owing to limited and inadequate health facilities.”

**Mbarou Gassama Mbaye**, Gender Specialist, UN Women.

“Even the poorest communities possess a strong determination to sustainably overcome the challenges they face.”

**Moctar Sow**, non-State Actors Coordinator, Louga Senegal.

“A supportive tone at the top creates a conducive environment for a United Nations system-wide Action Plan (SWAP) progress, and in that regard committed leaders have a key role to play on the path towards improved performance.”

**Priya Alvarez**, Specialist in WASH and Gender indicators evaluation and development, UN SWAP, UN Women.

“Educating girls and women has a positive impact on the environment, the community and national health, social and economic outcomes.”

**Leisa Hirtz**, Founder and Director of R&D, Women’s Global Health Innovations.

“I personally make a commitment to break the silence around menstruation. I won’t feel embarrassed at all, I will be proud, I will speak about it at home and in public.”

**Mohamed Diatta**, Technical Advisor 1, Ministry of Hydraulics and Sanitation, Senegal, echoing women and girls’ oath (WSSCC menstruation wheel) at the Dakar regional conference closing ceremony.

*Focus on major highlights*

## Special Thanks to the speakers

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Mohamed Diatta  
Ciré Lo  
Moussa Maman  
Oulimata Sarr  
Rolf Luyendijk  
Dienaba Wane Ndiaye  
Rockaya Aidara  
Cyuma Mbayiha  
Amadou Diallo

Labo Madougou  
Alice Ngo Njiki  
Chris Bobel  
Mbarou Gassama Mbaye  
Mariame Dem  
Maimouna Karimou  
Moctar Sow  
Ousmane Dambadji  
Aminata Seck Traoré

Paulette Beat  
David Clatworthy  
Priya Alvarez  
Olivia Boum  
Marina Gning  
Rokhaya Ngom Gueye  
Leisa Hirtz  
Imad Agi



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Photography: Javier Acebal  
Reporter: Babacar Sow  
Under the direction of Mbarou Gassama Mbaye, Dienaba Wane Ndiaye & Rockaya Aidara

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# 1. Conference rationale

Building on a human right-based approach, the Gender, Hygiene and Sanitation (GHS) Joint Programme, implemented by the Water Supply and Sanitation Collaborative Council (WSSCC) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), intends to support governments in assessing their policies, guidelines and budgets to better reflect women’s and girls’ rights and specific needs for water supply and sanitation.


The GHS Joint Programme was implemented from March 2014 to June 2018 in the Economic Community of West African States (ECOWAS), namely, in Cameroon, Niger and Senegal as phase 1 pilot countries. The programme focus was on Menstrual Hygiene Management (MHM) and women’s and girls’ specific needs as the entry point to critically assess their rights to water and sanitation.

Throughout the GHS four-year programme, one of the major concerns was applied research for evidence-based data to better inform policy, while filling the knowledge gaps. The programme further strengthened stakeholders’ skills in target countries to ensure sustainability and boost MHM in public policies in Cameroon, Niger and Senegal. Dynamic partnerships were established

within and outside WASH, particularly with the health, education, environment and infrastructures sectors and with the ministries in charge of equipment, decentralization and economy.

The most significant achievements and outcomes are documented in the programme phase 1 evaluation report and via the 18-19 June 2018 Dakar Regional Conference on Reducing Gender Inequalities in the WASH Sector in West and Central Africa, jointly initiated by WSSCC and UN Women. The present report highlights the conference’s major outcomes, prospects and recommendations.

**The Gender, Hygiene and Sanitation Joint Programme,** implemented in West and Central Africa in three pilot countries: Senegal, Niger and Cameroon.





View of the participants of the conference.

## 2. Objectives

The Dakar Regional Conference was an opportunity for participants to carry out a critical and comprehensive review of inequalities in the WASH sector and identify women's and girls' priorities for relevant action, while seeking to mobilize resources and engage technical and financial partners in GHS and MHM-related sectors.

The following objectives were addressed through an interactive and inclusive approach:

- » sharing progress in reducing gender inequalities in the WASH sector for West and Central Africa;
- » fully assessing women's and girls' barriers and constraints;
- » disseminating generated outcomes from research within the region over the last three years.



Conference opening in Dakar.

## 3. Methodology

Through multisectoral and transversal panels by outstanding experts, the Dakar Regional Conference offered the Cameroon, Niger and Senegal Governments and relevant partners a timely opportunity to share their experiences in mainstreaming women's and girls' needs for hygiene and sanitation into national policies and budgets.

Moreover, the programme evaluation preliminary findings helped to identify issues and constraints; to document and share lessons; to agree on improvement areas and future prospects; and, in particular, to assess the programme's impact within the region, in line with defined objectives. Clear and applicable recom-

mendations were formulated for the WASH sector and stakeholders.

The conference panels combined experts' presentations, videos, demonstrations and interactive maps. Side events provided exhibitors using stands for their presentations, mainly civil society organizations and ministries, with relevant communication opportunities to familiarize participants to a greater extent on their relevant achievements in facilitating hygiene management in compliance with three pillars of MHM: (i) breaking down the walls of silence; (ii) safe and hygienic management of menstruation; and (iii) proper elimination of menstrual waste in MHM



## 4. Major outcomes



M. David Clatworthy, International Rescue Committee

The conference opening and closing ceremonies allowed representatives from partner institutions and sectoral ministries to welcome and thank the participants for taking part in the successful proceedings, exchanges and findings and for their relevant contributions and recommendations.

Important statements were also made. In a video broadcast, Rolf Luyendijk, WSSCC Executive Director, said he was convinced that it was possible to change women’s and girls’ lives despite an unfavourable context where they miss several work or school days because of menstruation, have limited access to relevant information and there are not enough places and services that meet their needs. He also noted that West and Central Africa still remains a priority region for WSSCC.

For UN Women Deputy Regional Director, Oulimata Sarr, the Sustainable Development Goals (SDGs), including SDG 5, are sound opportunities to reduce gender inequalities in the water and sanitation sector, to generate real progress towards women’s empowerment and gender equality and to ensure that member States’ commitments to advancing MHM are transformed into concrete action.

Ciré Lo, Cabinet Director, Ministry of Women, Family and Gender, expressed satisfaction with regard to the relevant themes addressed at the conference. This included water, sanitation, hygiene and health, a number of critical life and development issues in terms of quantity and quality and the availability, equitable access, shared and sustainable use and management of WSSCC. He further

welcomed PEPAM and the Emergency Programme of Community Development (PUDC) projects that involve innovations to facilitate closer access to water (via the expansion of boreholes) for populations, and to ensure the basic needs of women for water, health, education and facilities through global solutions. Mr. Lo finally confirmed the Senegalese Government’s availability and commitment to support and contribute to the programme.

On behalf of the Minister of Hydraulics and Sanitation, Mohamed Diatta, Technical Advisor 1, also highlighted the programme’s multisector approach and outcomes. To reverse social injustice in MHM, he invited participants to expand the awareness-raising campaigns and field actions to better facilitate women’s and girls’ access to WASH services. Long unrecognized, MHM has received much greater focus worldwide in recent years, thanks to a variety of initiatives, including research, advocacy and communication, awareness-raising and capacity-building programmes. Menstruation and related issues are now part of the post-2015 development agenda discussions and also serve as indicators in the United Nations development goals and targets.



Ms. Priya Álvarez, UN SWAP, UN Women



## 4.1. Participants' mapping

Ministries in charge of hydraulics and sanitation, women, health, environment, education and decentralization in West and Central Africa were involved via a multisector, inclusive and innovative approach.

Individuals from 20 participating Francophone and Anglophone countries also attended the conference. This included Benin, Burkina Faso, Burundi, Cameroon, Canada, Central African Republic, Djibouti, Ghana, Niger, Nigeria, Liberia, Senegal, Sierra Leone, Sweden, Switzerland, Tanzania, Togo, United Kingdom, United States of America and Zimbabwe.

Several State, international and diplomatic institutions were also invited, including representatives of the United Nations system (UNICEF, OHCHR, WHO, UNFPA, The UN Evaluation Group, etc.), elected authorities, Louga community-based organizations in Senegal and UN Women offices in Cameroon and Niger. The West African organization, ECOWAS, WaterAid and representatives from the Italian Agency for International Development and Luxembourg's Directorate for Development Cooperation and social entrepreneurs were represented (Kmerpad, Sante Mobile, SpeakUp Africa).



Conference participants





## 4.2. The importance of gender mainstreaming in SDG 6.2

The prevailing international context, particularly Africa, is strongly impacted by the extreme precariousness and vulnerability of populations, especially in terms of access to water and basic social services, as highlighted by available statistics worldwide: 2.1 billion people, or 30% of the world's population, do not have access to domestic water supply services. Of these, 844 million do not even have a basic service of drinking water supply, while 263 million live more than 30 minutes from an improved water source. Last but not least, 159 million still drink untreated surface water from streams or lakes<sup>1</sup>.

In addition, roughly 4.5 billion people, or 60% of the world's population, have no safe sanitation services, and 2.3 billion do not yet benefit from any basic sanitation facilities, 600 million of whom share common toilets, or latrines, with other households, and 892 million still indulge in open air defecating. This is a rising practice in Africa owing to population growth and prevailing conflicts with the attendant high risks of epidemics, namely, cholera, dysentery, poliomyelitis and typhoid, from subwater contamination by faecal matter<sup>2</sup>.

In Africa, a great wall of silence surrounds menstruation, which is still subject to long-lasting taboos, owing to strong sociocultural constraints. More than 70% of young girls in Cameroon do not even understand the significance of their first menstruation. One in ten girls drops out of school because of menstruation.

According to studies in some African countries, including Cameroon and Niger, 98% of nomadic women and 49% of sedentary women have poor MHM practices as a result of deficient information and assistance. In addition, 55% of the population in Cameroon, 90% in Niger, and 54% in Senegal do not have access to decent public sanitation facilities. Moreover, MHM is still not institutionally integrated into all public policy documents, or implemented on the ground in many African countries.

That is the reason why water and sanitation are encapsulated in SDG 6 among 17 Sustainable Development Goals, which were adopted by the United Nations General Assembly in 2015. SDG 6 states: “ensure availability and sustainable management of water and sanitation for all.” It calls for clean water and sanitation for all people, improved water quality, reduced pollution, efficient use of water (domestic, energy, industrial, agricultural) and safer aquatic ecosystems.

SDG 6 includes six targets, two of which directly address gender, namely: (i) target 6.1 to “by 2030, achieve universal and equitable access to safe and affordable drinking water for all,” and (ii) target 6.2 which states, “by 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.”



SDG 6 is closely linked with the other SDGs to reflect crosscutting and multisectoral issues pertaining to gender and water. Gender, water, sanitation, environmental and water-related natural disasters are clearly addressed in SDGs targets and indicators. They include:

- » Goal 1: No poverty;
- » Goal 3: Good health and well-being;
- » Goal 4: Quality education;
- » Goal 5: Gender equality;
- » Goal 10: Reduced inequalities;
- » Goal 11: Sustainable cities and communities;
- » Goal 14: Life below water;
- » Goal 15: Life on land;
- » Goal 17: Partnerships for the goals.

1. Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines, Geneva, World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017.

2. Progress on Sanitation and Drinking Water: 2015 Report and MDG Assessment, Geneva, World Health Organization/UNICEF, 2015.

### 4.3. Focus on the WSSCC - UN Women Joint Programme



Rockaya Aidara, Policy Specialist and WSSCC's Joint Programme Manager gave a brief overview of the WSSCC-UN Women Joint Programme that aims to support governments in the formulation of evidence-based and inclusive policies that address the fulfilment of women's and girls' specific needs and human rights to water and sanitation.

The programme further seeks to accelerate policies and practices for equity and human rights to water supply, sanitation and hygiene for women and girls in West and Central Africa. Its major focus is on

MHM and the specific needs of women and girls as the entry point to critically assess their rights to water and sanitation.

Four strategic goals define the WSSCC - UN Women programme: (i) policy change; (ii) knowledge management and capacity-building; (iii) action research; and (iv) multisector learning. In relation to MHM, women and girls, are key targets. Other key targets are national decision-makers, actors from WASH and the health sectors and grassroots communities.

The following figures highlight the achievement of the WSSCC-UN Women Joint Programme :

- » **US\$ 2,650,850** over a period of three years.
- » **Three target countries:** Cameroon, Niger and Senegal.
- » At least **26,000 people** sensitized.
- » A total of **620 professionals** including department officers, trained as MHM trainers.
- » **Twenty-five policies** integrating MHM in Phase I intervention countries.
- » **Thirteen research and studies** on MHM and 13 workshops to share and disseminate major findings.



## 4.4. Joint Programme Phase I Evaluation findings

### 4.4.1. Panel presentations and discussions

The presentations started with the findings of the Joint Programme's final evaluation, introduced by Mr Cyuma Mbayiha, UN Women Evaluation Officer. From October to December 2017, a team of experts conducted a review to fully assess the Joint Programme's impact in the region, in line with the stated objectives. It was an opportunity to document and share relevant findings and lessons learned, to identify problems, constraints, areas for improvement and future opportunities, as well as to put forward clear and applicable recommendations for the WASH sector and all stakeholders.

Through a human right-oriented and gender sensitive participatory approach, the programme evaluation process highlighted the following findings:

- » MHM has been successfully mainstreamed in policies and budgets.
- » Best practices on MHM are integrated into vocational training and health curricula.
- » MHM gaps have been filled and related practices significantly improved.
- » Gender and human rights campaigns helped to break taboos, thus resulting in the greater interest of communities towards the project, especially men who gradually assumed their responsibilities in establishing closer MHM communication with their daughters and demonstrated a willingness to purchase sanitary napkins for them.
- » The review highlighted the programme's relevance, efficiency, sustainability and positive impact through MHM integration into national budgets; the relatively fast disbursements made, except in Niger; strainings of trainers; the active involvement of ministries; and partial ownership by a variety of stakeholders.

The evaluation findings highlighted the Joint Programme's pioneering status and relevance in addressing the substantive MHM need via an inclusive, crosssectoral and many-sided collaboration process, and in generating significant results over a short



period of time. The review identified gaps in the inventory of knowledge, behaviours and practices in various spheres -- urban, semi-urban, rural, humanitarian, prison-based and among sedentary and nomadic populations. The review also documented the perceptions, access and use of health services and facilities, among others, of the target communities.

Additional problems and constraints were identified:

- » Prevailing sociocultural taboos, particularly in rural and semi-urban areas.
- » Inadequate use of MHM modules in some areas.
- » There is still a limited number of studies on MHM.
- » Communication gaps and delayed implementation in some countries.
- » Lack of clear indicators, a logical framework and programme monitoring plan.
- » No dedicated monitoring and evaluation position, which negatively impacted the programme's effectiveness.

#### 4.4.2. Action points and recommendations

The conference participants made the following recommendations after listening to the evaluation findings:

- » There is a need to expand the programme to involve different countries, targets and stakeholders while clarifying their respective roles: technical and financial partners, United Nations agencies and entities, state-level departments (health, sanitation, health, education, environment, decentralization, women and family, gender, housing, infrastructure, energy, youth, vocational training), social enterprises, NGOs and grassroots communities.
- » A more effective results-based management approach should be ensured and review studies on MHM and related issues should be increased.
- » Mobilize funds to support local initiatives and social enterprises active in MHM.
- » Urge decentralized communes to levy and use a hygiene tax to boost MHM.
- » MHM stakeholders' should undertake mapping in different countries and ensure a shared vision, harmonized approach and a concerted intervention and monitoring- evaluation mechanism are applied.
- » Involve youths and men to further increase their perception, and foster a conducive environment for better understanding girls' menstruation at schools, at work and in the home.



General view of the conference

## 4.5. Mainstreaming the needs of women and girls for water supply and sanitation into public policies in West and Central Africa

Mainstreaming the needs of women and girls for water supply and sanitation in public policies in West and Central Africa was analyzed looking at the recent developments in the West and Central Africa region. Mr Amadou Diallo Chief of PEPAM (Senegal Water and Sanitation Ministry), Mr Labo Madougou Chief of the Sanitation Division (Niger Water and Sanitation Ministry) and Mrs. Alice Ngo Njiki Deputy Director of the monitoring of water resources and

MHM focal point (Cameroon Ministry of Water and Sanitation) delivered presentations and responded to questions from the audience.

The panel's introductory remarks highlighted the need of women and girls to have a proper status in the WASH and MHM programmes in West and Central Africa so they can benefit from the programmes' achievements and major innovations.



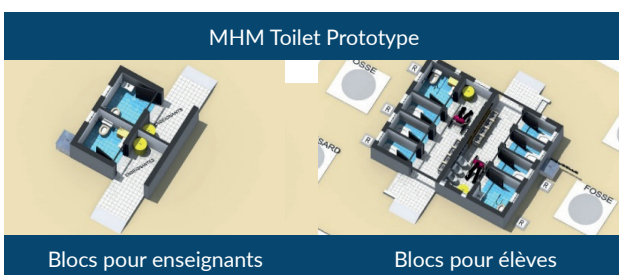
#### 4.5.1. Background and baseline situation (Cameroon, Niger and Senegal)

As mentioned in section 4.2 on the importance of gender and mainstreaming in SDG 6.2, the MHM baseline situation in West and Central Africa was broadly documented. Key characteristics include: (i) a wall of silence, taboos and prohibitions that surround menstruation because of sociocultural constraints, its negative impact on girls’ sustainable schooling, women’s health and work attendance; (iii) insensitive MHM public policy documents; (iv) a deficit on relevant information on MHM for policy-makers and technical officials; (vi) insufficient and inadequate water supply, hygiene and sanitation facilities to cope with women’s and girls’ specific needs, despite comprising more than 50% of the population and their key role as managers of water, sanitation and hygiene services.

#### 4.5.2. Incentives for mainstreaming MHM into policies and strategies

To further enhance and sustain the MHM integration process, different initiatives have been carried out at the institutional, operational, community and media levels, based on the situation in the country and the status of the programme’s implementation.

A major focus was placed on the following activities: (i) launching information and advocacy campaigns to better involve the public authorities, parliamentarians, locally elected officials, media and grassroots communities, while mainstreaming MHM into policy papers and budgets; (ii) capacity-building on MHM, including for sector ministries, technical officials, civil society and grassroots communities; (iii) research to assess existing behaviors and practices, laws, policies, strategies and tools to better inform and integrate MHM into public policy papers and budgets; into prototypes of MHM-sensitive facilities; into the Community-Led Total Sanitation (CLTS) strategy and WASH in school projects, for example.



M. Ousmane DAMBADJI, President, West Africa WASH Journalists Network (REJEA)

#### 4.5.3 Community approaches and the role of local communities

Significant achievements have been made in community-based approaches, via MHM grassroots communities’ ownership, local authorities, decentralized bodies, the active mobilization of social partners, as well as via funding, the purchase and distribution of sanitary napkins. The training of education and health professionals in CLTS and “WASH at school” is an indicator of significant progress made in this regard.

#### 4.5.4. Role of mass media in MHM social mobilization

As is the case with other sectors, the mass media played a significant role and had a high impact on the social mobilization process for MHM.

Significant achievements have been made, including in research and review studies, knowledge production and sharing, capacity-building of journalists and the creation of dynamic, crosscutting MHM partnerships.

## 4.6. Mainstreaming MHM in training curricula

### 4.6.1. Panel presentations and discussions

The UN Women Joint Programme coordinator Mrs. Dienaba Wane Ndiaye and principal officer in charge of Reproductive Health at the Ministry of National Education of Senegal Mrs Aminata Seck Traoré made introductory remarks in regard to MHM mainstreaming in education and the training curricula among health professionals.

Panel discussions highlighted the taboos still surrounding MHM in several countries, particularly in Africa, with the consequence that young girls remain ignorant and unprepared for the onset of menstruation. As a result, they have high rates of school absenteeism, ambivalent emotional experiences, genital infections and other subsequent troubles caused by anxiety, fear, stress and pain. In sub-Saharan and Central Africa, teaching about MHM in schools still faces institutional, psycho-sociological, cultural, economic and medical misperceptions and constraints.

Major constraints include inappropriate public policies in the WASH sector, limited or no MHM and gender mainstreaming in national guidelines and budgets and, in particular, a lack of gender-sensitive health facilities. In addition, long-lasting taboos; insufficient training among health personnel and teachers; a lack of relevant information and communication on MHM; and deficient support from boys and men – all negatively impact the mental and physical health of young girls at school, as well as their educational development, their ability to regularly attend classes and their academic performance and achievements.

In general, young schoolgirls from low- and middle-income families, particularly in semi-urban and rural areas, often face medical constraints and problems due to the lack of an adequate infrastructure, which means they cannot properly manage their menstruation. This includes (i) limited access to counselling and health reference services; (ii) costly sanitary napkins; (iii) deficient water and products to wash or clean themselves; (iv) unhygienic and poorly maintained toilets; (v) lack of privacy and appropriate places to change or dry menstrual pads; (vi) limited access to pain medication, namely analgesics; and (vii) inadequate facilities for proper MHM waste management.



Ms. Aminata TRAORE SECK  
Reproductive Health Office (SR) at MEN

#### 4.6.1.1 MHM and education

In Senegal, health is a “quality input” in the new sectoral policy paper for education with the Programme of Improvement of Quality, Equity and Transparency (PAQUET) (2013-2025), especially in the context of curricula reform in the education and vocational training sectors to mainstream gender and MHM crosscutting issues. New prototypes of gender and MHM-sensitive toilet facilities are being designed and used not only to boost girls’ education, but also to secure a learning environment aimed at advancing their academic success and further professional integration.

For example, gender, MHM and reproductive health have been introduced in secondary school curricula, GHS and MHM in daaras, or Koranic schools, vocational and regional training centres, and GHS in primary school through sustainable development activities. MHM and gender-sensitive materials have been designed at different levels to support the integration process.



In addition, the introduction of Focusing Resources for Effective School Health (FRESH) was a turning point in mainstreaming the health - gender – MHM nexus into national education and vocational training along four strategic lines: (i) a health policy for schools; (ii) adequate drinking water supply and sanitation; (iii) increased skills in health, environment and sanitation; and (iv) an MHM package-service availability at school.

To better understand perceptions and needs for reproductive health of young Senegalese school-girls a special call centre number 200 365, referred to as GIN-DIMA was created. A critical review of more than 3,000 messages received clearly showed that menstruation and related issues were the main priority of callers. A similar MHM call-in centre could also be helpful in gauging the priorities of young girls and women in that regard.

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Mainstreaming MHM into education poses a number of challenges that need to be addressed:

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- » The willingness of the authorities and grassroots communities to integrate and advance MHM and related issues.
- » The building-up of an efficient and effective public-private partnership to boost washable and reusable hygienic napkins wherever needed, particularly in schools, prisons, refugee camps.
- » Strengthening access to information, awareness-raising and training in MHM and related themes for teachers, health workers and members of school committees in charge of gender.
- » The design of simple, illustrated, MHM and gender-sensitive training materials adapted to all education levels, primary, secondary, technical, vocational and in compliance with sociocultural values.
- » Promoting MHM care and counseling services and places as “MHM corners” in high schools and creating a mechanism to mobilize funding and secure first-aid boxes, medicine and toilet kits.
- » Increased and sustainable access to water, garbage cans and sanitary napkins in schools, prisons and refugee camps.



Ms Dienaba Wane NDIAYE, UN Women

#### 4.6.1.2 MHM and health

Public health aims to prevent diseases while improving life expectancy and individuals' physical and mental well-being through collective means. These include hygiene and environmental sanitation, for example, and the related challenges of fighting epidemics, or contagious diseases, managing people's health problems, facilitating access to early care and preventive treatments, among others.

Despite assumptions and progress, health still remains a matter of great concern in sub-Saharan Africa: in rural areas the prevalence of high poverty rates means people have little access to health care; the quality of health care and proper access are constrained by a paucity of government expenditures; and medical research is still hampered by a lack of resources, leading to a "brain drain" overseas of qualified national medical workers.

In health training schools, the trainers hesitate and even avoid dealing with MHM because they regard it as a private matter, or as being up to families to tackle the issue with their daughters. Moreover, they also lack confidence and the pedagogical know-know to approach MHM, a traditional taboo subject, but one still fundamental for women and girls' health, education and well-being. In many healthcare facilities, boys, girls and the trainers use the same toilets, which often have no water or detergents.

To overcome constraints, boost and mainstream MHM in the training curricula of health workers in target countries, health personnel from six ECOWAS countries were convened to a trainers' training workshop in MHM, held in July 2016, in Lomé, Togo. The West African Health Organization (WAHO), in partnership with UN Women and WSSCC, organized the workshop.



Health professionals also have lacunae in knowledge on MHM and gender issues because teachers in training schools, community-based organizations and civil society often do not have such information. Moreover, they are not very familiar with the interrelationship between health, education, hydraulics and the environment, on the one hand, and gender and MHM issues, on the other.

The planned objectives were threefold: (i) to secure MHM guidance for key national actors in target countries; (ii) to provide participants with MHM training tools, and (iii) to help country teams in drafting work plans to mainstream and teach an MHM module in training institutions for health workers in health ministries, teachers in health training schools and NGO representatives in target countries.



#### 4.6.2. Action points and recommendations

##### 4.6.2.1 Education and MHM recommendations

- » Strengthen multisector partnerships between relevant structures involved in MHM (the nexus of education, health, hydraulics, environment and gender) through an inclusive and shared mechanism.
- » Conduct research and review studies on school stakeholders’ perceptions about MHM and its impact, especially with regard to girls’ sustainable scholastic success at school, and on having them document and inform related policies.
- » Use Cameroon’s institutional arrangement to mainstream MHM in the Ministry of Women and Family policy paper and training curricula, while adapting GHS and MHM manuals and integrating these themes in course materials.
- » Create, supervise and enhance the role of students in MHM mainstreaming via their physical involvement in sanitation activities and facilities management through their monitoring and evaluation mechanisms. This includes school governance, local management committees and weekly maintenance teams.

##### 4.6.2.2 Health and MHM recommendations

- » Promote a holistic and multisector approach to address MHM because of its transversal structure.
- » Institutionalize training sessions and scaling up to boost the shared vision and skills of key actors to better mainstream MHM in health policies and programmes.
- » Strengthen the capacities of teachers in training institutions in the health sector, especially for midwives and nurses, in order to better address MHM while upgrading their professional status to deliver better quality services.
- » Mainstream MHM within professional organizations and networks.
- » Design relevant training tools to be gradually and properly integrated into education curricula.

A strong recommendation was made to WAHO and its partners to monitor the implementation process of action plans within countries, and also to provide target countries with technical and financial support to implement action plans and MHM as a human right to sexual and reproductive health.



## 4.7. State of research on MHM

### 4.7.1. Panel presentations and discussions

The panel on the “State of knowledge on MHM: Research presentations” was an opportunity to look at research from two perspectives: global and local. Chris Bobel, Associate Professor Women’s Gender and Sexuality Studies, Boston University Massachusetts, and former President of the Research Society on the menstrual cycle, and Mbarou Gassama Mbaye, UN Women Consultant and Gender Specialist presented key research findings and interacted with the audience on these results as well as on the remaining gaps.

The panel discussions resulted in a flow of relevant information on women and girls’ MHM practices in West and Central Africa, and in the listing of the major achievements, constraints, challenges and recommendations on MHM.

### 4.7.2. MHM research status in West and Central Africa

Research findings show that MHM is a relatively recent concept that is poorly documented and still taboo. Available information on MHM is quite limited, especially on women’s and girls’ practices in West and Central Africa. Since 2014, MHM-based research in Africa by the Joint Programme and UNICEF addressed a sample of specific social categories. They included school going girls, indigenous people, or pygmies, women in markets, health centres, at bus terminals and other public places, as well as nomadic and refugee women, and those living in conflict areas or prisons. Significant scientific data were thus collected on MHM to fill the information gap, while also shedding light on present and forthcoming programmes through recommendations and action plans.

In Burkina Faso and Niger, a 2013 UNICEF study pointed out the cultural, biological, personal, interpersonal and environmental challenges relating to MHM that girls face at school. Another study in 2015 provided useful information on the lack of adequate MHM-adapted WASH facilities in schools, as well as on menstruation, which subsequently led to the reduced participation and lower performance of girls. UNICEF also developed guidelines to enable girls to break taboos around MHM.



Dr. Mbarou Gassama MBAYE  
UN Women consultant and gender expert.

In Cameroon, P. Meinrad, N. Hebga and Bityeki Mbamba, the independent researchers of an MHM study on pygmies, published in 2017, revealed a lack of MHM knowledge resulting in inadequate practices. In Côte d’Ivoire, UNICEF and the International Rescue Committee drafted a variety of briefing notes, one of which addresses knowledge and learning needs for drinking water supplies, hygiene and sanitation. In Mali, UNICEF designed an information guide on “WASH equipment”. In Senegal, MHM research by SpeakUp Africa in the Pikine and Guediawaye regions reported “health and environmental risks” resulting from using specific materials as sanitary napkins.



### 4.7.3. Major findings on MHM

The conclusions and findings of major studies presented in panel presentations are as follows:

1. Menstruation is still taboo as it surrounded by long-standing beliefs and myths that consider menstrual blood to be impure in many West and sub-Saharan African societies. Thus MHM is not mainstreamed in school curricula.
2. The difficulties young girls face in coping with MHM explain their significant rate of school absenteeism, or of drop out, with one in ten girls leaving school because of menstruation. The same situation is found at the work places.
3. Inadequate sanitary and hygienic facilities, which are often inexistent in public places, or cannot be used by disabled women, means that women and girls lack empowerment in this sphere. In that regard, they have no security as sanitary and hygienic facilities, and, when they do exist, they have no lighting and the doors have no locks.
4. Public health problems due to women’s poor menstrual hygiene resulting from limited access to water, or from the ratio of available toilets in relation to the populations dwelling in refugee camps, prisons, markets and bus terminals.
5. The lack of reliable, updated, user-friendly and gender-sensitive data and information on the status and perceptions on GHS and MHM practices.
6. Many research studies use technical or academic terms that are difficult to use and apply.
7. GHS activities require an operational monitoring and evaluation mechanism and simple, suitable and usable MHM tools.
8. There is an urgent need to fund research on MHM and related themes and to share findings to further inform policy decisions and bring about expected changes.

The challenges and concerns addressed include: (i) Using research findings to inform and influence MHM policy decisions and directions; (ii) securing significant resources to accelerate the promotion of MHM; (iii) defining MHM priority research areas; (iv) expanding the programme to other areas in Senegal; (v) sharing available studies on reusable napkins, pain and cramps related to MHM at school, disabled women and beggars in Louga ;(vi) implementing relevant strategies to integrate people with disabilities, a very strong demand by civil society and grassroots communities; and (vii) actions likely to be carried out by UN Women with, or in favour of, organizations.



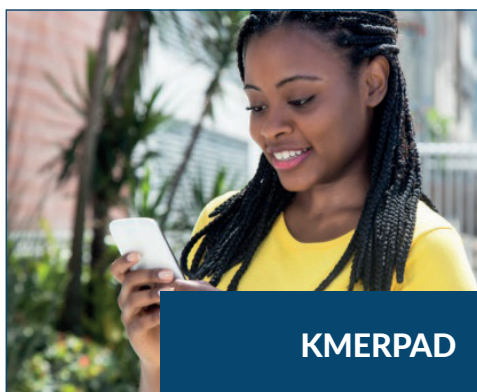
Panel: Local innovations start-ups

## 4.8. Local initiatives on MHM

To break the silence around MHM and boost women and girls’ potentials to properly manage their menstrual hygiene, various initiatives were initiated in the WASH and CLTS sectors at the grassroots level. These initiatives were innovative, adapted to the needs of women and girls and relevant in coping with deficient facilities and the absence of hygienic products in schools, the suburbs and rural areas. Different stakeholders get involved in the process, supported by government services, partners, local authorities, boys and girls and grassroots communities at large.

At the Dakar regional conference side events, several initiatives were highlighted, via exhibition stands, that allowed the participants, including officials and staff from ministries, institutions and grassroots organizations, to see the relevant achievements made on MHM to date.

These included useful gadgets and innovations like hygienic products, MHM facilities and awareness materials to bring about behavioural change awareness materials:



### A digital tool at school

- Objectives:
- Raise awareness on MHM through ICTs;
  - Break the silence on MHM at school;
  - Reduce the number of jokes about girls on menstruation at school.

### Strategies

- Set up MHM committees in schools;
- Set up WhatsApp groups in schools
- Thematic Forum via Facebook and WhatsApp (supervised by MHM facilitators trained by KmerPad.



Despite a UN General Assembly resolution, the human right to water supply and sanitation still remains a difficult challenge to meet in many developing countries.

Through its presence within semi-urban communities, Speak Up Africa aims to carry out information, education and awareness-raising activities on health, hygiene and sanitation programmes.



### Mobile Health Vision

A world in which every woman and every girl can properly manage her menstrual hygiene.

### Mobile Health Mission

Break the silence around menstruation and increase awareness of the fundamental role that good MHM plays in strengthening the potential of every woman and girl.





**A Senegalese social enterprise aiming to:**

- reduce waste and preserve health,
  - promote independence,
  - create jobs, and inspire!
- For individuals and professionals around the world:
- Healthy, sustainable, home-made and innovative hygiene products.
  - Specific programmes to inform and break taboos.



**Antibacterial menstrual cup**

Women's Global Health Innovations is a social impact enterprise with the mission to deliver the highest quality, environmentally low impact, affordable menstrual, sexual & reproductive health products using a human-centered design and rights-based approach to educate & empower adolescent girls and women globally.

**“ Nothing about us without us ”**

Youth-led initiatives with creative public engagement through our partner organizations.



**Ecoloo toilet**

ECO LOO GROUP is a leading organization in Sweden and around the world specializing in sustainable solutions related to water, sanitation and hygiene (WASH) towards sustainable living for all.

With a global presence in 18 countries across all continents, the ECO LOO GROUP produces sustainable solutions to solve WASH issues, educates people on the importance of WASH and promotes ecosocial innovations to achieve sustainable development in line with the United Nation SDGs.

#### 4.8.1. MHM constraints and challenges

Despite significant achievements, a number of constraints still impact the MHM process:

- » MHM is not yet integrated into, or properly applied, in several sector papers and budgets.
- » There is an insufficient and inadequate water supply and a lack of sanitation facilities.
- » Manufactured sanitary napkins are very expensive.
- » Insufficient funding hampers the design of hygiene kits and their distribution, and the deficient water supply and lack of hygiene and sanitation facilities makes it impossible to cope with the needs of women and girls.
- » Widespread and a wide range of communication tools are needed to sensitize all stakeholders on MHM.
- » There is a lack of human resources to monitor WASH and MHM indicators.

#### 4.8.2. MHM Opportunities

- » Stakeholders' commitment to mainstream MHM integration into public policies.
- » An enabling institutional setting, such as a network of parliamentarians for water supply, hygiene and sanitation, a network of journalists for water and sanitation, or an advocacy paper to mainstream MHM in public policies.
- » The effective support of technical and financial partners and United Nations agencies.
- » The technical integration of MHM in relevant sectors in Niger through the Interministerial Coordination Committee in charge of the hygiene and sanitation subsector.
- » Expertise to provide relevant technical support and follow-up regarding the implementation of WASH and MHM programmes has been confirmed.



During the exhibit visit

#### 4.8.3. Recommendations

Major recommendations from MHM research findings are documented below:

- » There is a need to assess how MHM is addressed by girls and women in remote rural areas via field research, for example through the impact of sociocultural values.
- » Communication on social networks should be developed.
- » The programme should be expanded to other areas and new directions explored.
- » Gender and MHM should be mainstreamed into all planning activities at the national and local level to boost facilities and equipment.
- » Girls, boys, parents, families and communities should be sensitized on the need to properly clean and maintain toilets because when many girls and women menstruate they avoid using the toilets.



## 5. Focus on the Joint Programme next phase

The Phase 1 evaluation findings showed that the Joint Programme addresses a real MHM need. It fostered inclusive, cross-sectoral and manifold collaboration, generated significant results over a short period of time and documented perceptions on MHM. It integrated MHM into policies and budgets and facilitated communities' access to and use of health services and facilities in West and Central Africa.

More significantly, the programme's relevance, efficiency, sustainability and positive impact were highlighted. One major recommendation was "to explore other directions and scale-up the programme to other countries, targets and stakeholders". The participants addressed the prospects listed below under different headings in order to inform, provide inputs and influence the contents of the forthcoming phase 2 of the programme.



### 5.1 MHM mainstreaming into public policies and budgets

- » Include MHM in humanitarian situations in the new programme.
- » Support the involvement of governments to ensure coordinated and coherent interventions and a shared vision among different stakeholders: subregional organizations, United Nations agencies, State and local authorities, technical and financial partners and NGOs to address the WASH sector challenge, including the humanitarian sector.
- » Involve other countries as part of the programme's expansion.
- » The MHM leadership should opt for policy change at the national level in the case of Cameroon.
- » Operationalize the achievements in policy change, namely, the 25 integrated MHM public policies via the Joint Programme to be actually implemented.
- » Encourage MHM-based social entrepreneurship and strengthen focal points as key elements to boost desired changes via MHM champions.
- » Mainstream: (i) gender, including MHM, into the new 2030 Sectoral Development Programme to achieve SDG 6; (ii) include MHM in the new sanitation development strategy in urban and semi-urban areas and also in scaling-up and institutionalizing CLTS and the 4C Campaign: Coordination, Culture, Communication and Consultation.

### 5.2. Facilities management and maintenance

- » Set up adapted and MHM-sensitive facilities to properly cope with women's status and needs.
- » Ensure funding mechanisms for MHM-sensitive toilets and their increase in public places.
- » Involve local and regional authorities in the management and maintenance of public facilities.
- » Foster public plans, particularly MHM-sensitive facilities management plans, together with relevant strategies for expanding public toilets, especially in urban and rural areas.

- » Promote home-made MHM tents.
- » Manufacture toilet doors with interior and exterior locks in risky areas, for example, refugee camps.

### 5.3. MHM surveys, reviews and knowledge management

- » Conduct needs assessment surveys before starting new programmes.
- » Promote specific reviews addressing MHM among disabled people including mental patients, homeless women and girls.
- » Address MHM beyond school areas and focus on women from all socioeconomic groups.
- » Highlight how MHM positively impacts on women's empowerment via specific surveys.
- » Conduct a cost-benefit analysis for MHM toilets, integrating the human right aspect with suitable water supply, hygiene and sanitation.
- » Mainstream MHM-sensitive indicators in government budget lines and public investment budgets.

### 5.4. Capacity building and training material

- » Encourage social entrepreneurship around MHM and strengthen focal points as key elements to promote desired change (champions' advocacy).
- » Produce a reference guide to integrate MHM into public policies and programmes.
- » Include MHM in gender training in institutions and as a part of services.
- » Disseminate MHM kits among women and girls, especially in sensitive environments, such as prison, refugee camps, but also train and support these women and girls in designing simple kits to ensure their gradual empowerment.
- » Support the local production of MHM to promote women and girls' entrepreneurship.
- » Build the capacities of actors to better promote behavioural change at the local and national levels.





### 5.5. Communication for behavioural change

- » Further involve communities to acquire full ownership of their human rights to water supply and sanitation.
- » Support new countries implementing the GHS programme to better understand how to break the silence on MHM, as Benin and Togo requested.
- » Promote a MHM cross-generational dialogue.
- » Advocate for an explicit law enforcing the full integration of MHM into training modules at all education levels through teachers and local agents' MHM training for sustainability.
- » Sensitize local communities for the construction of adapted facilities.
- » Better involve religious leaders and ensure people's dignity in refugee camps.

### 5.6. Knowledge management and sharing

- » Share toilets prototypes designed in Senegal and implemented in Niger and Cameroon.
- » Encourage social entrepreneurship around MHM and strengthen focal points as key elements to promote desired change (champions' advocacy).
- » Set up a dynamic exchange platform to support the programme in managing all MHM-related committees thanks to relevant institutional support, such as that of the WSSCC.

### 5.7. MHM integration coordination, monitoring and evaluation

- » Ensure government leadership on MHM to monitor all involved partners.
- » Improve coordination and partnership to better monitor and assess national GHS programme results.
- » Refine the MHM indicators framework in accordance with WASH stakeholders.
- » To avoid overlap, harmonize with the indicators from other frameworks.



# Appendix

## Conclusions of the Regional Conference on the reduction of inequalities in the WASH sector in West and Central Africa.

We, representatives of ministries and United Nations institutions, parliamentarians, academics, researchers, media professionals, civil society organizations, communities of West and Central Africa (particularly from Cameroon, Niger and Senegal) and our technical and financial partners involved in the fight for the reduction of gender inequalities in the WASH sector, held a regional conference from 18 to 19 June 2018 in Dakar, Senegal. The regional conference was held at the initiative of the Water Supply and Sanitation Collaborative Council (WSSCC) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

It formed part of the Joint Programme on “Gender, Hygiene and Sanitation”, for which the issue of menstrual hygiene management is an entry point. The Government of Senegal, represented by the Ministry of Water and Sanitation, was the host country.

The Conference involved, first and foremost, the ministries of Water and Sanitation, Women and the Family, Health, the Environment, Education and Decentralization of the countries of West and Central Africa. It was run in a multisectoral, inclusive and innovative approach.

The conference was attended by 20 participating countries (French- and English-speaking), namely: Benin, Burkina Faso, Burundi, Cameroon, Canada, Central African Republic, Djibouti, Ghana, Liberia, Niger, Nigeria, Senegal, Sierra Leone, Sweden, Switzerland, Tanzania, Togo, United Kingdom, USA and Zimbabwe.

It also provided an opportunity to share the conclusions of the final evaluation of the Joint Gender, Hygiene and Sanitation Programme, of innovations of recent years and, lastly, of research findings that have informed and illuminated public policy.

More important still, the Dakar Regional Conference gave the representatives from Cameroon, Niger and Senegal and from the other countries invited, and partners involved, the opportunity to work together to conduct a totally objective critical review of progress on the reduction of gender inequalities in the WASH sector and of the most important obstacles identified throughout the process.

Through multi- and cross-sectoral panel discussions led by eminent figures, conference participants were able to widely share their own experiences of mechanisms and strategies to address women’s and girls’ needs in national policies and budgets related to the WASH sector in West and Central Africa, and to water, hygiene and sanitation in particular.

Priority themes discussed at the Dakar Regional Conference included the state of knowledge of MHM, its integration into educational curriculums, community approaches to promote women’s and girls’ access to WASH services, MHM in humanitarian situations, state accountability, the monitoring of WASH indicators and, last but not least, innovative local initiatives.

The Dakar Regional Conference welcomed the significant outcomes and gains made by the Joint Programme on Gender, Hygiene and Sanitation, particularly in view of its short duration. Essentially, these are:

- » The effective integration of women’s and girls’ needs (especially in respect of menstrual hygiene) into the national policies and budgets of Cameroon, Niger and Senegal. In Senegal, MHM is expressly included in the sectoral policy letter, in programming and in guidelines.
- » An adequate and effective response to the needs for information, education and management of MHM. Studies have been conducted in Cameroon (3), Niger (1) and Senegal (3) to “break the silence” in various contexts (urban, rural, humanitarian, prison, settled peoples, nomadic peoples, etc.).



- » Increased access to the right information for a change of behaviour. In this way, outreach has raised the awareness of many thousands of women, girls, men and boys in Cameroon, Niger and Senegal.
- » The involvement and commitment of decision makers, technical and financial partners, civil society and grassroots communities to the promotion of MHM, particularly within United Nations entities under the banner of “Leaving No One Behind”.
- » The emergence of an enabling environment in which women and girls enjoy their right to water, sanitation and hygiene (WASH) services.
- » The socioeconomic impact on the lives and empowerment of women and girls, through the provision of MHM-sensitive infrastructure in schools and colleges, markets, public places, etc. To this end, Senegal developed a prototype toilet which was used in Cameroon in the humanitarian setting. Niger has also used this design to build pilot toilets in public places.
- » The collaborative, multisectoral, inclusive and learning approach by different stakeholders in the three arenas of the institutional, the operational and the community. Thus, Niger, Senegal and Cameroon have established multisectoral platforms. That in Niger associates ten or so sectoral ministries and technical and financial partners working in the WASH sector; the Senegal platform involves five sectoral ministries.
- » The conference welcomed local initiatives in the region to enhance women’s and girls’ access to safe sanitary products to manage their periods.

Despite the progress made, the conference has ongoing concerns around a number of major challenges related to gender inequalities in access to WASH in the West and Central Africa, particularly including:

- » The pursuit of actions needed for the operationalization of the integration of Menstrual Hygiene Management into the implementation plans for different countries’ public policies and budgets and within sectors. Going beyond policy documents, this integration should be reflected in sectoral ministries’ flagship programmes and budgets.
- » The low funding of the hygiene and sanitation subsector and the lack of suitable facilities for women and girls.
- » The need for continued research to address issues that have not been covered. Those issues include the needs of specific target groups, such as persons with disabilities, women in prison, women in hospitals (management of post-partum blood, fistulas, violence in hospitals), and the elderly (incontinence).
- » The still-high cost of industrially-manufactured sanitary towels and the difficulties that rural populations have in accessing re-usable pads.
- » The lack of funds for the manufacture and distribution of hygiene kits.
- » The inefficient management of public facilities and infrastructure, particularly latrines.

We, participants at the Dakar Regional Conference, make the following recommendations:

- » Strengthen the scaling up of the experimental programme, the results of which deserve to be consolidated and expanded to other countries, stakeholders and target groups that have expressed actual demand for it.
- » Continue intersectoral collaboration to reduce and then eliminate inequalities of access to WASH services.

- » Ensure the effective integration and use of MHM indicators in the public policies and budgets of different countries, particularly in relevant ministries and services (at central and decentralized levels).
- » Further target boys in schools to improve their level of understanding of menstruation.
- » Integrate cultural aspects into awareness activities.
- » Share MHM best practices and prototype latrines, including technical specifications and methods of construction.
- » Harmonize actions and means of intervention on MHM issues around a common vision.
- » Further involve the media in the implementation of post-2015 development projects and programmes, especially on the reduction of inequalities in the WASH sector.
- » Strengthen the capacity of the media with regard to the Sustainable Development Goals (SDGs) in general, and SDGs 5 and 6 in particular.
- » Establish a fund to support local initiatives and social enterprises working in MHM.

Closing the regional conference on behalf of Minister of Water and Sanitation His Excellency Mr Mansour Faye, First Technical Advisor to the Minister, Mr Diatta, congratulated participants on the quality of their work, exhorting them to take an active part in preparations for the 2021 World Water Forum, to be held in Dakar. Mr Diatta invited participants to strengthen awareness-raising and actions to promote women's and girls' access to WASH services, including for menstrual hygiene management, so that 2021 communities would have significantly raised awareness of MHM by the year 2021. The results of these actions to support communities would be presented at the 2021 World Water Forum.

Dakar, 19 June 2018





## Opening Ceremony

### Session 1

Programme presentation and sharing of the Joint Programme on Gender, Hygiene and Sanitation stage 1 evaluation results

#### Presentation:

**Ms. Dienaba Wane Ndiaye**, UN Women Country Programme Director and programme coordinator

**Ms. Rockaya Aidara**, public policies specialist, Joint Programme manager at WSSCC

#### Speaker:

**M. Cyuma Mbayiha**, UN Women Regional Office for West and Central Africa

### Panel 1

Public policies and budgets: How Menstrual Hygiene Management and other women and girls specific needs have been integrated in three countries of West and Central Africa

#### Opening remarks :

**Ms. Rockaya Aidara**, public policies specialist, Joint Programme manager at WSSCC

#### Speakers:

**M. Kitchinme Bawa**, Chef of Sanitation projects, African Ministers' Council on Water (AMCOW) – presentation of AMCOW gender policy

**M. Amadou Diallo**, Chef of PEPAM coordination unit, Senegal

**M. Labo Madougou**, Sanitation Division Director, Ministry of Water and Sanitation, Niger

**Ms. Alice Ngo Njiki**, Deputy director of water resources management and monitoring and MHM focal point, Ministry of water and energy, Cameroon

### Panel 2

State of MHM knowledge: Presentation of research results

#### Opening remarks:

**Ms. Rockaya Aidara**, public policies specialist, Joint Programme manager at WSSCC

#### Speakers:

**Dr. Chris Bobel**, Professor Associate Women's Gender and Sexuality Studies, Boston University, Massachusetts and former president of the Society for Menstrual Cycle Research

**Pr. Honoré Mimche**, Director of the Doctoral School, IFORD

### Panel 3

Community approaches to women's and girls' access to WASH services

#### Opening remarks:

**Ms. Absa Wade Ngom**, Director of Equity and Gender Equality, Ministry of Women, Family and Gender of Senegal

#### Speakers:

**Ms. Mariame Dem**, WaterAid regional Director

**Ms. Maimouna Karimou**, point focal GHM Commune de Jirataoua Niger

**M. Moctar Sow**, Non-State actors coordinator, Louga, Senegal

**M. Ousmane Dambadji**, REJEA Director

### Panel 1

Integrating menstrual hygiene management into training curricula: Objectives and Impact

#### Opening remarks:

**M. Jean Jacques Kablan**, PO Nurrsing, West African Health Organization

**Ms. Ndeye Mingue Ndiaye**, Gender unit Coordinator at the Research Planning and Statistics Directorate of the Ministry of Health and Social Action of Senegal

**Ms. Aminata Seck Traore**, Head of Reproductive Health Office, Ministry of Health.

### Panel 2

Menstrual Hygiene Management in Humanitarian settings

#### Opening remarks:

**Ms. Rockaya Aidara**, public policies specialist, Joint Programme manager at WSSCC

#### Speakers:

**Ms. Paulette Beat**, UN Women Cameroon

**Ms. Béatrice Eyong**, UN Women Niger

**M. David Clatworthy**, Technical Advisor in Environmental Health, International Rescue Committee

### Panel 3

State accountability and monitoring of WASH indicators

#### Opening remarks:

**Ms. Rockaya Aidara**, public policies specialist, Joint Programme manager at WSSCC

#### Speakers:

**Ms. Priya Alvarez**, Evaluation Specialiste - Développement des indicateurs WASH and Gender indicators development–UN SWAP, UN Women

### Panel 4

Local innovations and initiatives integrating gender in the WASH sector

#### Opening remarks:

**Ms. Mbarou Gassama Mbaye**, UN Woman Consultant and Gender Expert

#### Speakers:

**Ms. Olivia Boum**, Kmerpad

**Ms. Marina Gning**, Api Afrique

**M. Cheikh Ahmed Fadel Thiam**, Catholic Relief Services

## Visit of the exhibition

## Closing ceremony

Reading and adoption of the Conference conclusions




15 Chemin Louis-Dunant  
1202 Geneva  
Switzerland

Telephone: +41 22 560 81 81  
Email us at [wsscc@wsscc.org](mailto:wsscc@wsscc.org)  
[www.wsscc.org](http://www.wsscc.org)

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