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# ASSESSMENT OF MENSTRUAL HYGIENE MANAGEMENT IN SCHOOLS

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MITYANA AND KASSANDA REPORT

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## Introduction

This report provides an overview of the findings from the Menstrual Hygiene Management (MHM) assessment conducted in 40 schools in the Mityana and Kassanda Districts. The assessment aimed to evaluate the status of Menstrual Hygiene Management programs in schools. The key findings indicate a significant gap in implementing MHM initiatives, with most schools reporting a gap in essential resources and support systems. This summary highlights the areas where improvements are needed and recommends actions to enhance the MHM program. MHM is crucial in promoting the well-being and educational attainment of girls and young women. It encompasses information programs, access to proper washroom facilities, provision of sanitary products, and supportive educational materials. The overall goal of the assessment was to identify gaps in the existing infrastructure and highlight areas for improvement to ensure adequate support for MHM.

## Methodology

The assessment involved collecting data from 40 schools using a structured questionnaire. The questionnaire consisted of specific indicators related to different MHM program elements. It was designed to assess the presence or absence of each component within the school premises. The assessment captured the following details; Water and soap in the girl's washrooms, a Disposal place for used pads, Emergency pads in a place where the girls know to find them, comfort kits (bag with pads, panties, soap, and booklet on puberty), local pad production program, guidance teacher or counsellor designated for MHM, MHM training for all teachers, MHM education talks by local nurses, mentoring of younger girls by older girls, guidance materials for teachers and inclusion of menstrual and puberty in classroom subject teaching. Data was collected through face-to-face interviews with school administrators, teachers, and students and general observation of school premises. The findings were then summarized based on the number of schools reporting "Yes" and "No" for each program element.

**Sample Selection:** The sample included 40 government-aided schools, which were selected randomly from 12 sub-counties (02 Kassandra and 10 Mityana).

**Data Collection:** The assessment involved site visits to each school and conducting interviews, observations, and document reviews. The data collection methods included interviews conducted with school staff, teachers, students, and relevant stakeholders to gather information on MHM program elements: Observations were made to assess the physical facilities, availability of resources, and implementation of MHM-related practices but also reviews of relevant documents, such as school policies, reports, and records to gather additional information. Data Analysis determined the number of schools reporting "Yes" and "No" for each MHM program element.



## Contextual Analysis

To provide a contextual analysis of Menstrual Hygiene Management (MHM) in schools, we examined the critical elements of MHM and their status within the 40 schools. MHM in schools refers to providing adequate facilities, education, and support to ensure that menstruating students can manage their menstrual hygiene effectively and without stigma or discomfort.

The assessment evaluated the availability and quality of facilities related to MHM, such as separate and functional toilets, handwashing stations, and disposal facilities for used sanitary products. By analyzing the findings, we can identify the extent to which these facilities are accessible and well-maintained. For example, the assessment revealed that 10 of the 40 schools have functional toilets designated for menstrual hygiene, while the remaining ten lack such facilities.

MHM education was also assessed to determine whether children are provided accurate information about menstrual hygiene practices and health. The assessment examined whether schools incorporate MHM education into their curriculum or conduct specific awareness programs. By analyzing the findings, we assessed students' level of knowledge and awareness and the effectiveness of education initiatives. For instance, the assessment indicated that all schools consistently provide MHM education only for the upper primary classes (P5-P7). In contrast, all the schools assessed lack structured programs for lower primary classes.

Another critical area assessed was support: MHM support refers to the availability of resources, such as sanitary products in schools to help menstruating students manage their periods with dignity and comfort. The assessment investigated whether schools provide these resources directly or partner with external organizations to ensure accessibility. The findings revealed that none of the schools have a consistent supply of sanitary products, indicating a lack of support in most schools.



# Purpose

**Purpose:** The assessment aimed to evaluate the status of Menstrual Hygiene Management (MHM) program elements in schools in Mityana and Kassanda districts.

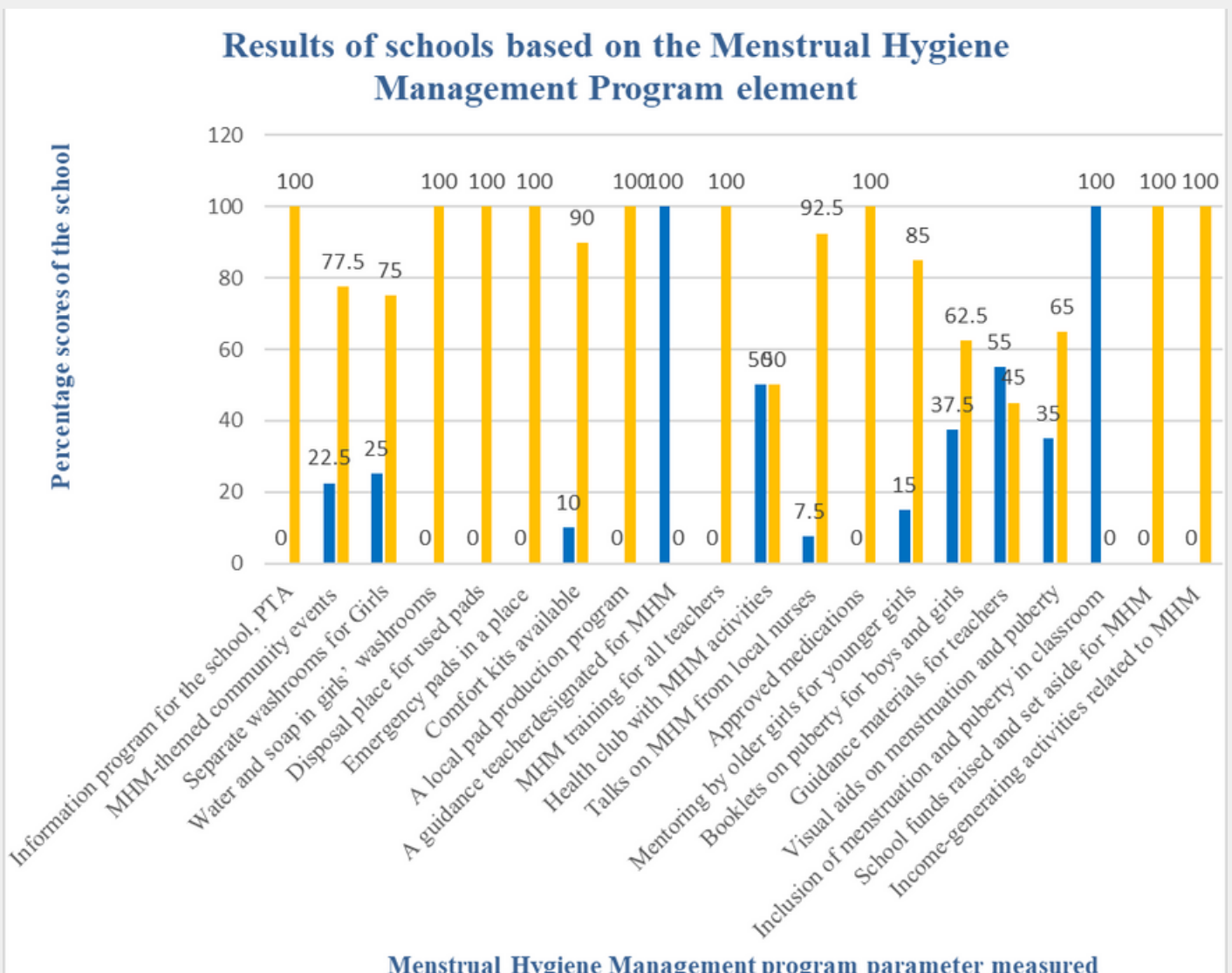
## **Objectives of the Assessment:**

- To evaluate the current status of schools' menstrual hygiene management (MHM) practices.
- To identify gaps and areas of improvement in each MHM program element.
- To assess the level of awareness and participation among teachers, students, and the community regarding MHM.
- To determine the need for infrastructure, resources, and support for effective MHM implementation.
- To establish a baseline for monitoring progress and measuring the impact of future interventions.



# Assessment findings

The figure below summarizes the findings of the MHM assessment conducted in 40 schools. The evaluation focused on various MHM program elements. It indicates the number of schools reporting "Yes" or "No" for each component.



**Information program for the school, PTA, and community:** None of the schools reported having an information program for MHM targeting the school, Parent-Teacher Association (PTA), or the community. This indicates a significant gap in raising awareness and educating stakeholders about menstrual hygiene. This lack of awareness can lead to a limited understanding of menstrual health and hygiene practices, perpetuating myths and taboos surrounding menstruation.

**MHM-themed community events (Edutainment, Theatre, radio):** only 22.5% of schools reported conducting MHM-themed community events, such as theatre performances, radio programs, and edutainment. While these events can help create awareness and address taboos surrounding menstruation, most schools still need to utilize this approach.

**Separate Washrooms for Girls:** None of the schools reported having separate washrooms designated for girls. This lack of privacy and hygiene infrastructure tailored to girls' needs is a critical concern. It can negatively impact the girls' comfort, dignity, and overall menstrual hygiene management. Providing adequate and well-maintained washrooms ensures girls can manage their menstruation safely and in a dignified manner.

**Water and soap in girls' washrooms:** Similar to washrooms, none of the schools reported having water and soap available in the girls' washrooms. This further exacerbates girls' hygiene challenges during menstruation, as access to clean water and soap is crucial for maintaining personal hygiene.

**Disposal place for used pads:** None of the schools reported having a designated disposal place. The absence of appropriate disposal facilities can lead to unhygienic practices, including improper disposal of menstrual waste, posing health and environmental risks.

**Emergency pads in a place where girls know where to find them:** None of the schools reported having a system to provide them to girls and ensure they know where to find them. This lack of preparedness can leave girls unprepared for unexpected menstruation, leading to embarrassment and potential educational disruptions. Providing emergency pads in easily accessible locations within the school premises is necessary to support girls during such situations.

**Comfort kits (bag with pads, panties, soap, booklet on puberty):**

Only 10% of schools reported providing comfort kits containing essential items like pads, panties, soap, and educational materials on puberty. This suggests that most girls do not have access to these necessary items, which can impact their comfort and confidence during menstruation. Comfort kits ensure girls access the required menstrual hygiene products and information. Most of the schools surveyed do not provide these kits and therefore deprive girls of essential resources for managing their periods comfortably and confidently.

**A local pad production program:**

None of the schools reported having a local pad production program, such as making reusable sanitary towels. Local pad production initiatives can promote sustainability, affordability, and accessibility of menstrual hygiene products. The absence of such programs suggests a missed opportunity for empowering the local community. Establishing local pad production programs can empower girls and women in the community while addressing issues of accessibility and affordability.

**MHM training for all teachers:** None of the schools reported providing MHM training to all teachers in the year preceding the assessment. This implies a potential need for more knowledge and understanding among teachers about MHM and their role in supporting students during menstruation.

The lack of training may contribute to a limited understanding of menstrual hygiene and its importance, potentially leading to inadequate support and guidance for students during their menstrual cycles. It is recommended to prioritize teacher training to improve their knowledge and ability to address MHM issues effectively.

**A guidance teacher or counsellor designated for menstrual hygiene management:**

All schools reported having a designated guidance teacher or counsellor for MHM. This is a positive finding as it recognizes the importance of supporting and guiding students regarding menstrual hygiene. Having a dedicated staff member for MHM demonstrates a commitment to addressing menstrual health and creating a supportive environment for students. This can positively impact girls' well-being, confidence, and educational experience.

**Health club with MHM activities:**

Exactly half of the schools reported having a health club with MHM activities. This indicates some level of initiative in promoting menstrual hygiene and related discussions among students. However, assessing the specific MHM activities conducted within these clubs is crucial. With further information, it is easier to determine the impact and effectiveness of health clubs in promoting menstrual hygiene. Detailed information on the activities and their outcomes should be gathered to evaluate their contribution.



### **Talks on MHM from local nurses or environmental health assistants:**

Only 7.5% of schools reported organizing conferences on MHM by local nurses or environmental health assistants. This indicates a limited involvement of healthcare professionals in addressing menstrual hygiene issues within schools. It also highlights the need for further external support and expertise in addressing menstrual hygiene. By increasing the number of talks and involving healthcare professionals, schools can provide accurate information, debunk myths, and educate students about proper menstrual hygiene practices. Additional efforts should be made to engage local healthcare providers and facilitate regular talks on MHM.

### **Approved medications for menstrual pain with guidance:**


None of the schools reported providing approved medications for menstrual pain along with advice. This highlights a lack of attention to the physical well-being of girls during menstruation. The absence of approved medicines for menstrual pain and a lack of guidance pose a significant challenge for students who experience severe menstrual pain. It is essential to prioritize the availability of safe and effective pain relief options, such as non-steroidal anti-inflammatory drugs (NSAIDs), and provide clear guidance on their appropriate use. Addressing menstrual pain can significantly contribute to students' well-being and comfort during their menstrual cycles.

### **Mentoring by older girls for younger girls:**

Only 15% of schools reported implementing a mentoring program where older girls support and guide younger girls regarding menstrual hygiene. This indicates a potential gap in peer support systems within schools. The presence of mentoring programs involving older girls is encouraging. These programs can provide valuable support, guidance, and a safe space for younger girls to discuss menstrual hygiene and related concerns. However, the relatively low number of schools implementing such programs suggests a need for expansion and increased participation. Scaling up mentoring initiatives can enhance peer support and empower younger girls to manage their menstrual hygiene effectively.

### **Booklets on puberty for boys and girls:**

37.5% of schools reported providing brochures for boys and girls. This shows some efforts to educate students about the biological changes and prepares them for menstruation. The availability of booklets on puberty for both boys and girls is favourable, as it promotes comprehensive education and awareness. However, it is essential to ensure that the content of these booklets is accurate, age-appropriate, and culturally sensitive. Additionally, efforts should be made to reach the schools that still need to provide these resources to ensure all students can access relevant information on puberty.



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**Guidance materials for teachers:** Nearly half (55%) of schools reported having guidance materials for teachers about menstruation. The availability of guidance materials for teachers demonstrates a positive step toward supporting them in addressing MHM topics in the classroom. However, further information is needed to assess the quality and comprehensiveness of these materials. Regular updates and training on using guidance materials can contribute to effectively integrating MHM education into the curriculum.

**Visual aids on menstruation and puberty:** 35% of schools reported having visual aids for menstruation and puberty; the presence of visual aids on menstruation and puberty in approximately one-third of the schools indicates some effort to enhance learning and understanding. However, the low number of schools implementing visual aids suggests a need for broader dissemination of these resources. Visual aids can significantly contribute to students' comprehension of MHM topics, making the information more accessible and engaging.

**School funds raised and set aside to support MHM:** None of the schools reported raising or setting aside funds specifically for MHM support, such as purchasing pads. This lack of financial allocation may hurt the availability and accessibility of menstrual hygiene products for students. Exploring alternative funding sources or partnerships is essential to ensure students access necessary menstrual hygiene supplies.

**Inclusion of menstruation and puberty in the classroom:** All schools reported including menstruation and puberty in their classroom subject teaching. This indicates that the schools are addressing the topic of MHM through formal education, which is crucial for raising awareness and promoting healthy practices. Including this topic in the curriculum can contribute to reducing stigma and providing essential knowledge to students.

**Income-generating activities related to MHM:** None of the schools reported engaging in income-generating activities related to MHM, such as pad production. The absence of such activities implies a missed opportunity for schools to address the financial barriers associated with menstrual hygiene. Income-generating activities can provide a sustainable source of menstrual hygiene products and empower students and communities by creating local employment opportunities.

## Achievements

All schools have designated a guidance teacher or counsellor/senior woman teacher for MHM, which is a positive step toward addressing the needs of students in this area.

All schools have included menstruation and puberty in their classroom teaching, indicating a commitment to comprehensive education. However, this was only reported to have been taking place in Upper primary, where children have access to information while teaching reproductive systems in primary six as per the curriculum.

Some progress in community engagement, with 22% of schools organizing MHM-themed community events.

## Challenges

**Lack of Information Programs:** None of the schools reported having an information program for the school, Parent-Teacher Association (PTA), and community. This highlights a gap in awareness and knowledge dissemination about MHM among critical stakeholders.

**Inadequate Infrastructure:** Only 25% of schools have separate washrooms for girls; none have water and soap in girls' restrooms or a disposal place for used pads. This presents a significant challenge in maintaining proper hygiene during menstruation.

**Limited Access to MHM Materials:** Only a few schools reported having comfort kits, booklets on puberty for boys and girls, teacher guidance materials, and visual aids on menstruation and puberty. The low availability of these resources hampers effective MHM education and support.

Limited availability of comfort kits (bags with pads, panties, soap, and booklets on puberty), with only 10% of schools reporting their provision.

Minimal involvement of healthcare professionals, as only three schools reported talks on MHM from local nurses or environmental health assistants in one year preceding the assessment.





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# Recommendations

**Information and Awareness Programs:** Implement information programs targeting schools, PTAs, and the community to raise awareness about menstrual hygiene management. These programs can include workshops, seminars, and campaigns to address the stigma and misconceptions surrounding menstruation.

**Infrastructure Development:** Urgently prioritize the construction of washrooms for girls equipped with water and soap. Additionally, establish proper disposal places for used pads to ensure hygienic and safe practices.

**MHM Materials Provision:** Ensure the availability of comfort kits containing pads, panties, soap, and booklets on puberty. Provide schools with sufficient guidance materials, visual aids, and pamphlets on puberty for boys and girls to facilitate comprehensive MHM education.

**Training and Support:** Conduct MHM training for all teachers to enhance their knowledge and understanding of menstrual hygiene. Encourage talks from local nurses or environmental health assistants to provide expert guidance on MHM.

**Mentoring Programs:** Promote mentoring programs where older girls can support and guide younger girls in understanding and managing their menstruation effectively.


**Funding and Income-Generating Activities:** Allocate school funds for MHM support, such as purchasing pads. Explore income-generating activities related to MHM, such as pad production, to ensure sustainability and self-sufficiency.

Develop and implement information programs targeting schools, PTAs, and the community to raise awareness about MHM. This can include workshops, seminars, and various media channels.

Prioritize the construction of washrooms for girls, ensuring they can access water and soap. Establish proper disposal systems for used pads to maintain hygiene.

Expand the availability of comfort kits by sourcing funding or partnerships with organizations that can support their provision to schools.





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Strengthen collaborations with local healthcare professionals to conduct regular talks and sessions on MHM, providing accurate information and addressing concerns.

Provide adequate guidance materials for teachers, including training sessions and workshops to enhance their knowledge and skills in teaching MHM-related topics.

Overall, the assessment highlights the need for significant improvements in infrastructure, resources, and awareness programs for effective menstrual hygiene management in schools. By addressing the identified challenges through targeted interventions and partnerships, schools can enhance the overall MHM support provided to students and promote a healthier and more inclusive learning environment.

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