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A holistic approach to tackling menstrual hygiene management in rural communities in Kenya

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Brighter Communities Worldwide has been working with communities in Kericho County, Kenya for over fifteen years. We began working on Menstrual Hygiene Management (MHM) in 2010 through a programme called Girls 4 Girls which targeted girls in schools. In 2016 we started mainstreaming MHM across all our programmes. In the same year we began piloting a programme called Community MHM because it was our view that to tackle taboos surrounding MHM in communities, all community members needed to be involved. It is our view that Menstrual Hygiene Management (MHM) requires a multidimensional approach and that improved MHM will have benefits for all sectors of the community. This paper gives an overview of that Community MHM programme and what has been achieved through the programme thus far.

Introduction

Brighter Communities Worldwide has been working with communities in Kericho County, Kenya for over fifteen years. Brighter Communities Worldwide is an NGO whose mission is to work in partnership with communities, to deliver programmes that enrich their lives and help create better futures for them and their families. Our community development model creates an enabling environment for communities to realize change. Brighter Communities Worldwide considers the whole community, enabling individuals and communities to be authors of their own development. Our model creates an enabling environment for communities to realise change and uses a partnership based approach to deliver relevant programs to meet the needs of communities and individuals. We began working on Menstrual Hygiene Management (MHM) in 2010 when the need was identified by the community.

The Girls for Girls (G4G) programme was the first programme Brighter Communities Worldwide established to tackle issues around MHM. The programme was established at the instigation of a local teacher, who was concerned about the impact of girls missing school on a regular basis due to the lack of access to sanitary products. It was apparent from the outset that the programme would need to be multi-faceted as lack of access to sanitary products was only one part of a broader picture. The G4G programme has evolved and been adapted since 2010 but at its core is the belief that the education of girls and young women is a fundamental human right. The G4G programme is about integrating education, health and economic empowerment initiatives to enable girls to stay in school. It includes:

1. A modularised education programme delivered by trained facilitators
2. Peer learning and mentoring
3. Access to sanitary products (low cost, various options, available each month)
4. Income generation that includes: training; seed funding; mentoring and support; school saving schemes
5. Provision of infrastructure (“girl friendly” latrines & washrooms).

As of the end of 2017, the programme was implemented in 51 schools across the region and directly reaching approximately 2,500 girls.

In May 2017, we conducted an assessment the Girls for Girls programme to evaluate its impact and to explore with beneficiaries ways to improve and grow the programme sustainably. The main findings from the evaluation of the Girls for Girls programme included the following: 96.75% of girls surveyed believe

that more girls are attending school since the introduction of the programme in their school; 83% of teachers surveyed believe that more girls are attending school since the introduction of the programme in their school; 89.4% of teachers felt that the programme is improving academic performance of girls in school; Taboos are still a major issue in some communities so the dispelling of taboos among all members of communities, especially men and boys, needs to take place; 90% of the girls since being involved in the Girls for Girls programme have seen a change of attitude and understanding towards menstruation among their families and communities since the introduction of the programme.

Previous feedback from the G4G programme evaluation surveys[1] and requests from women in the community led us to start exploring and developing a Community MHM programme designed to reach women in the community. Meetings took place between a number of advocates for the programme in the community and Brighter Communities Worldwide and the result was a pilot Community MHM programme. A pilot village was selected and a sensitization process was planned to assess the needs of participants. A period of sensitization took place between June and July 2016 and at the end of July two Community MHM workshops took place in Londiani with 67 participants attending over the two days. Feedback from the workshops was very positive. Brighter Communities Worldwide received funding in mid-2017 for the initial roll out of a Community MHM programme and 10 communities (organized in Community Units) were selected. This paper will go through the scope of the programme, activities that have taken place and lessons learnt through the implementation of this project.

Community MHM

Concept and scope

Brighter Communities Worldwide works in Kericho County (population of approx. 980,000) in North West Kenya. Rural communities here lack access to basic services including water, sanitation and health and many households (up to 60%) are living below the poverty line. The prevalence of maternal mortality is high (circa 500 per 100,000 live births). Only 25% of mothers deliver with the assistance of a skilled birth attendant due to limited knowledge, culture, fear, a lack of infrastructure, communities living long distances from health facilities, and lack of access to basic services such as clean water. Children face challenges from birth, and often do not reach their 5th birthday (child mortality circa 45 in 1,000) due to lack of immunisations, poor environmental conditions, poorly educated parents etc. Access to essential health services is difficult, particularly for rural and remote communities (due to poor terrain and transport often not being available). Furthermore, Health Systems in this region are not sufficient in terms of service delivery, resources and personnel. The capacity of the health service is stretched and many regions remain unserved and under-served. Educational challenges include early school dropouts, child marriages, female genital mutilation (FGM), and inadequate school facilities (particularly in the areas of WASH and MHM). Girls and women often miss up to 5 days a month of school/work due to lack of sanitary products. Gender inequality is endemic. Women and girls do the bulk of unpaid work (such as caregiving, household tasks) and lack access to essential services including reproductive health, education and maternal health services. Girls and women are more likely to be subjected to physical, sexual or emotional violence – ranging from FGM; to unwilling prostitution; to violence in the home and the practice of early marriage is still common. Household environmental conditions are poor with circa 55% of households lacking access to safe water, and up to 80% of households without latrines.

The primary issue the Community MHM programme is seeking to address are the challenges that inadequate MHM presents in the communities where we work. Girls in Kenya can miss up to one week a month of school (up to 45 days a year) due to inadequate MHM. Women in the community can also miss work or be unable to go about their daily tasks. Research[2] shows that girls face monthly challenges, with 65% of women and girls in Kenya unable to afford sanitary pads. It's a multi-dimensional problem: inadequate infrastructure; access to and affordability of sanitary products; hygiene and knowledge, and the taboos surrounding MHM. People in the communities in which we work care about this issue because its effects can be generational and can affect the economic situation of every household. If women cannot afford to access sanitary products or are in fear of not having private space to deal with menstruation outside the home, they will generally stay close to home for one week a month, curbing the chances of them holding down a job outside the home and/or doing household/ farm chores. This decreases the chances of a stable income for their household. An increase in knowledge among everyone in the community will reduce taboos around the subject of MHM and allow girls and women to fulfil their potential in school or in the workforce.

Project activities

The Community MHM programme targets women in the community and aims to give them access to knowledge and information about reproductive health, and sustainable sanitary products. It also aims to reduce the stigma and taboo surrounding MHM by working with all members of the community. We have engaged men and boys in the programme as MHM is not just an issue for females, but for families, and hence communities.

The first phase of this project was to mainstream MHM across 10 Community Units. Community Units are a part of the Community Health Strategy in place in the region which is a bottom up approach aimed at creating healthy communities by empowering Kenyan households and communities. Each Community Unit covers approximately 1,000 households. The Community Health Strategy attempts to foster a holistic approach to health management through communication among community leaders and village members. A Community Unit consists of:

- A Community Health Committee (CHC) of 11-13 people who are selected through a Chief Barraza to include representation from women and youth in the community as well as church leaders, persons with disabilities, village elders, chiefs and other leading community members;
- 21 Community Health Volunteers (CHV) who are selected with the help of a Public Health Officer. Community Health Volunteers are volunteers within the community willing to give up their time to work with the local Public Health Office to improve health and implement the Community Health Strategy within their community.

The project put in place objectives to train the Community Health Volunteers and Community Health Committees attached to 10 community units in the area of MHM; with the overall goal being to mainstream MHM across all community units working within our overall community health strategy.

Photograph 1. A demonstration of reusable sanitary products at Community Unit training session

Photograph 2. Group discussions at Community Unit training session

10 Public Barazas (community meetings) were held in the 10 chosen community units, these initial meetings were held with representatives from local administration, the Ministry of Health, CHVs and CHCs. The specific objective for these meetings was to create awareness around the Community MHM programme and inform the Community Units of proposed events and the benefits that the programme would bring to their communities.

The Barazas (community meetings) were held across the 10 venues in November 2017 and were followed up by workshops for the CHVs and CHCs from each of the 10 Community Units in November and December 2017. The sessions consisted of an introduction aimed at providing an understanding of menstrual hygiene and menstrual hygiene management, personal hygiene and menstruation. This was followed by discussions on the challenges experienced on a personal, family and community level around menstruation. Solutions to these challenges were derived from the discussions. The menstrual cycle, managing menstruation, the types, pros and cons of different sanitary products available locally as well as the cost of these products were also covered in the workshops. A demonstration of reusable sanitary pads was included

in the workshop which introduced alternative solutions to disposable pads in a community. We also ran an information session on how to set up a savings scheme among groups to allow for the purchase of reusable kits and show how the kits make more economic sense when compared to the money one would spend every month on disposable products. A total of 324 CHVs, community health workers and members of CHCs were trained, of this total, 178 were men and 146 were women.

The next phase of the project was to run one day workshops for women in the communities covering topics such as puberty (physical and emotional changes), the concept of re-usable sanitary products and sustainability. Also included were learning stations on: Menstruation and Hygiene; the Menstrual Cycle; Challenges around Menstruation and Managing Menstruation. The session on sustainability included an introduction to savings schemes and the benefits to women and the environment that are brought about through the use of reusable sanitary kits (which last from 1.5-3 years depending on the brand). Participants in the workshops selected a “sales agent” who has responsibility for providing the reusable sanitary kits in the community. This person also continues sensitisation within the community and receives a percentage commission for each kit sold. Two women at each workshop were selected by the participants and given reusable sanitary kits to use and assess them. They will feedback to the community during the Dialogue Day (see below).

The workshops were attended by women from areas within the 10 community units selected for the project and took place across January and February of this year. Attendance at these workshops ranged from approximately 35 – 100 women, in total 964 women attended the workshops. The workshops provided a forum for women to openly discuss menstruation and the challenges they faced in terms of MHM. It was also an opportunity for participants to receive accurate information about menstruation, enabling them to face challenges in their communities and tackle taboos and stigmas surrounding menstruation.

Photograph 3. Group of women who participated in workshop

Photograph 4. Women learning about menstrual cycle during a workshop

The final phase of the project involved running a Dialogue day with each of the 10 community units and an end of project evaluation workshop with representatives from all the communities involved. The purpose of these were for all those who were involved in the workshops at Community Unit and community level to have the opportunity to come together and discuss the Community MHM programme. Those that had tested out and trialed using reusable sanitary products gave feedback to others. They also provided a forum enabling discussions around how this programme can be sustained in the community and what changes if any have taken place since the programme was introduced. The dialogue days took place in late February and the end of project evaluation workshop took place on the 2nd of March 2018.

Findings and lessons learnt

The project though yet to be fully analysed is proving to be having a very positive impact. A part of the monitoring and evaluation process of the project was done in terms of pre and post tests on knowledge surrounding MHM. These were carried out at both workshops for the community units and at the workshops

for women in the community. The results from the workshops were positive. The majority of women who attended workshops (approx. 85%) stated that they felt empowered to raise their voices about menstrual hygiene issues in their communities. Over 80% stated that the programme should continue and they would be willing to become a trainer on the programme in their community (2018 CMHM evaluation surveys).

The willingness of community members (men and women) to engage in the programme has been overwhelming to date; there was a thirst for knowledge and information particularly among older women with little or no formal education and men who have young daughters. The approach we used to introduce the programme we feel also played a part in the success of the programme. We held sensitisation sessions across a wide range of community events including finance group meetings, church gatherings, etc. prior to any programe activities being run in a community. This no doubt led to a high level of interest, acceptance and participation by both men and women in the programme. The impact of enabling discussion around MHM and giving encouragement to discuss the challenges faced by women and girls in these communities will have a positive influence over the elimination of taboos surrounding MHM over time.

Another benefit already being seen is an increase in economic empowerment for women in the communities where the project is taking place. The sales agent receives a small commission for each kit sold serving as an income generator which is a direct benefit. There is an increase of choices available to women who are better equipped and more informed about MHM to explore opportunities for increasing their income. The confidence built allows them to fulfil their potential every month of every year. The opportunity for networking cannot be overlooked either, as these women who may be from the same community but may never have had the opportunity to interact, get the chance to share ideas on income generating prospects. When people come together and open up about ‘taboo’ subjects, the trust that is built up among the group can be leveraged to create groups that will work together.

The plan for the future is to roll out the Community MHM programme to more communities, the Ministry of Health has asked us to mainstream MHM across all Community Unit trainings in the future. We are also working with local health teams to integrate MHM into the Community Health Strategy being implemented in the region. As an organization we will also continue to grow the number of schools involved in the G4G programme and continue to mainstream MHM across other programmes implemented by Brighter Communities Worldwide thereby creating a completely holistic approach to MHM. In the future, we will measure as part of the evaluation process the impact of having the Community MHM programme running in a community unit where there is a Girls for Girls school, to assess whether having a combination of both in one area is beneficial.

Brighter Communities Worldwide was fortunate enough to obtain a grant in 2017 to run a campaign around an issue faced within the communities with whom we work. The issue chosen was MHM and this opportunity allows us to build our capacity to sensitize communities on MHM. This campaign will run up to Menstrual Hygiene Day on the 28th May this year when we will showcase the efforts made by those involved in our programmes in dispelling myths and taboos surrounding MHM.

Photograph 5. Group of women discussing mental and physical changes of puberty at a workshop

Photograph 6. BCW field officer with women selected to trial the reusable sanitary kits

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References

Friends of Londiani 2015 Girls for Girls Programme School Survey

Brighter Communities Worldwide 2017 Girls for Girls Programme School Survey

FSG 2016 *Menstrual Health in Kenya | Country Landscape Analysis,* FSG & Bill & Melinda Gates Foundation

Notes

[1] Friends of Londiani 2015 Girls for Girls Programme School Survey & Brighter Communities Worldwide 2017 Girls for Girls Programme School Survey

[2] FSG 2016 *Menstrual Health in Kenya | Country Landscape Analysis,* FSG & Bill & Melinda Gates Foundation

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