



MINISTRY OF EDUCATION AND SPORTS
MINISTRY OF HEALTH
MINISTRY OF WATER AND ENVIRONMENT

MHM LEARNING VISIT TO KENYA 23-25 APRIL 2019 HIGHLIGHTS



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1. BACKGROUND AND RATIONALE

Kenya is recognised as one of the countries that have made progress in policy, processes and practice relating to Menstrual Health Management (MHM). It provides key lessons to other sub-Saharan countries that would like to improve MHM as a crucial aspect of SDGs and related efforts to leave no one behind.



Against that background, the Water Supply and Sanitation Collaborative Council (WSSCC), through International Water and Sanitation Centre - Uganda

(IRC Uganda) organized a learning visit to Kenya, which attracted ten WASH professionals from the Ministry of Education, Ministry of Health and Ministry of Water and Environment, Water for People and Uganda Water and Sanitation NGO Network (UWASNET).

The purpose of the learning visit was to provide learning and sharing opportunities to Uganda and Kenya MHM implementers and promoters that will result into increased momentum on MHM work within partner countries in the region and globally.

1.1 Specific objectives

- Learn about the different processes and outcomes of integrating MHM in sanitation, hygiene and general public health
- Explore strategies/approaches which enhance resource allocation for MHM research and implementation work within the MHM.
- Establish/identify bottlenecks currently experienced by the Ministries of Health and Education in driving policy influencing in relation to MHM
- Identify the facilitating factors for MHM promotion within Kenya
- Identify advocacy tools for MHM promotion and inclusion in Uganda's Country Engagement Plan (CEP)

Hosted by the Kenyan Ministry of Health, the ten-strong delegation from Uganda was led by Julian Kyomuhangi, Commissioner Environmental Health, Ministry of Health. The delegation engaged in a wide range of activities which mainly involved meetings with Ministry of Education and Ministry of Health at national level; meeting with the Hygiene Technical Working Group; meetings with key officials and CSOs in Kwale County; and visiting MHM intervention sites in Samburu Ward. This report captures the highlights from the learning visit.

2. VISITING THE MINISTRIES OF HEALTH AND EDUCATION

The Ugandan delegation paid a courtesy call on the Director of Public Health in the Ministry of Health Kenya-Dr. Kefa Ombachi who welcomed the team to Kenya. In the discussion, Dr Ombachi mentioned some key points about MHM in Kenya as follows:

- Ministry of Health works with a wide range of stakeholders to scale up MHM in the country.
- A policy on MHM has been drafted but not yet operationalised; awaiting endorsement from the PS-MOH Kenya and the Ministers of Education, Health and Gender.



- Ministry of Health is working with the Kenya Bureau of Standards (KEBS) to develop standards for reusable sanitary towels to be promoted across the country.
- There is active coordination and collaboration between line ministries of Health, Education and Gender, through the Technical Working Groups (TWGs) and constant information sharing regarding MHM promotion across the country.
- On resource allocation, there's no separate budget within the Ministry set aside for MHM. But through the Technical Working Groups, stakeholders in MHM share work plans and budgets and thereafter come up with One Plan for implementation. Monitoring and evaluation of the work plan is centralized.
- In Kenya, men have really pushed for MHM. Initially, the women thought it was a women's business, but nothing improved. When the men got on board as champions, many things changed
- For MHM to get to the real agenda of development, it has to be linked to the bigger picture of health for all and efforts to ease a country's disease burden. This is because MHM is a health issue

At the Ministry of Education, the Ugandan delegation met with Dr Abdi Habat, Director Basic Education, along with other key officials in the ministry. The discussion centred around MHM in schools, and how the Ministry of Education works with other ministries to address the key issues therein. Highlights are captured below:

- MOE-Kenya works with different stakeholders including MDAs, CSOs and Private Sector to promote sanitation and hygiene.
- The Government of Kenya provides Sanitary towels to girls in Public Primary Schools and those with special needs. From 2011 to 2016, the provision of free sanitary towels was anchored in the Ministry of Education and benefitted 43,000 girls. It has since been transferred to the Ministry of Gender and has benefitted 3,500,000 (three million five hundred thousand) girls. Ministry of Education is now left with the function of ensuring that schoolgirls have access to emergency sanitary pads especially in primary schools and those with special needs.
- The Ministry of Education also sets standards for sanitation facilities in all primary schools in the country at a ratio of 1:25 for girls and 1.30 for boys. The girls' facilities must include a bathroom for MHM. These standards were endorsed the Quality Assurance and Standards (QAS) Department of MOH and are being applied in all schools.
- The Ministry of Education is working with different private sector organisations to create more awareness of MHM and to promote MHM technologies
- The outstanding challenge is the management of the disposal of used sanitary towels and this cuts across the entire country. Through the technical working groups, the stakeholders are trying to innovate around disposal of these used sanitary pads and working with KEBS to set standards for reusable sanitary pads.

3. MEETING WITH THE HYGIENE PROMOTION TECHNICAL WORKING GROUP

The working group comprises a wide range of stakeholders representing the government, UN agencies, CSOs, and private sector actors. During the meeting, the delegation from Uganda got insights on the contribution of the different stakeholders towards MHM promotion. There was sharing through presentations by Kenya Sanitation and Hygiene (KESH), UNICEF-Kenya, Social Enterprises and Uganda's own MHM journey.

3.1 Government of Kenya-integrating MHM in Sanitation and Hygiene

MHM interventions and programmes are anchored in a strong legal and policy framework. Legal framework in recognition of MHM.

- The Constitution on Kenya 2010- which recognizes MHM as a Human Right.
- Basic education Act amendment 2017-Free sanitary pads for menstruating primary school girls
- Draft Environmental Health and Sanitation Bill
- National Environmental Management and Coordination Act (Waste management regulations 2006)

MHM policies that have integrated mainstreamed MHM;

- Adolescent Sexual and Reproductive Health Policy 2015
- National School Health Policy
- Kenya Environmental Sanitation and Hygiene Policy 2016-2030
- Draft National Reproductive Health Policy
- Draft Neonatal Child and Adolescent Health Policy
- Draft Menstrual Hygiene Management Policy and Strategy, which has five objectives namely:
 - i. *Address the myths, taboos and stigma through increased information on MHM*
 - ii. *Access to safe and hygienic menstrual products, services and facilities*
 - iii. *Appropriate technology choices for menstrual health management and pollution control*
 - iv. *Establish an enabling legal and regulatory environment for MHM*
 - v. *Ensure a functionally effective monitoring and evaluation, research and learning framework*

The Kenyan Ministry of Health plays a crucial coordination role bringing together all key stakeholders in MHM including CBOs, FBOs, NGOs, UN-agencies, private Sector, social enterprises and MDAs. This is done through the Inter Agency Coordination Committee (ICC) and Hygiene Promotion Technical Working group. The Hygiene Promotion Technical Working group and the supporting MHM taskforce coordinate all activities related to the development of the MHM Policy & strategy, capacity building of key stakeholders and addressing standards of menstrual products.

With support from WSSCC, the Ministry of Health undertook capacity building for six (6) master trainers on MHM in India. The six have since conducted a series of trainings across the country at national and county level – Training of Trainers (TOT) at national level and training of MHM champions at county level, starting with county first ladies who create an entry point for MHM advocacy.



Several MHM training tools have been developed. These include but are not limited to; the National MHM Training Manual; menstrual wheel; booklet titled “As We Grow Up”, conveners manual and WASH infrastructure handbook. The training manual was included in the educational curriculum to ensure MHM education is received by all Kenyan students. All the tools were adapted for users with visual and audio impairment, to ensure the information reaches the widest audience thus leaving no one behind.

MHM Champions: These play a crucial role in shaping the public’s opinion and create traction at different levels of Government. These include; Key institutional personnel, County First ladies, media personalities, celebrities and religious leaders.

The major challenge being experienced in MHM is safe disposal of the used sanitary pads. GOK and the different stakeholders are trying to find innovative solutions to the challenge.

3.2 UNICEF supports MHM promotion

UNICEF has supported GOK to develop the National MHM policy and Strategy; incorporate MHM into the new school curriculum; revise National School Health Policy to include MHM; revise standards and guidelines for WASH infrastructure to incorporate MHM facilities; to develop an MHM handbook for teachers and girls. Unicef has done this through various means including advocacy round tables, proposing standards for reusable sanitation pads, MHM advocacy campaigns around MHM day.

Some of the bottlenecks faced in implementation of MHM strategies include;

- Taboos around MHM in many communities
- Limited Government budget to ensure that schools have gender segregated WASH facilities
- Differences in resource allocation due to different levels of devolution in education, water and sanitation ministries
- Inadequate or no menstrual waste disposal options (bins, incinerators) in schools

3.3 Kenya Sanitation and Hygiene programme (KESH)

KESH remains keen on collaboration and coordination with the different stakeholders including Government ministries in implementation of MHM activities. Integration of MHM is done systematically through advocacy, MHM lab events and continuous knowledge management and transfer with all stakeholders they work with.

3.4 Social Enterprises; Ruby cap, HURU International and Garden of Hope

These organizations carryout MHM through social marketing and promotion of sanitary pads in schools and across rural communities.



4. LEARNING FROM GOOD MHM PRACTICES IN KWALE COUNTY

The field visit was conducted in Kwale County, Kirango Sub County, Samburu Ward. To set the scene, the Ugandan delegation was hosted to a meeting at the Kwale County Department of Public Health, where the Redempta Mwendo County Public Health Officer (CPHO) gave a background on Menstrual Health Management-MHM in the County. The meeting was also attended by Kenya Water and Health Organisation (KWAHO), First Lady of Kwale County and

representatives of other MHM stakeholders in the county.

In her communication the CPHO indicated that promotion of MHM picked momentum after capacity building interventions targeting the county staff, the first lady and other community members. A total of 77 people from the four sub counties of Kwale County were trained in MHM.

The CPHO also said that much of the county's success in MHM was a result of stakeholder collaboration and integration of MHM in other projects like Reproductive Health, Hygiene and Sanitation Program through the Kenya Sanitation and Hygiene Improvement Program-KSHIP and the medical camps planned by the first lady of Kwale County. The CPHO said they had also involved the media in MHM, building their capacity and involving them in field activities.

Emmanuel Mwango a Programme Officer from KWAHO and the Kwale County first lady shared their journey in promotion of MHM in Kenya. KWAHO a sub guarantee under the KSHIP has integrated MHM into hygiene and sanitation promotion activities while the first lady has done advocacy as a champion in the county and the country at large. Kwale county has also capitalized on the international days that are regularly commemorated and on the presence of other key WASH NGOs like Plan International.

As a result of the MHM efforts and interventions, there has been general improvement in sanitation coverage in the county and greater involvement of parents in their children's health.

4.1 Opportunities and challenges to promote good MHM in Kwale County

Factors that facilitated the gains so far made in MHM were cited as: subsidies on Sanitary towels from the Kenyan Government accruing from the tax exemption on manufacture of sanitary towels; availability of materials required to make the pads; and the provision of free sanitary pads in schools.

Among the challenges, were the myths around MHM which were cited as the biggest challenge in the county. This challenge is being addressed through enlightening men on MHM since they are the custodians of culture in the African setting. Water scarcity in some areas was also highlighted as one of the factors impeding MHM promotion. Disposal of MHM waste was the third key challenge and it was recommended that this requires more thinking and innovation to complete the chain of good MHM.

Other challenges were listed as: Inadequate IEC materials and training tools; some schools deny the MHM trainers access to the children; large population and geographical area of Kwale County; no specific MHM reporting tools for counties; poverty; high expectations from the communities; competing tasks and heavy workloads for the inadequate staff (one officer per location)



4.2 The case of Samburu Ward, Kirango sub county

The Uganda delegation visited three intervention sites in Samburu Ward, Kirango sub county including the sub county authorities at the health centre, Mwangoloto Primary school and a women's community group at Batani village. The purpose was to see the different ways in which MHM has been addressed in different segments of the community.

Highlights from Samburu Ward

A big rural ward with MHM taboos and myths deeply entrenched. All the community leaders have been trained on MHM, 16 (18%) villages declared ODF in the ward, latrine coverage improved from 8% in 2016 to 56% in 2016, KWAHO constructed a sanitary facility for girls at Mwangoloto P/S that is MHM inclusive, Batani community were making reusable sanitary pads using locally available materials.

Tools used by KWAHO in MHM sensitisation

- Participatory social assessment mapping
- Social mapping and wealth and vulnerable mapping
- Causal effect diagrams
- Trainings and subsequent tutorials
- Focus Group Discussions
- Community sensitisation and dialogue meetings
- Psycho-social counseling and reproductive health counseling

KWAHO's interventions have resulted in:

- 1.92 million people sensitised on improved sanitation and hygiene approaches
- 755,400 people moved from OD to using basic latrines and 377,700 from basic latrines to improved sanitation

Best practices in Samburu

- MHM roles models and champions including the Kwale First Lady
- Mainstreaming MHM in CLTS, SLTS and other WASH activities
- Prioritising MHM in development of sanitation facilities in health care facilities and learning institutions
- Partnering with CBOs
- Ensuring public health officers
- Using MHM as an entry point in addressing equity and inclusion from a gender needs perspective
- Encouraging concerned communal efforts in latrine construction especially households that are poor or socially excluded e.g. the elderly
- Encouraging exclusive latrine use for households to avoid queuing, and quickly filling up the latrines
- Using sports, entertainment and creative works
- Using real time learning platforms

5. LESSONS AND NEXT STEPS

The exchange visit was crowned with a debrief meeting that deliberated on actions to take forward for the Uganda when they return to Kampala

5.1 Key lessons

- **Collaboration:** The MHM programme in Kenya is government led, with the Ministries of Health, Education and Gender working closely through an MHM working group. A joint

annual plan exists, which makes it easier to mobilise resources. In Kwale county, different categories of people are involved in MHM including county political and technical leaders, men and boys, religious leaders, media practitioners, women etc.



- **Integration:** The realisation that MHM is not a standalone and it relates with other issues like food security, poverty, reproductive health. MHM proponents are using existing structures to push the agenda of MHM. Integration was also observed beyond just institutions but also in terms of activities implementation – integrated in activity budgets. Integration was also observed at household level where MHM has been integrated with CLTS. Integration and joint planning have made it possible to accelerate resource mobilisation and fill the funding gap for MHM.
- **Capacity building:** A lot of time and resources invested in capacity building at national, county and community level. The establishment of TOT teams and MHM champions is testimony to these capacity building efforts
- **Policy and guidelines:** Kenya has clear policies and guidelines around MHM and sanitation, which guide action planning and implementation
- **Involvement of prominent personalities** at national and county level: Working with prominent people as MHM champions of MHM champions is a good approach e.g the first lady of Kwale and other first ladies.
- Innovative approaches like the MHM lab are key for information sharing
- At school level, work through the school management committee at school level since they are the decision makers who support the head teacher
- Engagement of men and boys in MHM interventions
- The disposal of MHM waste products is still a challenge

5.2 Action points

- Develop an MHM policy and strategy, anchored in an Act of Parliament.
- Promote multi-sectoral approach while integrating and mainstreaming MHM. Bring on board line ministries, private sector, etc
- Jointly plan/develop 5-year MHM plan for the country, under the coordination of the National Sanitation Working Group
- Strengthen the school health programme
- Undertake an MHM stakeholders mapping exercise
- Need to develop and M&E frame work for monitoring and Evaluating MHM interventions
- Documentation and sharing of MHM interventions with the wider audience
- Identify and continuously engage MHM champions. This has to be done strategically through well packaged information and tools for the Champions. Delegates in this learning visit should be champions themselves. Also involve other prominent personalities like the First Lady and Minister of Education

- Innovate around menstrual waste disposal management-conduct informative research on what works and what does not
- Build capacity of the stakeholders on MHM; starting with a National level TOT in MHM
- Integrate MHM in the Country Engagement Plan (CEP) and the USF
- Organise a media breakfast meeting on MHM and a stakeholders' meeting to share the lessons from this learning visit.

5.3 Tips from Kenyan colleagues

- Policy processes may be delayed but that should not discourage us. Start on the work and it continuously enriches the draft policy
- Don't create cliques. Open MHM for everybody. Don't lock anybody out for selfish purposes. Anyone who wants entry, bring them in, build their capacity and move together
- Don't use one piece of research to make conclusions. Don't make assumptions. There's a lot of research and data, only that they have not yet been streamlined. Acknowledge that you're not starting from scratch and build on what others have done.
- Integrate MHM into as many programmes as possible, it speaks to many aspects of life.
- Train and support champions to adopt a common message to avoid mixed messages. Standardizing peoples understanding will be a challenge so you need to invest some resources there.
- Also see how MHM will help accelerate other agendas e.g Uganda Sanitation Fund
- Govt should be the leader and don't create exclusive clubs for partners who only have big money bags. Small NGOs are just as important.





List Of Participants

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