MINISTRY OF EDUCATION AND SPORTS

MENSTRUAL HEALTH AND HYGIENE MANAGEMENT GUIDELINES
FOR
SCHOOLS AND EDUCATION INSTITUTIONS
IN UGANDA

2021

Acknowledgement

The Menstrual Health and Hygiene Management guidelines is a result of a participatory process that involved wide consultations with Teachers, School Management Committees and Boards of Governors, District Education Officers, Ministry of Education and Sports Officials, Development Partners, Members of Civil Society Organizations and learners. We are gratefulto all the people and organizations who contributed to the development of the Menstrual Health and Hygiene Guidelines for your contributions.

We are greatly indebted to UNFPA for both financial and technical support, towards the development of this guide, to Irish Aid and UNICEF for your continued support to the Ministry of Education and Sports that has enabled us to develop these MHH guidelines.

Special thanks go to the members of the Menstrual Health and Hygiene Coalition for your invaluable technical input into Guideline. I also wish to express my thanks to the Gender Unit team for the overall coordination and facilitating the development of the guidelines.

I urge all school administrators to make use of these guidelines for proper menstrual health and hygiene in your institutions.

ALEX KAKOOZA
PERMANENT SECRETARY

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Acronyms and abbreviations

ACMHM	The African Coalition for Menstrual Health Management
BTVET	Business, Technical, Vocational Education and Training
CAO	Chief Accounting Officers
CSW	Commission on the Status of Women
DEO	District Education Officers
DLGs	District Local Governments
EMIS	Education Management Information System
ESARO	East and Southern Africa Region Office
FBOs	Faith based organizations
GoU	Government of Uganda
HT	Head Teachers
IEC	Information, education and communication
INGOs	International NGOs
IRC	International Resource Centre for WASH
KCCA	Kampala City Council Authority
MDAs	Ministries, Departments and Agencies
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management
MoES	Ministry of Education and Sports
MoGLSD	Ministry of Gender Labor and Social Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MWE	Ministry of Water and Environment
NDP	National Development Plan
PTAs	Parent Teacher Associations
SBCC	Social Behavior Change Communication
SDGs	Sustainable Development Goals
SMC	School Management Committee
SMTs	Senior Male Teachers
SRHR	Sexual and reproductive health and rights
SWT	Senior Woman Teachers
UN	The United Nations
UNBS	Uganda National Bureau of Standards
UNESCO	The United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund
WASH	Water Sanitation &Hygiene
WSSCC	Water Supply and Sanitation Collaborative Council, a United Nations membership organization

Glossary

Terminology	Definition
Adolescence	The transitional period between childhood and adulthood. Boys and girls aged 10 to 19 are adolescents. While there are no universally accepted definitions of adolescence and youth, the United Nations understands adolescents to include persons aged 10-19 years and youth as those between 15-24 years.
Dysmenorrhea/ menstrual cramps	Pains in the lower abdomen, occurring shortly before day 1 of menstruation and they can go on for a few days during the menses.
Hygiene	Promotion of skills and practices that ensure personal and environmental cleanliness or the practice of keeping clean to avoid diseases
Menarche	The onset of menstruation is between the ages of 10 and 16, though it can occur before a girl reaches age 7 or 8 and, in other instances, it is delayed beyond 16.
Menopause	The time in a woman's life when her menstrual periods stop and she is no longer able to have children. This is naturally between the age of 45 to 55 years.
Menstruation or menses or monthly periods (MPs) or periods	A natural biological process in a woman where each month blood and other material is discharged from the lining of the uterus, through the vagina among girls and women. Menstruation occurs from the onset of puberty until the menopause. Menstruation does not occur during pregnancy, under extreme stress or under hormonal treatment or if the uterus has been removed for medical reasons.
Menstrual cycle	The menstrual cycle is the monthly series of changes a woman's body goes through in preparation for the possibility of pregnancy. Each month, one of the ovaries releases an egg — a process called ovulation. If ovulation takes place and the egg isn't fertilized, the lining of the uterus sheds through the vagina. A cycle is counted from the first day of 1 period to the first day of the next period. The average menstrual cycle is 28 days long. Cycles can range anywhere from 21 to 35 days.
Menstrual Health and Hygiene Management	Menstrual hygiene management (MHM) refers to management of hygiene associated with the menstrual process. WHO and UNICEF Joint Monitoring Programme (JMP) for drinking water, sanitation, and hygiene has used the following definition of MHM: 'Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period,

Terminology	Definition
	using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.
Menstrual management products	These are materials, re-usable pads (home-made or commercially made), disposable pads,menstrual cloth, tampons, and menstrual cup that are used by females to help absorb or collect blood, during the menstrual period.
Menstrual waste.	Includes blood and used menstrual absorbents, including cloth, disposable sanitary napkins, tampons, and other substances or materials
Pre-puberty/ pre-pubertal	The two to three-year period preceding puberty, i.e. 9-11 years of age. It is a good period to prepare boys and girls for puberty.
Puberty	The biological onset of adolescence. A period in children's lives when they experience physical and biological changes by which their bodies eventually become adult bodies.[1]

[1]Puberty – the biological onset of adolescence – brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the arenas of sexuality, marriage and child bearing. Millions of girls are coerced into unwanted sex or marriage to then also face high risks of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) and HIV, and from childbirth.
Also see: UNFPA's strategy for adolescents and youth. UNFPA. 2013

CHAPTER ONE: BACKGROUND AND INTRODUCTION

1.0 INTRODUCTION

Menstruation is a natural fact of life and a monthly occurrence for the 1.8 billion girls, women of reproductive age. In Uganda, approximately 10.8 million girls and women are in the reproductive age bracket yet millions of menstruators in the world are denied the right to manage their monthly menstrual cycle in a dignified, healthy way. According to UNESCO, far too many girls are unprepared for menstruation. In fact, in some parts of the world, two out of three girls reported having no idea of what was happening to them when they began menstruating. This can have many negative effects on their physical and emotional development, leading to a drop in self-esteem and poor performance at school.

Menstrual health and hygiene interventions can be an entry point for other gender-transformative programmes during this period, like sexual and reproductive health education and life skills development. By strengthening self-efficacy and negotiating ability, MHM interventions can help girls build the skills to overcome obstacles to their health, freedom and development, such as gender-based violence, child marriage and school dropout. Investments in adolescent girls' well-being yield triple dividends: for those girls, for the women they will become, and for the next generation

The Education sector is responsible for contributing to the healthy development of its learners; it must help them respond to and manage the changes and challenges they face in life. The Ministry of Education and Sports has taken steps to address MHH issues, however, the challenges related to MHH are many and require further guidance as an important step in mobilizing educators, policy makers, non -governmental organizations and the private sector to support menstrual health and hygiene management, an indispensable element in efforts to achieve gender equality and access to good education for all learners."

The MHH guidelines are intended to aid provision of a supportive school environment that will provide comfort whilst at school during menstruation, improve school performance, reduceabsenteeism and dropout rates attributable to menstruation.

1.1 SITUATION ANALYSIS

1.1.1 Global Context

International interest in MHH is recent, but growing rapidly, in human rights fora, global conferences, and goals, as well as in normative operational guidelines. In 2012, the Special Rapporteur on the right to safe water and sanitation introduced MHH as a human right, especially with regard to WASH in schools. In 2016, reference to MHH was made both in the Committee on the Rights of Women (especially rural women), in a resolution on sexual and

reproductive health, in the Committee on the Rights of the Child (CRC), and in the Human Rights Council (UNHRC) itself (CEDAW, CRC, UNHRC, 2016). The Human Rights Watch with WASH United also recently published guidelines on MHH from a human rights perspective (Human Rights Watch, 2017).

The WHO/UNICEF Joint Monitoring Programme on WASH advocated strongly for inclusion of MHH in the SDGs (WHO/UNICEF, 2016). Indeed SDG 6, which deals with WASH (6.2 access to adequate sanitation and hygiene), mentions the urgency for taking into consideration the 'special needs of women and girls', which is widely accepted as a reference to MHH. Indicator 4.a.1 for education refers to 'single-sex sanitation facilities' which is likewise seen as significant for MHM. In addition, MHM can be seen as closely related to the attainment of Goals 3, 4, 5 and 8. In Goal 3 (health), it comes under 3.7- access to sexual and reproductive health services, in Goal 4 (education) it comes under 4.1 and 4.3 - dealing with equal access to primary, secondary and tertiary education, in Goal 5 (gender equality) it is in particular 5.6 - sexual and reproductive health and reproductive rights and Goal 8 - economic growth and employment. There are also interactions with goals on innovation, sustainability (including the issue of disposal of products), and inequality in general (for example, the challenges for poor girls to access costly products)

Globally, many myths and taboos still hover around menstruation and lead to negative attitudes toward this biological phenomenon and women experiencing it. After menarche, girls are faced with challenges related to management of menstruation in public places. World Bank statistics highlight school absences of approximately 4 days every 4 weeks partly due to the difficulties in measuring absenteeism and its causes, especially when linked to menstruation, there are differing opinions on the impact of lack of menstrual hygiene materials.

Several studies conducted in sub-Saharan Africa demonstrated that millions of girls in this region skip up to 20 % of the school year because they cannot afford to buy sanitary products. Barriers to a healthy and dignified menstrual experience include: the lack of information and education on menstruation, inadequate and unaffordable sanitary products, latrines that are not responsive to the privacy and hygiene needs of menstruating girls and the many cultural myths and taboos, linked to menses. Indeed, sometimes menarche, the onset of menses is confused with sexual maturity, and girls get married off, or girls get into sex-work to purchase sanitary products.

Furthermore, in some country settings, parents may encourage girls to drop out of school because menstruation is associated with reproduction; they may prefer girls to get married to contribute to the family's income, and may prioritize knowledge not taught in school, such as how to maintain a household. In addition, perceiving that after menarche a girl becomes desirable and able to procreate, parents and girls become increasingly fearful of potential sexual harassment by boys and male teachers at school. Parents may withdraw girls from schools to avoid pregnancies resulting from consensual or non-consensual sex. The issue of safety for girls is significant in relation to the onset of menses and the subsequent need for menstrual hygiene management in schools.

Studies from South Africa and elsewherehave documented the risks of sexual violence and harassment in latrines, and the importance of including schoolgirls in the planning of latrine location and structures within schools. Toilet facilities must also have doors and locks inside, to ensure girls can privately, safely manage their menses. Soap and safe water should be available.

Although evidence on the issue of access to menstrual hygiene materials for girls issue is primarily anecdotal, risky behaviours have been reported such as girls engaging in transactional sex, particularly in sub-Saharan Africa, to acquire the funds to purchase disposable sanitary pads so they can continue to attend school comfortably during monthly menses. several studies have described how too few safe, private, clean latrines, insufficient water supplies and soap, and absent mechanisms for disposal, such as a closed dustbin inside a stall and/or an incinerator on school grounds for burning used menstrual hygiene materials, detracts from schoolgirls' enjoyment and quality of learning.

In low-income countries, costs, availability and social norms can limit girls' choices of menstrual hygiene materials. As a result, in many low-income countries, especially in rural areas, girls still use rags or cloths. A focus group conducted among women in Nigeria, for instance, highlighted that almost all adult women, young women and girls used rags during menstruation. Many older women had tried disposable pads but did not find them comfortable, and therefore preferred using rags. Habits and traditions may also play a role in the choice of commodities. However, cloths require that women wash, dry and reuse them, which is possible in schools where separate latrines and a private room for girls are available. A study in Sierra Leonefound that girls preferred sanitary pads for managing menses because they felt confident and less worried about possible leakages.

In some contexts, girls use natural materials such as mud, leaves, dung or animal hides and skin. While these may be locally available and free, they are ineffective, uncomfortable and unhygienic. These materials can be used only once and then must be discarded. Other single-use materials – toilet paper, tissue, or cotton wool – tend to be locally available and relatively easily disposable, but can be costly, depending on location and quantities needed.

In addition, numerous studies, particularly in South East Asia and Sub-Saharan Africa, demonstrate that many schools have very poor sanitation facilities. UNICEF estimates, based on surveys in nearly 50 low-income countries, that on average only 51 per cent of schools have adequate water sources and only 45 per cent have adequate sanitation facilities. Thus a large number of schools have no formal toilets or access to water. Where toilets do exist, studies have shown that often students, girls especially, choose not to use them as they are unpleasant and unsafe with little or no privacy. Many schools also continue to have toilets that are not segregated by sex, making it a challenge for girls to have some privacy. Where there is water, it may not be available inside the latrine, and there may be no soap. In addition, there are often an

insufficient number of functioning toilets, and poor maintenance. In many schools, especially in low-income countries, there are no disposal mechanisms for menstrual hygiene materials. Particular challengesare faced by girls in boarding schools where showers and other bathing options are shared facilities, offering almost no privacy for girls wishing to wash themselves or their reusable protective cloths

Moreover, menstrual stigma, shame, and the imposed secrecy exist across a wide variety of settings, and cultures, creating negative menstruation experiences for girls. Unbroken, women and girls face a vicious, self-perpetuating cycle of shame and silence, creating barriers to girls' access to education, support, and guidance, fuelling the multi-generation cycle of menstrual stigma and shame.

To break the inaction by duty bearers; societal and self-imposed stigma, shame and silence; and the absenteeism from school by menstruating learners; several countries have developed MHM program guidelines. To date Ethiopia, Zambia, Nigeria, Kenya, India, and South Africa have National Guidelines on MHM.

1.1.2 National Context

Uganda is one of the countries that ratified many international legal instruments that aim to protect people's fundamental rights and freedoms. The country considers MHM not only a global development issue, but also a human rights issue for women and girls. In spite of the various endorsements, programming especially for MHM is still low in the country. It was not until the year 2012, when the momentum for MHM initiatives began to increase among development partners, individuals and Civil Society Organizations. The leadership of the Ministry of Education and Sports (MoES) has been pivotal in the current progress in MHM in the country.

In 2015, the MoES issued a circular to all schools specifying the actions to take in a bid to respond to the needs of girls in schools, while in 2017, MHM was integrated into the Planning and Implementation framework for WASH in schools. By 2019, the number of secondary schools with Menstrual Hygiene Management systems were 574 representing 50%. Currently, there is a loose structure of the National MHHcoalition that promotes MHH issues in the country.

Although there are some achievements registered, the country still has an uphill task of mitigating the negative socio-economic impacts that are partly caused by limited programming in MHH. The recently concluded situation analysis of MHH in 14 districts of Uganda highlighted the following:

Knowledge, Attitudes and Perceptions:

There was generally limited knowledge about MHH and to many, MHH stopped at accessing and using pads. The study revealed that the role of parents in passing on basic MHH knowledge

and information is minimal and it was more pronounced among men and boys attributed to a culture that locked them from women's menstrual issues.

Access to Information: There is limited access to the right and adequate MHH information. The male folk (men and boys) are the most affected. Of the 143 respondents reached, 65% indicated having access to basic MHH information. The major source of information was schools for (61%) of respondents; mainly for teachers, school going boys and girls. Other major sources of information included; peers reported by 45% of respondents, workmates (37%) and CSOs/ NGOs (27%). The major source of information for community women was their peers and elderly women while for other working categories it was their workmates. For mothers, only 43 (10.4%) respondents reported accessing information from them.

Senior Women teachers were the main source of information in schools. Children with Special Needs rarely accessed MHH information that was packaged according to their type of disability.

Access and Use of MHH Materials: Disposal pads was the most used material among schoolgirls and career women. Rural women and girls commonly used pieces of cloth for padding. Out of the 250 women and girls interviewed; 52% used disposable pads, 32% used pieces of cloth, 6% re-usable pads, 5% cotton wool, 3% used toilet paper, while 2% used other materials. Use of disposable pads was most common among school going girls and career women. Of the 152 girls, 46% of them specifically used disposable pads, while 29% of girls and 13% of women used re-usable pads. The use of disposable pads was however not consistent. Sometimes, these would alternate to pieces of cloth due to lack of money to purchase adequate disposable pads. 75 of the 152 girls indicated having lacked pads at one point in time.

Access to Water: While findings revealed that all schools and communities accessed safe water, the supply was quite inadequate especially in rural settings. Of the 353 respondents (comprising of girls, boys, teachers, community men and women), only 207 representing 59% had regular access to water. Findings also revealed that schools and communities in hard to reach areas faced serious challenges with the water supply. It was found out that most water sources in schools were not conveniently located near washrooms and changing rooms as directed by the MoES directive. Access to other sanitation facilities: 86% of the 14 districts sampled indicated having separate toilet facilities for boys, girls and staff. Changing rooms were a rare facility in schools. The same applied to hand washing facilities.

Access to other MHH support: Only 3 of the 14 districts provided emergency clothing for the girls at school. These included Kyenjojo, Nebbi and Wakiso districts. Out of the 79% women and girls that indicated experiencing menstrual pain, only 28% had access to pain killers. Very few schools were found to provide soap and basins to the girls and female teachers. Thirty (30) out of the 152 girls reached reported to have lacked soap during their menstrual periods. With regard to psychosocial support, 15% of the 152 girls reached indicated having access to some form of psycho-socio support, while only 30 out of the120 teachers interacted with indicated having had training in MHH.

1.2POLICY AND LEGAL FRAMEWORK

1.2.1 International Level

A number of human rights conventions, policies and programmes of action at Global and National level provide a rights-based argument for the education sector to ensure quality MHM in education Institutions.

1. The Universal Declaration of Human Rights; (article 25) (i) entitles everyone to have a right to a standard of living adequate for health, well-being, medical care and social services; while articles 26 and 27 entitles everyone a right to education and to free participation in the cultural life of a community respectively.
2. Convention on the Rights of a Child; (CRC 1990); highlights the principle of nondiscrimination for children and a right to their health and to live a life of dignity.
3. Convention on Elimination of All Forms of Discrimination against Women (CEDAW, 1979); Article 1, prohibits all forms of discrimination against women and girls.
4. UN Convention on the Rights of Persons with Disabilities (2006)
5. Maputo Protocol (1995) enshrines the principles of non-discrimination based on grounds of sex.
6. African Charter on the Rights and Welfare of the Child; advocates for the rights of the African child
7. Beijing Platform (1995); calls on all member states to take concrete steps to give greater attention to the human rights of women to eliminate all forms of discrimination against them
8. East African Community Gender Policy (2018); aims to strengthen mainstreaming of gender concerns in the planning and budgetary processes of all sectors in the EAC organs, institutions and partner states

1.2.2 National level

a) The Constitution of the Republic of Uganda (1995), advocates for a right to good health.
b) The National Gender Policy (2007); aims at establishing a clear framework for identification, implementation and coordination of interventions designed to achieve gender equality.
c) The Environmental Health Policy (2005); emphasizes interventions that respond to the differing needs of men, women and children, while recognizing that women are the main users of water and sanitation facilities". It further recognizes that sanitation is essential for improving "women's dignity.
d) The National Environment Management Policy (1994); encourages effective involvement of women and youth in sustainable natural resources management and integration of gender concerns in environmental policy planning, decision making and implementation at all levels.
e) The Local Government Act (1997); specifies functions and services to be provided by the district local governments through the decentralized system of governance.

f) Persons with Disabilities Act (2006) provides for respect of rights for PWDs including through the provision of services they need for their survival.
g) The Children's' Act (2008); requires all duty bearers, parents, teachers, community members and parents to ensure the safety of all children and respect to their rights.
h) Education Act (2008): article 13 commits parents to provide guidance, psychosocial welfare, clothing and medical care to their children
i) Uganda National Employment Policy (2011); emphasizes decent employment for all men and women in conditions of freedom, and human dignity.
j) Universal Primary Education Policy (UPE) 1997; aims to provide the facilities and resources to enable every child to enter and remain in school until the primary cycle of education is complete.
k) Universal Secondary Education Policy (USE 2007); aims to provide equal access to affordable education for vulnerable boys and girls.
l) The Gender in Education Sector Policy (Revised 2016); its goal is to achieve gender equality in education.
m) Uganda Second National Health Policy (2010); its purpose is to attain a good standard of health for all people in Uganda in order to promote a healthy and productive life.
n) National Water Policy (1999): provides for integrated and sustainable development, management and use of water resources with full participation of all stakeholders. It also provides for sustainable provision of clean safe water to all Ugandans.
o) Uganda National Development Plan III (NDP III); aims to achieve increased household incomes and improved quality of life.
p) Water and Sanitation Gender Strategy (2018-2022) aims to empower men, women, boys, girls and vulnerable groups through ensuring equity in access to and control of resources in the water and sanitation sub-sector.

1.3 RATIONALE OF THE GUIDELINES

Menstrual Healthand Hygiene (MHH) includesensuring that girls and womenare in 'a state of complete physical, mental and social well-being' (health) during the menstruation period and ensuring menstrual hygiene management (MHM-WASH). The wholistic outlook on menstrual health, incorporates menstrual hygiene management. Menstrual health is important because:

1. It is a human rights issue. Girls and women have the right to have access to information and services that enable them to manage menstruation with dignity.
2. Safely practiced menstrual hygiene prevents infections and body odor. Even though menstruation is a natural process, if not properly managed, it can result in health problems. Menstrual hygiene practices, such as, using ash or unclean old rags to absorb menstrual blood, especially if they are inserted into the vagina, can cause easier access for infection to the cervix and the uterine cavity. Prolonged use of sanitary materials can cause body odor and skin irritation, which also increases the risk of infection. In addition, lack of

handwashing after changing menstrual materials can facilitate the spread of infections such as Hepatitis B or Thrush. Studies suggest a link between poor menstrual hygiene and urinary or reproductive tract infections and other illnesses.

3. Managing menstruation effectively can reduce absenteeism from school and contribute to improved educational performance. Lack of lockable, single-sex toilets with water and soap for washing; private space for drying wet cloths; absence of closed bins or incinerator for disposing used pads contributes to girls missing school during their menstrual periods or even dropping out completely. Menstrual pain is another reason for girls to be absent from school. Confusion, shame and fear of leakage or dropping of sanitary material, smell and staining of clothes and harassment by male students and teachers are additional contributing factors for poor educational performance and absenteeism.
4. MHM can enable women and girls to remain healthy, empowered, and become more productive for the growth of the country. Every menstrual period can be loaded with mental, emotional and physical trauma, which affects the day to day lives of girls and women across Uganda. Implementing appropriate MHH would help to boost the self-esteem of girls and women.
5. MHH can contribute to the achievement of the Sustainable Development Goals. Implementation of effective MHHprogrammes will contribute towards the achievement of SDG targets in education, gender equality, reduction of maternal mortality and water and sanitation.

1.4 OBJECTIVES OF THE GUIDELINES

1. To provide programmatic guidance and compliance with national, regional and global MHH standards/guidelines.
2. To provide minimum MHHstandards, guiding principles, and illustrative strategies for adaptation, adoption and implementation at schools and institutions in Uganda, national and sub-national levels.
3. To disseminate and roll out global and regional guidelines, as well as further disseminate the national circular on MHM in schools and with education sector stakeholders.

1.5 SCOPE OF THE MHM GUIDELINES

The guidelines are specific to the education sector stakeholders, institutions and schools, including inclusive and special needs schools, nationally, and in refugee and non-refugee hosting districts in Uganda. The guidelines are a resource tool that can be adapted by other sectors to cater for girls and boys out-of-school; women in institutions (prisons); and women in the world of work.

1.6 TARGETED USERS

The targeted users for these guidelines are education and sports stakeholders, the duty bearers and the rights holders, for programming for menstrual health in schools and institutions in Uganda. These include: GoU national level education policy development and monitoring: The Parliament of Uganda, MoES and the multi-sectoral actors; The Ministry of Gender Labor and Social Development (MoGLSD), Ministry of Health (MoH), Ministry of Local Government (MoLG), Ministry of Water and Environment (MWE) and multi-sectoral ministries, departments and agencies (MDAs) of GoU.

Education policy and programs implementation and supervision duty bearers: District Local Governments (DLGs), Kampala CapitalCity Authority (KCCA); towns and municipalities; the CAO, District Education Officers (DEO), District Inspector of Schools, Municipal Education Officers/and inspectors of schools and multi-sectoral technical teams, the sub-county level. Public and private and government aided schools and institutions in refugee or non-refugee hosting districts. Primary schools, Secondary schools, post-primary, (BTVET and Primary Teacher Colleges) and Tertiary institutions (Diploma and Degree awarding) as well as community projects offering alternative approaches to education for boys and girls. Development partners, UN Agencies, Donors, Bilateral agencies; International and local NGOs; Faith based organizations (FBOs); religious and cultural institutions; research and academic Institutions, the private sector, manufacturers, and distributors.

The rights holders: adolescent boys and girls, women and men learners, learners with disabilities; in public or private schools or inclusive or special needs schools, and institutions in Uganda, their care givers or parents and the community they live in.

1.7 GUIDING PRINCIPLES

1. **Menstruation as a human right** - The guidelines recognizes that the ability to manage menstruation safely and hygienically, without stigma or taboos, and in dignity is a precondition to meeting the human rights of girls and women.
2. **Gender-Aware:** Any programmes that aim to effectively address MHH should ensure that all girls, boys, women and men can live and learn in a gender-aware environment (home, community, school, public facilities, etc.). Gender sensitive school WASH facilities should be clean, safe and protective (e.g. private sanitation facilities with locks); and provide equal opportunities for children with disabilities.
3. **Integrated approach** – Menstrual Health and Hygiene Management is essentially multi-sectoral. An integrated approach combining MHH education, access to menstrual products, services and facilities, and safe disposal of menstrual waste, ensures improved health, access

to education and work, reduced discrimination of girls, and increased gender-equality. The successful promotion and implementation of MHHguidelines will require the involvement of all stakeholders in all stages from the preplanning stage, through implementation to monitoring and evaluation stages.

4. **WASH as a precondition for MHH** – Adequate access to Water, Sanitation facilities and an enabling environment to learn about and practice hygiene are integral to safe and hygienic management of menstruation
5. **Equity –** The disadvantaged children with disabilities, Internally Displaced Persons, refugees, the poor etc.) suffer disproportionately from the barriers of inadequate MHM. Ensuring access to safe, hygienic and dignified MHH for the disadvantaged segments of the population shall be ensured as a means of their health, access to education and work.
6. **Social inclusion –** Vulnerable and disadvantaged children shall be given priority attention in Menstrual Health Management Promotion. The planning of, investment in, and the promotion of Menstrual Health Services and facilities must therefore address the special needs, interests and priorities of the vulnerable – including children with disability.
7. **Education –** Comprehensive understanding of menstruation is the best means of addressing myths and taboos and ensuring the adoption of proper menstrual health practices. Menstrual health information shall therefore be made available in learning institutions.
8. **Sustainable access –** To remove the barriers imposed on girls by inadequate MHH, they require sustainable access to menstrual products and services. It shall therefore be the responsibility of the state to create an enabling environment where these products and services can be accessed.
9. **Evidence-based:** interventions aimed at addressing MHH will be more effective when based on research and data collection. Reliable data on MHH would inform the design of effective interventions and advocacy for effective policymaking and resource mobilization.

CHAPTER TWO: MENSTRUAL HEALTH MANAGEMENT GUIDELINES

2.1 INTRODUCTION

Menstrual Health and Hygiene Management is comprehensive in nature. To tackle MHH systematically through the education system in Uganda, the national guidelines will facilitate interlinked and multi-sectoral programming and implementation involving government and other stakeholders.

The guidelines are hinged on thesystematic factors enabling MHH as listed by UNESCO as: accurate and timely knowledge; available, safe, and affordable materials; informed and comfortable professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy. They will also be aligned to already existing national standards for WASH in schools. Below are the guidelines for undertaking MHH for schools and education institutions.

2.2 GUIDELINESON: ACCESS TO ACCURATE AND TIMELY INFORMATION AND KNOWLEDGE ON MHM

Girls and boys, (with a bigger focus on pre-puberty and adolescent girls), need to be supported by their parents, guardians or caregivers, teachers and the community to understand what menstruation is, how it happens, why it happens, how to manage it and where to seek correct information. MHH education helps to prepare the girls for menarche and the subsequent management of their menses. Correct information helps to dispel myths and misconceptions around MHH. The guidelines for improving sharing of knowledge and information about MHH are:

1. Schools and education institutions should consider skilling of their staff for effective trainings and sensitization of learners
2. Pre-pubertal learners (9-11 years) and all adolescent learners (girls and boys), in addition to male and female teachers must be given appropriate information, on the facts about menstruation for effective management of menstrual health.
3. MHH should be incorporated in the curriculum for schools and education institutions and funds provided for implementation of priority interventions
4. Materials like leaflets and readers educating girls and boys on puberty and menstruation should be distributed to learners, to enhance the learning process on MHM
5. MHH messages should be integrated into WASH education, and personal hygiene messages.
6. IEC materials like posters, pamphlets, flyers must be designed, translated into local Ugandan languages, printed and distributed to schools and institutions. These shall be

displayed at relevant points for clear visibility and should be integrated into the 'Talking Environment concept".

7. Co-curricular activities (health clubs, drama, debates, quizzes and games) should be used to enhance awareness about MHH.
8. Peer to peer interactions at schools must be encouraged, gender-based groups, with female teachers talking to girls and male teachers talking to boys, informal 'let's talk about it' sessions. This should encourage learners to open up and share experiences. Older girls should be trained to mentor younger girls.
9. Through the SMC/BOG and PTA schools should skill the parents and community leaders with information on MHH.
10. Schools should disseminate theMoH key family care practices that are in line with MHH to parents for a broader reach at community level. **The key family care practices are annexed to this guideline.**

2.3 GUIDELINESON: AVAILABLE, SAFE AND AFFORDABLE MHM SANITARY MATERIALS

Hygienic menstrual absorbent and collecting products or materials help adolescent girls to manage menstruation effectively, safely and comfortably. Girls become freefrom the fear of leakage or unpleasant smell and this increases the girl's ability to be at school during the menstruation period. However, girls and women cannot always predict when menstruation will start, therefore emergence menstrual products and materials should be available and accessible in schools and institutions. The following guidelines are essential for enhanced access to hygienic menstrual products in schools and education institutions:

1. The management of schools and institutions must establish policies that support procurement of emergence MHM products by allocating a percentage of the capitation grant; PTA funds or other financial contributions from other stakeholders.
2. Menstrual products shall be made available as a hygiene kit, which includes: disposable or reusable sanitary pads, knickers, soap, extra clothing (uniform).
3. The menstrual products shall be stored safely and hygienically in a designated area with a lockable trunk or cabinet. Learners should know how to access these emergency menstrual products.
4. Schools and institutions shall implement activities to train learners (both boys and girls) including teachers on how to make locally made re-usable washable sanitary pads, as a low-cost alternative product following UNBS standards on MHM products and guidance from MoES for quality assurance.
5. To enhance learning and advocacy, schools shall document and share experiences and lessons from activities supporting both girls and boys in making reusable sanitary pads
6. Parents and guardians shall remain with the responsibility for providing menstrual hygiene products except in emergence situations.

2.4 GUIDELINES ON: PROVISION OF WASH FACILITIES FOR MHM

Adequate and functional WASH facilities inschools and education institutions is critical to learners' staying in school, performing well and keeping healthy and well, among other benefits. The design and features of toilets for girls at schools must cater for their MHM needs as stipulated in the Uganda's WASH in schools' national standards[2]. Below are the WASH guidelines needed for effective MHM:-

1. Separate toilets for all girls and boys and people with disabilities (PWDs) shall be provided.
2. All toilets and latrine facilities shall have toilet paper, water and soap, for hand washing, and to maintain personal hygiene. In situations where there is no running water, other containers like a jerry cans or bucket can be used
3. Girls toilets shall have washrooms and changing rooms to enable girls to privately clean themselves during menstruation.
4. A system to clean and maintain the WASH facilities shall be implemented every day.
5. Toilets and latrines shall have a curtain wall and lockable doors for privacy, ensuring there is enough light inside for visibility.
6. For primary and secondary schools, equitable allocation of toilets or latrines shall be done according to classes (e.g. Primary 1-4, Primary 5-7 and senior 1-4, senior 5-6) so that girls who might have reached menarche (in upper or lowerclasses) enjoy privacy.
7. Learners shall be sensitized on toilet and latrine use to promote proper hygiene
8. Initiatives like inter-class or inter-dormitory and inter-school competitions shall be used to promote sanitation and hygiene practices.

2.5 GUIDELINES ON: PROVISION FOR SAFE AND HYGIENIC DISPOSAL OF USED SANITARY PRODUCTS

The practice of disposing of menstrual pads in pit latrines is an environmental hazard. Burning is the best way of disposing used menstrual products, ideally with an incinerator close to the latrine. Schools and institutions must build incinerators for the disposal of menstrual products.

1. The school management shall provide appropriate infrastructure for the disposal of menstrual products. Incinerators are highly recommended for burning used disposable menstrual pads.Incinerators must be user friendly, non-hazardous and located in areas that ensure privacy.
2. Disposal accessories like bins shall be used in toilet compartments.
3. The school should provide protective gear for emptying and cleaning of disposal bins.

[2] WASH in Schools National Standard in Uganda. Page 3

4. The community must be engaged through campaigns to address the cultural sensitivities linked to the disposal of menstrual products, in order to ensure the successful roll out and adoption of improved disposal systems.
5. The cleaning staff must be oriented to manage the safe disposal of menstrual hygiene materials.
6. To cater for more personal disposal options, school management should provide special or improvised carrier bags for girls to store menstrual products that are soiled whilst at school. Disposal bags give girls the option to decide when, where and how they will dispose of the used menstrual material.

2.6 GUIDELINES ON: REFERRAL PATHWAY AND ACCESS TO HEALTH SERVICES: MANAGEMENT OF PAIN AND IRREGULARITIES DURING MENSTRUATION

While menses are normal, often girls experience menstrual related pains. Additionally, the onset of menses can be delayed beyond 16 years of age, or the menses are irregular or extra heavy or prolonged. Within the school setting, learners should know the referral pathway to ensure access to health services, as need arises[3]. The following guidelines are therefore essential for management of pain, discomfort and irregularities associated with menstruation:

1. Schools and institutions shall create a space within the sick bay for girls to lie down, relax temporarily; to relieve or cope with menstrual pain, as need arises.
2. Schools shall stock off-the counter, non-prescribed painkillers to support management of pain by menstruating girls. The head teacher, senior woman or male teacher shall be oriented on the dosage and frequency of use of painkillers
3. Schools should have effective counseling systems through general **information** sessions and one-to-one sessions for both boys and girls. This can be done by the senior woman or man teacher or any other staff.
4. Girls' clubs shall serve as a referral pathway to counseling services, health services and other support where needed
5. In the absence of female teachers, trained role-model, older girls from the upper classes or a female member of SMC can be selected and tasked with mentoring younger girls.
6. A classroom health focal person should be appointed, and in addition to sanitation and hygiene prefect, will be key players in the MHM referral pathway.
7. Through collaboration, schools and institutions must design a referral pathway, and referral form from school to the health facilities for care, support and access to basic medication.

3https://www.psi.org/2019/05/theres-so-much-to-gain-with-menstrual-health/ By Cristina Ljungberg, The Case for Her @cjljungberg. 28.05.2019
Also see: https://www.aafp.org/afp/2014/0301/p341.html

8. Physical exercise shall be promoted as an alternative for the prevention and relief of non-complex menstrual cramps.
9. Good nutrition shall be promoted to help lessen symptoms like abdominal cramps, headaches, nauseaamong girls and women. These may include; drinking a lot of water, water-rich fruits, vegetables and foods rich in iron and protein.
10. Schools should carry out sensitization campaigns on health issues/challenges related to menstruation.

2.7 GUIDELINES ON: EMPOWERED EDUCATION SECTOR PROFESSIONALS

Evidence shows that teachers find the topic of menstruation embarrassing to discuss in a classroom, while some teachers give their own personal opinions which might not be based on scientific evidence. Teachers might even skip puberty modules since it's not an examinable topic.[4] The 2015 MoES circular states that all teachers in primary, secondary schools and tertiary institutions should be knowledgeable and comfortable to discuss and counsel learners on MHM.
The guidelines to enhance knowledge of professionalsto talk about MHM include:

1. Schools shall integrate MHH training in the continuous professional development of teachers.
2. Teachers shall be encouraged to mainstream MHH in all their classroom and co-curricular activities
3. School management and staff meetings must include orientation of all new members on MHH, and defining their roles.
4. Schools shall conduct training of key stakeholders in inspection, monitoring and support supervision and documenting MHH requirements in the school.

2.8 GUIDELINES ON: SUPPORT FOR POSITIVE SOCIAL NORMS

Many cultures harbor myths and misconceptions on menstruation. Unsupportive attitudes and social norms around menstruation lead to stigma, myths and taboos. For this reason, it is important that orientation and training is given to all stakeholders, and especially faith, cultural, political and community groups to help dispel the myths and misconceptions about MHM.[5,6]

1. The MHM training manual by MoES shall be adapted and simplified to provide MHH half-day orientation sessions for the PTA, SMC, Neighborhood Health Committees and other groups associated with initiation ceremonies for girls.

[4]Menstrual Health in Kenya |Country Landscape Analysis. Geertz A, Lyer L, Kasen P, Mazzola F, and Peterson K (FSG consultants/ sponsored by Bill Melinda Gates Foundation). 2016

[5]House S, Mahon T, and Cavill S, (2012), Menstrual Hygiene Matters; A Resource for Improving Menstrual Hygiene Management Around the World.

[6] Key informer interviews with Uganda MHM stakeholders as part of the process of developing this guideline.

2. Religious, cultural, community, political leaders and other stakeholders advocating for positive social norms shall receive orientation on the MHH guidelines, during MoES roll out of the guidelines to the DLGs, Municipalities, Town councils and sub counties.
3. Schools shall designate one executive member of the SMC/BOG for MHH– Parents Community School Committee ((PCSC). This focal point (FP) will coordinate MHH, linking a SWT and SMT to community support groups.
4. Members of the SMC/BOG/ PTA committee shall work with schools to sensitize other parents and guardians (both males and females) on proper MHH practices to dispel taboos associated with menstruation and support girls at home.
5. Each school and community leadership shall promote the formation of community support groups to be involved with the MHH programs and name an MHH champion from within the community leadership

2.9 GUIDELINES ON: ADVOCACY AND POLICY AROUND MHM

Education sector stakeholders need to sustain policy advocacy on MHM in Uganda. Advocacy is needed to influence the way people think about periods. Beyond pads, MHH covers women's rights (gender equality for girls and women), access to education and healthcare[7]. Guidelines for advocacy for MHH at school include:

1. Prioritization of MHM integration and programming at the school
2. Roll out and implementation of the MHH enabling policies and programs at school
3. Improve budget allocation to MHH activities
4. Fund raise resources to implementMHHschool programs and with the exploration of access to free sanitary towels.

2.10 GUIDELINES ON: MHM DURING EMERGENCE RESPONSE

MHM is important during humanitarian emergencies including pandemics like COVID-19. Therefore, emergence response is important for health, protection, dignity, education, and in order to enable girls and women to access life-saving services. MHH services help divert risks of sexual gender-based violence. Below are the guidelines to support girls and women in emergence situations:

1. Provide female-friendly WASH facilities equipped with soap, water and disposal options;
2. Provide basic menstrual hygiene and health education that is age- and context-appropriate
3. Train education staff to support girls before during and after menstruation, and ensure girls have knowledge of MHH
4. Ensure adequate emergency stocks of MHM materials, including training in making low-cost re-usable sanitary pads

7 Ibid.

5. Menstrual kits and vouchers distributed to refugee families with adolescents and women shall integrate the provision of MHM products and materials.
6. Follow through all guidelines and guiding principles in this National MHH guide, as far as they are feasible in the emergency setting.

CHAPTER THREE: COORDINATION AND IMPLEMENTATION

Government leadership and ministerial ownership and coordination of MHH is essential for reaching adolescent girls. National or sub-national MHH working groups led by MoES are responsible for advancement of MHH in the country through conducting MHH situation analysis, coordinating programme planning, evaluation, and scale up.

The national MHH coalition provides a platform for CSOs, academia, and private partners to come together under government leadership in support of shared goals. Existing platforms at school level; WASH, health or girls' clubs help to advance the MHH agenda.

Implementation, monitoring, evaluation and sustainability, shall be in line with MoES, MoH, MPF and MoLG structures, strategic and annual plans. Within MoES, MHH falls under the Gender unit.
The table below outlines actions and responsibilities of various stakeholders to ensure effective coordination and implementation.

Level of coordination	Roles and responsibilities	Actors
National level	• Collaboration through a multi-sectoral approach to MHH including different ministries and other stakeholders • Develop a multi- year strategic plan with a monitoring framework, focused on implementation of improved MHH in schools. • Develop the social behavior change communication strategy for MHH and roll it out at various levels and structures of the education sector. • Provide budget guidance for adequate allocation of funding for MHH • Mobilize resources for implementation and to enable sustainability of MHH activities • Bring cultural, faith and political leaders on board, to identify and engage MHH champions per region or DLG. • Partner with organizations of Persons with Disabilities throughout the program cycle of MHH programming to help ensure programmes are responsive to the needs of women and girls with disabilities.[8] • Scale up the observance of MHH celebrations to all	MoES, MoH, MoGLSD, MWE and MoLG; donors, CSOs, CBOs, FBOs, cultural leaders, INGOs, Social Enterprises, the Private sector, research and academia, media

[8] Guidance on Menstrual Health and Hygiene. UNICEF. 2019. Page 65

	DLGs,focus on MHH in rural settings, affordable WASH and menstrual products. • Integrate MHH indicators to be monitored through the Education Management Information System (EMIS). • Create and advocate for national policies that support access to hygienic menstrual products whilst leaving no one behind • Mobilize for funding from development partners • Conduct routine monitoring • Conduct studies on the state of MHM in the education institutions	
District Local Government Municipalities and Town Councils	• Ensure that MHH activities are adequately integrated into district action plans and budgets in refugee and non-refugee hosting districts • District education officers to collaborate with other sectors to disseminate, monitor, report and supervise MHH activities at DLG, sub county and community levels. • Partnership building and resource mobilization • Support schools in constructing MHH compliant WASH facilities, including provision of safe water • Coordinate DLG wide advocacy events on the MHH Commemoration Day on the 28th May to raise public awareness and sharing of the right information. • Coordinate the training of all education sector stakeholders on MHH, to strengthen awareness and action. • Conduct community dialogues on parenting (clearly bring out the role of parents on MHM) • Review the construction designs for school facilities to include all MHM recommended facilities at school level. • Incorporate MHM in the routine district monitoring tools at school level as well as report on the progress • Mobilize for MHM funding from partners at district level.	DLG, CSOs, FBOs, Private sector, media
Sub county and parishes	• Integrate MHM plans in sub county education sector action plans in refugee and non-refugee hosting districts. • Guide, supervise, monitor, report on MHH activities in schools and institutions at sub county, parish and village levels. • Coordinate the advocacy events on MHH to raise public awareness and sharing of the right information on MHH in schools.	Sub county Chiefs, education officers; Community development Officers, healthofficers,

	• Partnership building and mobilize resources for implementation and to enable sustainability of MHH activities. • Coordinate the training of all education sector stakeholders on MHH, in their sub counties to strengthen awareness and action.	water and environment sector officers; cultural leaders, FBOs
Schools, BTVET, Teacher training & Higher institutions of learning	• Understand the MHH guidelines and facts on MHH • Allocate budget for the implementation of the guidelines • Ensure essential elements for MHH at school level are in place • Mentoring and counseling of parents on their role on MHH; understanding the need and provide resources. • Ensure MHH is integrated into existing programs and processes of the school or institution. • Review and approve MHH annual work plans, with budget on MHH building on the DLG MHH plans and aligned to the National MHH guidelines. • Hold events on the Menstrual Hygiene Commemoration Day on the 28th May to raise public awareness and sharing of the right information on MHH • Partnership building and mobilize resources for implementation and to enable sustainability of MHH activities • Integrate MHH into existing WASH clubs, and encourage MHH advocacy directed by these groups • Conduct research and innovations on sustainable MHH waste management • Design and put in place talking environment with key messages on MHH • Hold debates, quizzes on MHH • Provide psychosocial support to learners with challenges in managing MHH • Review rules and regulation in a bid to eliminate stigma. •	SMC, Board of Governors, PTA, head teachers & teachers, learners
Community	• Advancement of girls' and women education through community support groups • Parents and family members should receive correct information from schools on MHH, and support the girls to maintain proper MHM at home and at school • Support school MHHprogrammes and activities, including	Community support groups, parents and guardians

	production of re-usable pads and mobilizing resources for provision of appropriate WASH facilities	
Non – state actors	• Support and advocate for provision of MHM information and services to girls and women especially those with special needs and in marginalized areas. • Support research • Build community and stakeholder support for MHH programs. • Mobilization of resources for MHH programs in schools and institutions. • Provide direct support to schools in form of MHM materials and facilities	FBOs, cultural leaders, NGOs, CSOs, CBOs and private sector

CHAPTER FOUR: MONITORING AND EVALUATION

1. MoES shall develop a monitoring and evaluation framework, for the MHH guidelines to guide data recording, documentation, knowledge management, evaluation and research
2. The implementation of the MHH guidelines shall be monitored and followed-up using a set of targets and indicators. These will be in line with the national policy and legal frameworks. The targets and indicators will be incorporated and monitored through annual plans and benchmarking against best practices from across the globe.
3. All implementers of these guidelines shall document processes, lessons learnt, good and bad practices on MHH
4. These guidelines shall be periodically reviewed (every 5 years), to monitor progress, impact and provide knowledge base for updated editions
5. MoES and stakeholders shall implement research, which looks further than missed days of school and consider, for example, a student's ability to concentrate in class, safe and sanitary WASH infrastructure in schools and impact on sexual and reproductive health of women and girls.
6. MoES and stakeholders shall create platforms for learning, virtual and face to face meetings, community of practices. These platforms shall be used for exchange, linking and learning on best practices, and on new research

4.1 SAMPLE MHM WORKPLAN FOR A SCHOOL OR INSTITUTION

Table 1: An example of MHM annual workplan at school level

Name of the school/institution	**District:** **Refugee hosting district: Yes or No**		
Date of the work plan:	**Names contact person:**		
Activity and sub-activities linked to MHM guidelines	**Timing of the activities**	**Responsible Actor**	**Comments and further guidance.**
1. Read the MHH guidelines and understand the contents. - Disseminate National MHH guidelines to other staff members and to the adolescent learners. - Develop the schools MHH program annual work plan	During Term1 or soon after the National launch of the MHH guidelines. Present this during school assembly, and in classes for learners 10 years and above	Head teachers and SWT and SMT	Budget for MHM programs within the school grant for gender activities. Display the guidelines in appropriate places within the school
Educate staff members on MHH through seminars, and staff room discussions	Where possible, partner with experts from the district or municipality or NGOs, and CBOs	Head teachers and SWT and SMT	Allocate time for this event, at least once a term. Let teachers give feedback on challenges met. Teachers not SMT or SWT should join in dialogues and talks to shadow the SWT and SMT.
2. Educate and inform learners on MHM -Get MHM materials from the District or Municipality, or town council or subcounty	Term 1, and as soon as materials are availed. Display and add MHM materials and information to the talking compound themes and the class notice board	Head teachers and SWT and SMT	The DLG, Municipality, Town Council should demand for these materials from MoES and development partners supporting the education sector.

Hold age and gender sensitive dialogues, debates, talks on MHM. Integrate into clubs.	At least once a month, and even more frequently. Throughout the term	Head teachers and SWT and SMT	Add to music, dance and drama competitions, inter class, inter color or inter club. Work with PTA, SMC and community leaders as special guests
3. Procure and stock emergence menstrual products at the school/institution - Let learners know how to access emergency sanitary products within your school	Every Term and replenish stock. Manage stock related data to be reviewed weekly.	Head teachers and SWT and SMT	Budget for MHM programs within the school grant for gender activities. Teach adolescent learners how to make low-cost re-usable sanitary products.
4. Understand national WASH standards. Ensure your school sanitation and WASH facilities adhere to these standards	Get guidance from the DLG or municipal engineer section	Head teachers and SWT and SMT	Fundraise or Budget for upgrade of facilities
5. Ensure disposal facilities are in place and up to standard Develop a roster for incineration by learners or workers	Get guidance from the DLG or municipal engineer section	Head teachers and SWT and SMT	Fundraise or Budget for upgrade of facilities
6. Define and develop referral pathway to health facility Get guidance on acceptable dosage of pain killers Do one on one counselling for learners with individual problems.	Get guidance from the nearest health facility	Head teachers and SWT and SMT	Display the referral pathway in each class room with adolescent learners. And talk about it in school talks
8. Engage religious, cultural and youth leaders on MHM.	Allocate time for this event, at least once a term.	Head teachers and SWT and SMT	Through the PTA or SMC, for school talks, music, dance and drama and hygiene competitions

9. Join in the MHM day celebration events and advocacy.	Allocate time for this event, at least once a term.	Head teachers and SWT and SMT	Through the PTA or SMC, for school talks, music, dance and drama and hygiene competitions
10. Documentation and data collection, Review and evaluate process	Prepare monthly, termly and annual reports on MHM programs	SWT and SMT	Guided by the DEO, DIH in line with MoES monitoring and evaluation standards

NB: Head teachers, SWT and SMT shall update this work plan to be in line with standards and reality at their school.

ANNEX 1: RECOMMENDED MENSTRUAL HEALTH AND HYGIENE MANAGEMENT PRODUCTS

Access to menstrual materials is an important factor in addressing the barriers and challenges posed by MHH. The choice of the type of menstrual materials is largely dependent on the social-cultural acceptability, personal preferences and cost. The table below shows some of the recommended MHM products.

Hygienic MHM products	Advantages	Additional information about the product
Locally made reusable pads or sanitary towels	They can be used for 6-12 months; are cost-effective; are an income generation opportunity; environmental-friendly.	They require adequate laundering in a private space with a water supply and soap and a sun-lit place to dry and air the cloths[9]. They are not always absorbent enough and the shape may not be appropriate
Commercial reusable pads or sanitary towels	Can be used for up to 12 months or more; they are cost-effective, they are environment-friendly compared to disposable napkins; a high standard and hygienic product quality and must be approved by UNBS standards	Costs may be prohibitive to potential users; requires adequate laundering in a private space with a water supply and soap and a sun-lit place to dry and air the cloths; not widely available
Commercial disposable sanitary pads	Often available, except in remote locations; range of sizes and types available in some locations. Well-designed through research and development	Costs are prohibitive to many potential users; generate a lot of waste and they are not environment-friendly; Need to ensure proper disposal
Menstrual cup	This is an inverted bell-shaped product made of soft, pliable, sterilized, and easy to clean medical-grade materials. Menstrual cups are popular in the western countries. A cup can be reused for approximately 10 years; are eco-friendly.	Menstrual cups are new in Uganda market though they have been around since 1932. In Uganda they were piloted for acceptability at household levels.
Tampons	Tampons have been on the Ugandan market, for years. They	Necessitate strict hygiene and timely changing to avoid the user risk of 'toxic

[9] In certain Uganda settings, there is the need to address the cultural taboo or barrier that prohibits women from hanging any forms of undergarments outside in the sunshine/ on washing lines. Similarly, for the menstrual cup and the tampon, some cultures stop girls from touching their private parts.

	are easy to carry given their small size	shock syndrome'.*Tampons can increase the risk of TSS in two ways, including: Tampons (especially super-absorbent varieties) that are left in the vagina for a long time may encourage the bacteria to grow. Tampons can stick to the vaginal walls, especially when blood flow is light, causing tiny abrasions when they are removed*

ANNEX 2: THE MOES MHM CIRCULAR OF 2015

Directed to all educational institutions, especially primary and secondary schools with instructions to undertake and observe several measures for menstrual hygiene management including:

1. Provision of separate toilet facilities for girls, boys, children with disabilities, male and female teachers;
2. Adequate water tanks near the toilet facilities to ensure regular supply of water and soap;
3. Emergency changing uniforms, wrappers, sanitary towels and pain killers for girls; Trained senior female and male teachers to support girls through the process of maturation including menstruation;
4. Develop innovative strategies to effect behavioural change in school and at home; District engineers to observe requirements for separation of toilet facilities for classes, gender and disability and menstrual hygiene facilities by including them in standard specifications;
5. Organize joint training of teachers and extension workers to make MHM part of their periodic community engagement; School management committees and boards to prioritize menstrual hygiene management issues
6. All boys and male teachers in schools sensitized to support girls to cope with menstruation.

ANNEX 3: THE KEY FAMILY CARE PRACTICES RELEVANT FOR MHH

1) Give children, adolescents and women adequate amounts of micro-nutrients and de-worm them
2) Always wash your hands with clean water and soap before preparing/serving/eating meals, before feeding children, after disposal of feces including children's and after using the latrine/toilet
3) Promote mental and social development during early childhood (0-8 years) by communicating and responding to children's needs through talking, playing, giving affection and providing stimulating, learning and safe environment
4) Monitor physical growth and recognize children's developmental challenges and disabilities for timely intervention and management
5) Protect and respond to neglect and abuse of children and women including harmful social norms such as Female Genital Mutilation/Cutting (FGM/C), rape, defilement and child marriage
6) Enroll and keep your children in school until the age of 18
7) Ensure wellness and proper development of adolescents supporting and encouraging them to use adolescent and youth friendly services including getting information about Sexually Transmitted Infections (STIs)/Sexually Transmitted Diseases (STDs), HIV/AIDS and contraception
8) Protect children from teenage pregnancy (including abortions) and other risks by supporting and talking to them to delay sexual relations, avoid smoking, drinking alcohol and taking drugs
9) Recognize when a child, adolescent and pregnant woman need psychosocial support and seek timely medical and appropriate care
10) Give children and pregnant appropriate home treatment during sickness and recovery
11) Follow the health worker's advice about taking medication, the treatment, follow-up visits and referral

ANNEX 4: STAKEHOLDERS AND ACTORS ON MHM IN UGANDA TO DATE

Table 2: Examples of MHM investments in Uganda 2014-2019

MHM Stakeholder	Summary of menstrual health related activities undertaken
The Parliament of Uganda	Parliament passed the MHM/WASH motion bill and signed the charter. There has been ongoing debate on free sanitary pads for schools.
GoU ministries, departments and agencies, working towards a multi-sectoral response to MHM. These include: MoES, MoH, MoGLSD, MWE, MoLG, UNBS and DLGs	Selected examples of national policy guidance, leadership and coordination of MHM developed by MoES. • Understanding and management of menstruation, a reader for learners, 2013 • Circular No. 01/2015. Menstrual Health Management in Schools. (24.01.2015) • The national MHM Steering Committee was established and is functional under MoES • Leads campaign activities every 28th May, the UN MHM day, since 2014 MoH, MoGLSD, MWE and UNBS are GoU MDAs advanced with integration of MHM in sector policies and guidelines
UN Uganda, UNICEF, UNHCR, UNFPA, UNWomen, UKAid, USAID	UN agencies, Bilaterals and donors providing funding and technical assistance to MoES on MHM
Schools and Institutions at national and subnational level	Following the 2015 circular, most schools had made an effort in providing emergency pads and a few have washrooms. Some day school headteachers think MHM is the role of parents and families. The state of MHM in Ugandan schools remains defective
International and National NGOs Community based organizations (CBOs)	These are CBOs and NGOs working in humanitarian and non-humanitarian settings and they distribute MHM products reusable, commercial or homemade, and disposables to girls in refugee settlements and in rural settings. Some CBOs work with schools and at DLG level. Examples: IRC, IRISE, Womena, Oxfam, ADRA, Plan International, Fields of life, the Uganda Red Cross, DRC and several national NGOs and CBOs.
Academia and Research Institutions.	Several academic and research bodies are involved in MHM studies in partnership with NGOs, UN agencies and GoU; at community level throughout the country. These include and

MHM Stakeholder	Summary of menstrual health related activities undertaken
	are not limited to: Makerere University, IRISE, IRC/WASH, and Womena
The private sector	Shops, supermarkets, retail and none retail deal with the procurement and distribution of various brands of sanitary products through retail and non-retail shop outlets. Guided by UNBS standards.
Social enterprises	The example of AfriPads, a leading social enterprise dealing in MHM-WASH education, empowerment and hygiene. Since 2010, AfriPadswith a factory in rural Masaka, Uganda has produced menstrual kits; reusable sanitary pads designed to provide superior feminine hygiene protection and comfort; made from high-performance textiles and provide effective protection for 12+ months (menstrual cycles), making them a cost-effective and eco-friendly solution. There are several other producers of commercial re-usable sanitary pads, individuals and small-scale enterprises.
The community leaders, youth leaders, families, caregivers, women and men, adolescent boys and girls	Need to join the advocacy, break the stigma and silence. Need to ensure the provision of sanitary products to adolescent girls and women at home, at family level and environmental standards in disposal of these products.

ANNEX 5: EXAMPLES OF MHM BOOKLETS FOR LEARNERS

i. *Understanding and Managing Menstruation, A Reader for Learners MoES, 2013*
ii. *Girl Talk. Healthy and Happy periods. Training Handbook. 2017. AfriPads.*
iii. *Girl Talk. My period and what it means to me. AfriPads.*
iv. *Girl Talk. Tips for happier and healthier periods. AfriPads.*
v. *Girl Talk. Tips for happier and healthier periods. AfriPads.*

ANNEX 6: MHM BEST PRACTICES

Photo a school toilet with an incinerator built close to the girls' changing room to promote privacy and dignity

ANNEX 6. LIST OF MATERIALS REVIEWED/REFERENCED

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