



FINAL REPORT

Study on implementation of the Ministry of Education and Sports Circular on **Provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in Primary and Secondary Schools**

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Statistics

All statistical figures in this report have been rounded off to one decimal place so discrepancies may occur.

Acronyms

CAO	-	Chief Administrative Officer
CEDAW	-	Convention on the Elimination of All Forms of Discrimination against Women
BoG	-	Board of Governors
BRMS	-	Basic Requirements and Minimum Standards
DEO	-	District Education Officer
DHT	-	Deputy Head Teacher
DIS	-	District Inspector of Schools
DLG	-	District Local Governments
FGD	-	Focus Group Discussion
HT	-	Head Teacher
IEC	-	Information, Education and Communication
IRC	-	International Water and Sanitation Centre
KII	-	Key Informant Interviews
MHM	-	Menstrual Hygiene Management
MHM-NSC	-	Menstrual Hygiene Management - National Steering Committee
MoES	-	Ministry of Education and Sports
MoESTS	-	Ministry of Education, Science, Technology and Sports
MoH	-	Ministry of Health
MWE	-	Ministry of Water and Environment
NDP	-	National Development Plan
NSWG	-	National Sanitation Working Group
O&M	-	Operation & Management
PTA	-	Parent Teacher Association
RUMPS	-	Re-Usable Menstrual Pads
SDG	-	Sustainable Development Goal
SDP	-	School Development Plan
SFT	-	Senior Female Teacher
SHC	-	School Health Club
SMC	-	School Management Committee
SMT	-	Senior Male Teacher
UNEB	-	Uganda National Examinations Board
UPE	-	Universal Primary Education
WASH	-	Water, Sanitation and Hygiene

Executive Summary

Introduction:

The purpose of this follow-up study was to assess the implementation of the Ministry of Education directives in the circular (No. 01/2015) on provision of Menstrual Hygiene Management Facilities for girls and teachers in primary and secondary schools. Twenty-nine (29) districts were selected from which one hundred and thirty-seven (137) schools were sampled. Head Teachers (HT), pupils (both boys and girls), School Health Clubs (SHC), Parent Teacher Associations (PTAs), School Management Committee (SMC), Senior Female Teachers (SFTs), Senior Male Teachers (SMTs) and community members were interviewed, all totalling to 430 respondents.

At the district level, 35 district political leaders, technical staff and NGOs were interviewed, while at the national level, officials from Ministry of Education and Sports (MoES), Ministry of Water and Environment (MWE), Ministry of Labour, Gender and Youth and the Equal Opportunities Commission were interviewed for the study.

Summary Findings:

Evidence from this study revealed:

- a) Receipt of the circular. The circular was specifically addressed to the technical staff in the district, i.e. Chief Administrative Officers (CAOs), District Education Officers (DEOs), District Inspectors of Schools (DIS) and all heads of primary and secondary schools.
 - Of those interviewed, 29% (2 out of 7) CAOs, 44% (4 out of 9) DEOs and 33% (3 out of 9) DIS received the circular.
 - Most schools 75% (76) received the circular, 75% (58 out of 77) heads of primary schools and 72% (18 out of 25) heads of secondary schools.
 - Ironically, the circular was not addressed to municipal authorities and neither was it copied to the political leaders in Local Government (LG). Despite not being copied, 46% (5 out of 11) of the political leaders received the circular (*i.e. District chairpersons Secretary for Education*). Also 33% (2 out of 6) NGOs reported to have received the MHM circular.
- b) Implementation of the directives in the circular. The implementation of the circular was assessed at the district school level;

District level implementation:

For the DLG that received the circular, they were able to:

- Pass information to head teachers: Various districts used different approaches. Jinja district for example met all head teachers and they agreed on a clear position to promote MHM.
- Ensure that new constructions of MHM facilities conform to the directives of the circular by including a girls' washroom in all new latrine facilities being constructed.
- In Jinja, the council provided a budget of UGX 2 million and put in place a focal point officer responsible for MHM.

Implementation at the school level:

Only 30% (23) had acted upon the circular through provision of changing rooms, emergency pads, budget allocation, purchasing of handwashing facilities among others. However, there was no significant difference in implementation of set guidelines within urban and rural schools. It is worth noting that the research team provided a copy of the circular to each school visited. And the schools that had not taken any action reported that they did not do so because they had just received the circular from the research teams. The study revealed that:

- 96% (127) of schools sensitized girls on personal hygiene during menstruation, 93% created awareness to girls on menstruation management, effects and coping mechanisms, while 91% provided counselling for girls who experience menstruation for the first time to avoid trauma.
- 84% of head teachers reported that they were preparing girls to undergo menstruation for the first time although awareness creation for boys to understand and support girls during their periods was not being done as was reported by 43% of the head teachers.
- Majority (78%) of schools have not been able to provide training for girls to make MHM materials such as RUMPS and soap because of unavailability of skilled trainers and raw materials.
- 69% of schools were not maintaining records on girls undergoing menstruation and services offered, mainly because the SMT's capacities are not being built, in addition to not being facilitated by the schools to effectively collect, and manage records of girls undergoing menstruation, amongst others.
- Only 22% of the schools had School Health Clubs promoting Menstrual Hygiene Management. Many schools didn't not have established SHCs while some that had had not been functioning.
- Beside the senior female and senior male teachers, over 71% of the schools did not have other teachers trained to support MHM.
- The major factors that fostered effective menstrual hygiene management in schools included; availability of MHM materials such as sanitary pads provided mainly by parents, availability of MHM facilities such as washrooms, water, and washing facilities being provided by government, school or NGOs. Willingness of both parents and teachers to reach a consensus for each of them play their role effectively.
- Factors that deterred effective menstrual hygiene management in schools were:
 - Unavailability of statistics/records of girls menstruating; uncondusive environment (such as boys who laugh at girls, unavailability of MHM facilities and materials);
 - Limited or no budget specific to MHM;
 - Unclear roles and responsibilities regarding MHM in schools;
 - Unavailability of trainers to train pupils/students and teachers in making rumps;
 - MHM issues being entirely left up to the senior female and senior male teachers.
- Schools which had properly managed menstrual hygiene reported higher retention, less absenteeism and increased self-esteem for the girl child. While those schools where MHM was not properly handled reported negative effects among the girls such as, instilled fear in menstruating girls especially when it starts abruptly in class, when

there is inadequate supply of sanitary pads, and girls suffer from stomach pains during periods. This resulted in absenteeism and high dropout rates leading to low completion and retention rates of the girl child;

- The study also revealed that the level of implementation of the set guidelines for MHM in schools was low.

Recommendations:

Based on the findings, this study recommends the following:

Recommendations	Responsible party/person
<ul style="list-style-type: none"> • Improvement of MHM facilities in schools through construction of washrooms with functioning water, restrooms and changing rooms 	Government, school (SMC)
<ul style="list-style-type: none"> • Provision of MHM materials specifically sanitary pads, bags, knickers, towels 	Parents, with some support from government
<ul style="list-style-type: none"> • Provision of emergency sanitary pads, towels, changing clothes 	School (HT, SMC, PTA)
<ul style="list-style-type: none"> • Sensitization of the boys to understand and support girls during their periods should be emphasized 	Schools (HT, SFT SMT, and other teachers), SHC
<ul style="list-style-type: none"> • Improvement in record management of girls who are menstruating to aid proper planning through building capacity of women teachers to perform this task 	MoES, head teachers, SFTs, SMTs
<ul style="list-style-type: none"> • There should be timely delivery of the MHM Circulars to schools by the Ministry of Education through appropriate communication means/channels 	MoEs, DEOs
<ul style="list-style-type: none"> • Emphasis should be put on training the girl child in making sanitary pads/RUMPS by providing them with the skills and raw materials 	Government, NGOs, School (HT, SMC) parents
<ul style="list-style-type: none"> • School health clubs should be initiated in all schools and a mechanism put in place to ensure their proper functioning as a way of increasing awareness creation & a platform to deliver training on making of RUMPS 	DEOs/DIS, School Head Teachers
<ul style="list-style-type: none"> • Appropriate means of disposing of used sanitary pads should be provided by schools 	School (SMC)
<ul style="list-style-type: none"> • In partnership with the parents, schools should also urgently consider providing rest rooms/space for menstruating girls 	School (SMC, PTA)
<ul style="list-style-type: none"> • The MoES should ensure that the MHM component is incorporated in the school inspection tool and that the DIS are carrying out regular inspections to ensure compliance 	MoES, DIS, DES
<ul style="list-style-type: none"> • Painkillers should be availed in all schools to enable management of pain (abdominal pain, headache) which was established by this study to be causing a lot of fear in girls 	School (SMC, PTA)

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- Circulars by MoES should be dispatched through Ministry of Local Government, emails and newspapers and copies sent to political leaders in districts. The Ministry will follow up and review the relevance of the circulars.
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1. Introduction

In January 2015, the Ministry of Education and Sports (MoES) issued a circular to all educational institutions, especially primary and secondary schools with instructions to undertake and observe several measures for menstrual hygiene management including:

- i). Provision of separate toilet facilities for girls, boys, children with disabilities, male and female teachers
- ii). Adequate water tanks near the toilet facilities to ensure regular supply of water and soap
- iii). Emergency changing uniforms, wrappers, sanitary towels and pain killers for girls
- iv). Trained senior female and male teachers to support girls through the process of maturation including menstruation
- v). Develop innovative strategies to effect behavioural change in school and at home
- vi). 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
- vii). Organise joint training of teachers and extension workers to make MHM part of their periodic community engagement
- viii). School management committees and boards to prioritize menstrual hygiene management issues
- ix). All boys and male teachers in schools sensitized to support girls to cope with menstruation.

1.1 Objective of the study

The end of 2016 marked two academic years since the issuance of the circular (No. 01/2015). It is therefore important to take stock of how the directives have been implemented especially in schools. IRC Uganda undertook a study among selected schools in the key regions of Uganda to follow up on the implementation of the provisions in the circular.

The overall goal of the study was to assess the implementation of the Ministry of Education directives in the circular on provision of Menstrual Hygiene Management facilities for girls and teachers in primary and secondary schools

Specific objectives of the study were to:

- i). Find out what the schools have been able to do and why
- ii). Find out what the schools have not been able to do and why
- iii). Identify the factors that foster or deter effective menstrual hygiene management in schools
- iv). Understand the effects of MHM on girls in school
- v). To determine the costs of sustaining recommended MHM practices in schools
- vi). Make a comparative assessment of the level of implementation of the set guidelines for MHM in rural and urban areas

- vii). Make recommendations for continuous improvement of menstrual hygiene management in schools, with emphasis on an incremental approach from a state of no service through to the ideal service status.

1.2 Scope of the survey

The survey was conducted in 137 schools, comprising both primary and secondary schools, with a representative selection from key regions – West Nile, Karamoja, Rwenzori, South West, Central, and Eastern. Although the study focused on the directive of the Ministry of Education, it is worth noting that the overall aim was to establish the extent to which the circular has helped improve the status of MHM girls in school.

2. Study Methodology

2.1 Planning and orientation

During this stage, the Consultant held discussions with officials from IRC Uganda to clarify issues related to the assignment and properly conceptualise the objectives of the assignment, discuss and agree on the scope of work, proposed approach and methodology for their input. The Consultant assembled his team of Research Assistants to undertake the study. This team was oriented on various aspects of the study including the research instruments, timelines, and respondents. The Consultant and his team gathered relevant documents directly concerning the assignment and designed a detailed methodology, developed study tools and prepared an interview schedule for the various stakeholder categories. Introductory letters were also obtained from the Ministry of Education and Sports and IRC to facilitate the follow-up study by the research team.

2.2 Document Review

Relevant documents available from Government (MoES), IRC Uganda and from other development partners were reviewed in addition to web-based literature on Menstrual Hygiene Management. The reviews provided a context within which data would be collected and analysed. The outputs of this activity informed the tools for data collection for the various stakeholder groups. The following are important to mention:

- a) At the international level, the Sustainable Development Goals (SDGs) provide a framework for the provision of MHM. Goal 3 (Health and Population – Ensure healthy lives and promote wellbeing for all at all ages), Goal 4 (Education – Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Gender Equality and Women’s Empowerment – Achieve gender equality and empower all women and girls), and Goal 6 (Water and Sanitation – Ensure availability and sustainable management of water and sanitation for all).
- b) At the national level, Vision 2040 has set the following targets:
 - i) Raise literacy rates from 73% in 2010 to 95% in 2040. This can only be achieved if the school learning environment (including MHM) is conducive for the girl to complete the learning cycle
 - ii) Raise the gender-related development index from 0.51 to 0.9. This can only be achieved if education of the girl child is given due attention
 - iii) Increase per capita income from US\$ 506 to US\$ 9500. Women contribute a lot to production and consumption in key sectors especially in agriculture. Educating girls and women will enhance their productivity and consequently improve their well-being.
- c) Legal and institutional framework for MHM promotion

The Uganda Constitution of 1995 provides the basis for MHM promotion noting that:

- a) The state shall take all practical measures to promote a good water management system at all levels (general objective XXI),
- b) Promotion of responsible parenthood (general objective XXIV d)
- c) Creation and protection of a clean and healthy environment (17 j)
- d) Rights of women to full and equal dignity, necessary welfare to realise full potential, protection considering their unique status and maternal functions (33: 1,2,3).

The constitution further allows for allocation of funds into areas such as MHM. The LG 1997 Act on the other hand establishes the LG with the responsibility to plan, budget, implement, monitor and supervise all development work and service delivery in their respective Local Governments. Schedule 3 specifically empowers them to plan for service delivery including WASH in schools in general which includes MHM.

At the institutional level, the Ministry of Education and Sports takes a leading role in the development of policies, funding the bulk of education services and infrastructure development while the girl child is at school. The MWE and Ministry of Health provide water supply and public health services respectively while the Ministry of Gender, Labour and Social Development under the family affairs unit takes responsibility to ensure that the family can provide and care for the unique needs of all her members including the provision of MHM services, materials, and infrastructure in homes.

The Local Government on the other hand plans and oversees education and supervises learning in schools. The LG is also responsible for mobilising parents to participate in school activities, funding and liaising with the foundation bodies and other stakeholders.

At the school level, the administration comprised of head teachers, their deputies and other heads are responsible for the implementation of all planned activities while management (BoG in the case of secondary schools or SMC in the case of primary schools) is responsible for the policy and the development planning for the school and oversee implementation. The PTA is the link between the parents and communities with the school administration and management. They play a crucial role in funding and provision of school community partnership and coexistence.

d) Policies and guidelines. Several policy documents were reviewed

- The Education (pre-primary, primary and post primary) Act 2008; Section 5 sets out roles and responsibilities of stakeholders in education and training. The stakeholders being government, parents and guardians, and foundation bodies. The Act specifically sets out the roles of parents, which include registering children of school going age, provision of food, clothing, shelter, medical care and transport among others. MHM is not specifically mentioned but may be implicit in many subsections. Sections 25, 26, 27 and 28 provide for and empower school inspectors, BoG and SMC to plan and ensure facilities that enhance a friendly learning environment in the school.
- School health strategic plan (MoES 2009) provides strategies for improving health in the schools and communities.

- National school health policy (MoES April 2015) provides guidelines for physical, emotional and social development of learners and communities.
- A handbook for mainstreaming gender in education (MoES). The handbook provides background to gender issues in society and how they impact on learning. It is intended to help all stakeholders to be gender sensitive. It focuses on teachers working towards creating a gender responsive learning environment
- National strategy for girls' education (NSGE) in Uganda 2014- 2019 (MoES). It is in line with and seeks to operationalise many global commitments such as CEDAW, EFA, the Beijing Platform for Action (PFA), MDGs (now succeeded by the SDGs) and UNGEI. Its major aim is to narrow the gender gap in education.
- The gender in education strategic plan 2015 – 2020 (MoES). It aims at building the capacity of the education sector to address gender inequality and to deliver equitable and quality education always.
- The national MHM training manual 2016 provides a comprehensive training package for MHM promotion in schools.
- The menstrual hygiene management charter signed by major stakeholders highlights the need to invest in MHM.
- The MoES "gender eye" magazine shares several issues and lessons pertaining to MHM in schools.
- Menstrual hygiene management reader (2013 MoES) provides guidelines for MHM at personal level giving very rich experiences.

2.3 Preparation of data collection instruments

Based on the objectives and outputs of the assignment, appropriate questionnaires, checklists and interview guides were developed (see Annex 4). At the field level, participatory tools were employed in gathering data and analyses. Photographs were also taken to complement the narrative and diagrams developed.

2.4 Study Population and Sampling

Sources of information varied and included:

- a). At the School level, five (5) schools and sixteen (16) respondents were targeted per district. The schools were selected from two (2) rural sub-counties and one (1) urban area, targeting respondents in one (1) private primary school, one (1) secondary school, at least one (1) primary school in the urban and two (2) rural primary schools. Key respondents in the schools were either the Head Teacher (HT) but in his/her absence, the deputy head teacher (DHT) or the teacher in charge in the absence of the two. Others targeted were, the girl child, boy pupils, SFT, SMT, SMC, PTA and SHC.
- b). At District level, the targeted respondents were the CAO, DEO, DIS, District Engineer (DE), LCV, Secretary for Education and NGOs working in the district (*Refer to Annex 2*).
- c). At National level, the respondents were Ministry of Education and Sports officials (Gender desk) and International Non-Governmental Organisations (INGOs) such as Plan International in Uganda, World Vision, among others.

2.4.1 Actual number of respondents reached in schools

This study reached four hundred and thirty (430) respondents in schools (84 girls, 26 boys, 25 school health clubs, 158 senior female teachers, senior male teachers, Parent Teacher Associations, School Management Committees, and 137 Head teachers/Deputy head teachers). In addition, thirty-five (35) district political leaders, technical staff and NGOs were also interviewed for this study.

Table 1 Total number of respondents in schools reached by the study

		MAIN-H/T, D/HT		SFT, SMT, PTA, SMC		GIRLS		BOYS		SHC		OVERALL
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	
Gov't Aided Rural P/S		51	37.2	42	26.6	29	34.5	8	30.8	8	32.0	138
Gov't t Aided Urban P/S		31	22.6	55	34.8	20	23.8	9	34.6	6	24.0	121
Gov't Aided Rural SS		9	6.6	8	5.1	4	4.8	1	3.8	1	4.0	23
Gov't Aided Urban SS		18	13.2	27	17.1	11	13.1	3	11.5	6	24.0	65
Private P/S		23	16.8	20	12.6	11	13.1	2	7.8	1	4.0	57
Private SS		1	0.7	3	1.9	3	3.6	1	3.8			8
	Total	133	97.1	155	98.1	78	92.9	24	92.3	22	88.0	412
Missing	System	4	2.9	3	1.9	6	7.1	2	7.7	3	12.0	18
Total		137	100	158	100	84	100	26	100	25	100	430

2.5 Data collection instruments

Seven (7) data collection instruments were used in this study for the different categories of respondents. These included questionnaires for interviewing the girl child, boy child, SFT/ SMT/ PTA/ SMC/Community members, HTs, SHC, Ministry officials, technical staff/political leaders/NGOs. An FGD guide was developed for School Health Clubs (See Annex 4).

Data collection was done at the following levels:

- School level (this targeted five schools in each district and targeted 16 respondents).
- District level (NGOs, technical staff and political leaders)
- National level (NGOs, Ministries and national agencies)

2.6 Consultation process/stakeholder interviews

The Consultant conducted semi-structured interviews with key informants at the national level. Key informants interviews were also carried out at the district level. Key informant guides were developed for each of the key informants depending on the kind of information required from them. In addition, Focus Group Discussions (FGDs) were facilitated in schools.

2.7 Data Entry, Analysis and Report Preparation

Based on the findings from the document review, interviews, self-administered questionnaires and meetings with stakeholders, data was then entered and analysed. The findings were documented in line with the areas highlighted in the terms of reference.

Data entry was done using statistical software known as Epidata, its choice was premised on the fact that it facilitates speed and accuracy through giving provisions for quality/validation checks, double entry verification, as well as handling of different data amongst others.

Data analysis was done using Statistical Package for Social Scientists (SPSS), in combination with Microsoft Excel. These facilitated the generation of frequency tables, graphs and inferential statistical tests.

3. Legal, Policy and Institutional Framework Provisions for MHM in Uganda

National development priorities and plans are guided by international development frameworks, declarations, conventions and treaties such the Universal Declaration of Human Rights, SDGs, CEDAW, EFA and PFA to mention a few.

For effective management of menstrual hygiene, the following are the four key elements namely:

- a) Personal responsibility
- b) Services such as counselling and guidance
- c) Materials
- d) Infrastructure

All of them require efforts from individuals, family and community, cultural and religious institutions, private- and public-sector actors as well as development partners.

Chapter 4 of the 1995 Constitution of Uganda (amended version 2006) provides for the protection and promotion of fundamental and other rights and freedoms. Articles 20 - 50 hint on Menstrual Hygiene Management. Many other chapters look at the establishment of government structures and institutions, enacting laws, budget allocation for provision of services and security among others.

On the other hand, the Local Government Act 1997 establishes the LG with the responsibility to plan, budget, implement, monitor and supervise all development work and service delivery in their respective LG.

The important policy provisions for MHM are found in:

- a) The Education (pre-primary, primary and post primary) Act 2008.
 - Section 5 provides for roles and responsibilities of stakeholders in education and training. The stakeholders being government, parents and guardians and foundation bodies. Although MHM is not specifically mentioned, it is implied in many subsections.
 - Sections 25, 26, 27 and 28 provide for and empower school inspectors, Boards of Governors and School Management Committees to plan and ensure facilities that guarantee a friendly learning environment in the school.
- b) School health strategic plan
- c) National school health policy (MoES April 2015) draft
- d) A handbook for mainstreaming gender in education (MoES). The handbook provides background to gender issues in society and how they impact on learning. It is intended to help all stakeholders to be gender sensitive. Particularly, it focuses on teachers to work towards creating a gender responsive learning environment
- e) The national Strategy for Girls Education in Uganda 2014-2019 (MoES) recognises that the lack of child friendly school learning environment, inadequate life skills training and inadequate gender capacities among key actors are some of the major factors affecting girl child education. This is so because they directly link to MHM in schools

- f) Gender in the education strategic plan 2015 – 2020 (MoES). It aims at building the capacity of the education sector to address gender inequality and to deliver equitable and quality education always
- g) The national MHM training manual 2016 (draft) provides a comprehensive training package for MHM promotion in schools.

At the institutional level, the Ministry of Education and Sports takes a leading role in the development of policies, funding the bulk of education services and infrastructure development while the girl child is at school. The MWE and MoH provide water supply and public health services respectively. The Ministry of Gender, Labour and Social Development under the family affairs unit takes responsibility to ensure that the family can provide and care for the unique needs of all her members including the provision of MHM services, materials, and infrastructure in homes.

The LG on the other hand plans and oversees education services and supervises learning in schools. The LG is also responsible for mobilising parents to participate in school activities, funding and liaising with the foundation bodies and other stakeholders.

At the school level, the administration comprised of Head Teachers, their deputies and other heads is responsible for the implementation of all planned activities while management (BoG in the case of secondary schools or SMC in the case of primary schools) is responsible for policy development and planning for the school and oversees implementation. The PTA is the link between parents and communities with the school administration and management. They play a crucial role in funding and provision of the school community partnership and its coexistence.

How circulars are originated and shared

Circulars are instruments of government issued by a higher authority to a lower authority giving specific instructions and guidelines on how a policy or sections of it should be implemented. They are normally issued in circumstances that require clarity about implementation of aspects of a policy or where there is a gap in the policy but does not require an overhaul in the policy.

Circulars are disseminated in the following ways:

- Press release
- Placed on the notice board of the ministries
- Sent through emails and hard copies

Local government and circulars

The standard practice is that all circulars are sent to the CAO as accounting officers. Depending on the directive in the circular, the following are the various means and ways by which circulars are handled (a combination can be used):

- CAO writes a loose minute to the user department for action
- Circular is discussed at the management meeting (most districts have management meetings weekly) and action points agreed on

- Circular is discussed during District Technical Planning (TPC) meetings and action points agreed on
- Circular is customised and sent to stakeholders
- Circular is placed on the notice board
- Meeting of the stakeholders is held, and the circular is discussed.

4. Findings of the Study

4.1 Descriptive statistics for girls and their latrine stance ratio

This study reached 137 schools (79% primary, 21% secondary). Overall, out of the **58,522 girls in the 84 schools that responded, over 30% (17,759)** had already experienced menstruation periods, although 39% (53) of schools didn't provide statistics for the number of girls undergoing menstruation, citing unavailability of the required data, in addition to some who had not thought of collecting such data. It was also evident that higher proportions (38% or 6,057 out of 15,850) of girls from secondary schools were undergoing menstrual periods as compared to 28% (or 12,152 out of 43,479 girls) of those from primary schools.

Girls' stance ratio for the sampled schools was 61:1, with primary schools having higher stance ratio (63:1) in contrast with 56:1 for secondary schools, implying that most of the schools did not meet the minimum set standards of 40:1 by the government (see table below)

Table 2 Descriptive statistics for girls and their latrine stance ratio, according to the interviewed head teachers

Type of school/institution	No. of girls in the school		Girls undergoing menstruation period			No. of latrine stances for girls		Pupil latrine stance ratio (Girls)	Valid N
	Mean	Sum	Mean	Sum	%	Mean	Sum		
Govt Aided Rural P/S	452	21,225	209	6,261	29%	6	306	69	N=48
Govt Aided Urban P/S	586	17,008	271	4,881	29%	10	280	61	N=29
Govt Aided Rural SS	380	3,417	238	1,427	42%	9	85	40	N=9
Govt Aided Urban SS	670	11,396	322	4,180	37%	13	184	62	N=14
Private P/S	247	4,939	63	1,010	20%	5	102	48	N=21
Private SS	537	537				7	7	77	N=1
Within Primary	448	43,479	190	12,152	28%	7	692	63	
Within Secondary	566	15,850	303	6,057	38%	11	282	56	
OVERALL	476	58,522	214	17,759	30%	8	964	61	N=122

4.2 School Development Plan and Its Funding

4.2.1 School development plans

Findings from this study indicated that out of the 134 sampled schools that responded, over 94% (126) had school development plans (SDP). The SDPs were mainly funded from UPE grants, PTA contributions and school fees. The key provisions in the SDP were for development (88%), and teacher welfare (75%) respectively. It was noted that, whereas higher proportions (59.4% (79)) of schools reported MHM to be part of the SDP, only a few (23%) had MHM as a

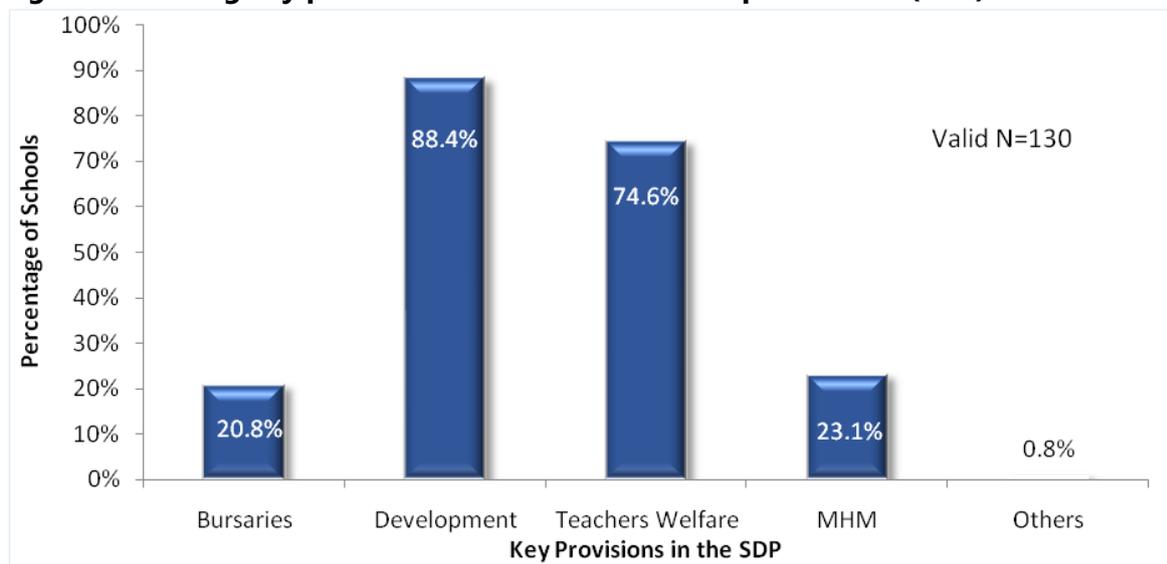
key provision in their SDPs. This finding did not significantly vary within the primary and secondary schools (P-Values>0.533).

Those who did not have MHM as part of their SDPs mainly attributed it to the fact that they always considered it under the school budget. In addition, lack of funds and unavailability of an SDP were some of the reasons why MHM wasn't considered under SDPs. UPE and USE guidelines do not specifically mention MHM under cost and expenditure in schools.

However, those who considered MHM in their SDP did so specifically to increase retention (by keeping girls in school) as well as completion rates for girls. Other reasons were that most girls of adolescent age don't have pads and that majority of girls stay home for a whole week until their period is over, and this affected their academic performance as well as attendance.

These findings reveal that MHM in schools needs to be given priority and therefore necessitates major improvements to ensure proper management of menstrual hygiene in schools.

Figure 1 showing key provisions in the School Development Plan (SDP)



4.2.2 Amount of money spent on MHM by Schools

It was revealed that in a year, the majority (44%) of the 127 schools that responded, were spending between UGX 100,000-300,000 on MHM, followed by 31% who spent less than UGX 100,000. This significantly varied within the primary and secondary schools (P-Value <0.001). 83% of primary schools were found to be spending very little (less than UGX 300,000) on MHM yearly as compared to only 42% of the secondary schools. The amounts do not necessarily depend on the need but on the amount of money that can be found (obtained from UP/USE funding) for this purpose.

According to the school head teachers, these MHM funds were spent mainly on emergency sanitary pads, basins, knickers, soap, painkillers, changing dresses, facilitating SFT and SMT to attend meetings. About 11 schools declined to respond to this question.

Table 3 Amount spent on MHM in a year by the schools

	Primary Schools		Secondary Schools		OVERALL	
	Count	%	Count	%	Count	%
Less than 100,000	34	34.3%	4	16.7%	39	31.0%
Btn 100,000 to 300,000 UGX	48	48.4%	6	25.0%	55	43.7%
Btn 300,000 to 400,000 UGX	6	6.1%	3	12.5%	9	7.1%
Btn 400,000 to 800,000 UGX	6	6.1%	5	20.8%	12	9.5%
Over 800,000	5	5.1%	6	25.0%	11	8.7%
Total	99	100.0%	24	100.0%	126	100.0%

P-Value < 0.001

4.3 MHM Services Provided by Schools

The study findings also indicated that most of the MHM services being provided by schools included: sensitization of girls on personal hygiene during menstruation (96%), awareness creation to girls on menstruation management, effects and coping mechanisms (93%), counselling of girls who experience menstruation for the very first time to avoid trauma (91%), preparing girls to undergo menstruation for the first time (84%), operation and maintenance of water, and sanitation facilities among others for MHM (74%). Most of these services were being provided because both the schools and community felt a need to ensure that girls compete favourably with boys by reducing absenteeism and increasing retention and completion rates for girls in schools.

Noticeably, few (22%) schools were **providing training for girls to make MHM materials** such as RUMPS and soap. The majority (78%) of schools that didn't provide training for girls to make MHM materials mainly attributed it to unavailability of a skilled trainer and limited funds and materials. Training of girls to make MHM materials such as RUMPS and soap was more evident in secondary schools (40%), as opposed to 18% in primary schools. Likewise, few (22%) schools had a SHC promoting MHM. The reason for this could be that the need in senior secondary schools is greater than in primary schools (because the average age in senior schools is about 14 years while in primary it is 9 years).

Awareness creation for the boys to understand and support the girls during their periods was being done by 57% of the schools whose head teachers were interviewed. This was because there was a high dropout and absenteeism rate of the girls hence the need to promote education for girls and encourage them to stay in school. Another reason was that the schools wanted to stop the stigma which is usually instigated by the boys. Other schools were also being tasked by NGOs (e.g. Child Fund) to involve boys. Those who didn't provide awareness to the boys mainly cited that the school had not planned/prepared for it in addition to tight schedules/timetables. A few of the interviewed head teachers also felt that sensitizing boys would encourage respect from them towards the girls.

Noticeably, over 74% (95) of schools were found to have operation and maintenance in place for water, sanitation and other facilities for MHM. Arrangements for collection of O&M funds was in place. Similarly, pupils were involved in the cleaning of toilets and washrooms where they exist in primary schools and employees did so in secondary schools

Few schools (31%) were **maintaining records on girls undergoing menstruation** and services offered. This was mainly because the SFT/SMT capacities were not built on record keeping and analysis. As schools are not effectively collecting, and managing records of girls undergoing menstruation, no proper planning can occur because there are no clear/updated statistics/records.

Only 22% of the schools were found to be having **School Health Clubs promoting MHM**. This seemed to be due to lack of initiative and interest by the teachers and school administration. This affects the learning process and hinders the promotion of child-to-child WASH services in general and MHM in particular.

Efforts need to be made to keep records on girls undergoing menstruation and services offered for them in schools, the training of teachers to support MHM, the training of girls to make MHM materials such as RUMPS and soap, and the need for establishment of vibrant SHCs to promote MHM.

Figure 2 showing proportion of schools providing MHM services, according to the interviewed head teachers

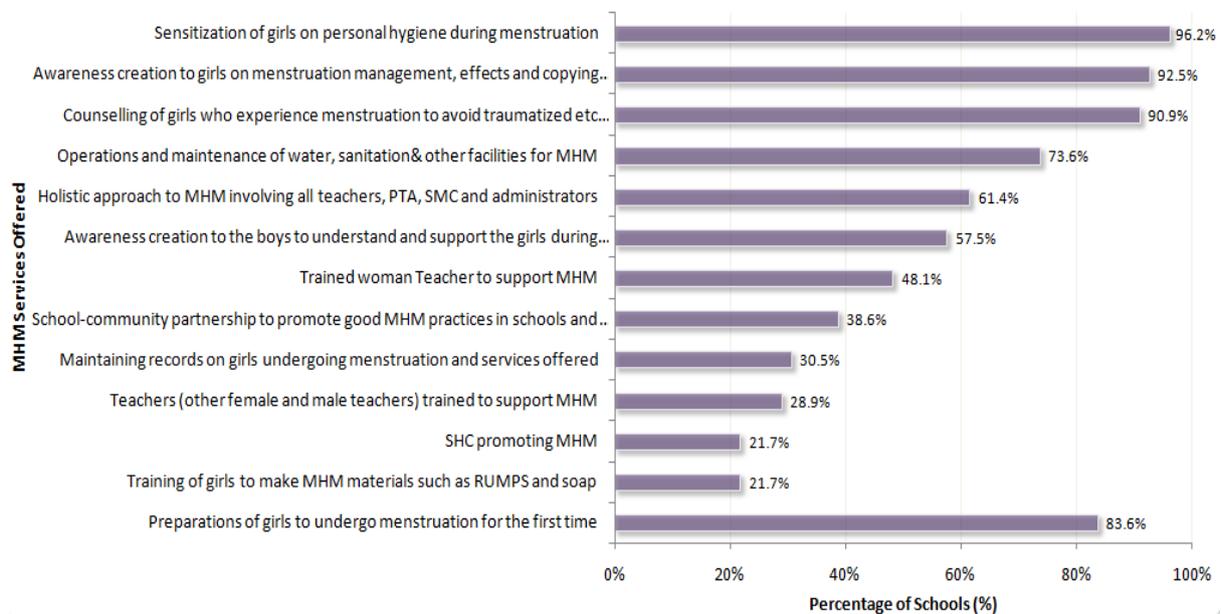


Table 4 MHM Services provided by schools, according to the interviewed head teachers

MHM Services provided by Schools	Primary Schools		Secondary Schools		OVERALL		Valid N	
	Count (Yes)	% (Yes)	Count (Yes)	% (Yes)	Count (Yes)	% (Yes)		
Preparations for girls to undergo menstruation for the first time	90	87.4%	20	71.4%	112	83.6%	134	**
Sensitization of girls on menstruation management, effects and coping mechanisms	97	94.2%	23	85.2%	123	92.5%	133	
Sensitization of girls on personal hygiene during menstruation	101	98.1%	23	88.5%	127	96.2%	132	**
Counselling of girls who experience menstruation to avoid trauma	95	91.3%	22	88.0%	120	90.9%	132	
Training of girls to make MHM materials such as RUMPS and soap	18	17.8%	10	40.0%	28	21.7%	129	**
Maintaining records on girls undergoing menstruation and services offered	35	34.3%	5	19.2%	40	30.5%	131	
Awareness creation for boys to understand and support the girls during menstruation	59	56.7%	17	63.0%	77	57.5%	134	
School-community partnership to promote good MHM practices in school and at home	38	36.9%	12	46.2%	51	38.6%	132	
Holistic approach to MHM involving all teachers, PTA, SMC and administrators	61	59.2%	19	73.1%	81	61.4%	132	
Operations and maintenance of water, sanitation and other facilities for MHM	73	72.3%	22	88.0%	95	73.6%	129	
Trained female teacher to support MHM	51	48.6%	14	51.9%	65	48.1%	135	
Teachers trained to support MHM	31	29.5%	8	29.6%	39	28.9%	135	
SHC promoting MHM	22	21.6%	6	25.0%	28	21.7%	129	

**P-values <0.05, whereas for the rest P-Values>0.05



A talking compound used to create awareness for Menstrual Hygiene Management and other at Kasese Primary school

4.4 Types/availability of material for MHM in schools

It was clear from this study that most schools reported to be mainly providing emergency pads (87%), soap (84%), painkillers (83%) and basin/bucket (72%) respectively to manage menstrual hygiene.

Noticeably, the provision of pads and soap was significantly varying within the primary and secondary schools (P-Values <0.030). Specifically, primary schools were providing pads (91%), and soap (90%) more than the secondary schools (75% and 64% respectively). Less than 15% of schools provided other MHM materials such as bags, Vaseline, mirror, comb, less / towel respectively amongst others.

The interviewed girls were also in complete support of the need to provide more services, echoing that the MHM materials presently available in schools were mainly pads, soap and basins, as seen in the table below.

Table 5 Types of materials for MHM that the schools have, according to the interviewed head teachers

Type of materials for MHM	Primary School		Secondary School		OVERALL		P-Value
	Count (Yes)	% (Yes)	Count (Yes)	% (Yes)	Count (Yes)	% (Yes)	
Pads/nappies	95	90.50%	20	74.10%	118	87.4%	0.023
Soap	93	89.40%	18	66.70%	113	84.3%	0.003
Extra Uniforms	22	21.60%	5	18.50%	28	21.2%	0.729
Changing dress	37	35.90%	5	18.50%	43	32.3%	0.085
Vaseline	14	13.50%	3	11.10%	17	12.7%	0.746

Bags	4	3.90%	2	7.40%	6	4.5%	0.437
Knickers	17	16.30%	3	11.10%	20	14.9%	0.500
Basin/bucket	78	75.00%	16	59.30%	97	72.4%	0.105
Comb	17	16.80%	2	7.70%	19	14.6%	0.244
Mirror	14	13.70%	4	14.80%	18	13.6%	0.885
Mattress	13	12.70%	9	34.60%	23	17.6%	0.008
Lesso /towel	17	16.70%	9	33.30%	27	20.5%	0.055
Pain killers	86	82.70%	23	85.20%	111	82.8%	0.758

4.5 Facilities/Infrastructure

It was found that the highest proportion (93%) of schools had separate latrines for girls, followed by improved water facility (safe water supply) (86%), and handwashing facility (67%), separate latrines for female teachers (62%), washrooms for girls (56%) and dustbins (50%) respectively.

Secondary schools had more MHM facilities and infrastructure compared with primary schools. Furthermore, only 21% (28 out of 131) of schools had a pupils per toilet stance ratio that met the minimum required standard of 40:1, with no significant difference within the secondary and primary schools (P-Value>0.800). Most schools whose pupil stance ratio didn't meet the required minimum mainly attributed it to over-population with inadequate stances for pupils, high enrolments, inadequate funds, and the fact that the plan for expansion of more stances was still on-going.

Likewise, only 20% (27 out of 133) of the schools had counselling rooms, the majority (80% or 106) just used classrooms during counselling sessions because of limited funds to construct counselling rooms.

Only 8% (11 out of 131) of the schools had restrooms, 19% (25 out of 133) had an appropriate arrangement for disposal of pads with only 22% (29 out of 133) having changing rooms. When asked what kind of support they required, only 26% (36 out of 137) responded and 31% (11 out of 36) cited government support especially in the construction of changing rooms, washrooms as well as financial support and provision of water tanks. Few (11% or 4 out of 36) cited that school administrations and parents should also give a hand in providing some of these infrastructures. The school administration should ensure continuous supply of water, clean latrines, provision of soap and fundraising.

Some of the reasons for not having washrooms were mainly: limited resources, use of alternative options (i.e. bathrooms), girls use (share) washrooms of female teachers, as suggested by only 14 out of 137 schools (10%). Likewise, those who didn't have changing rooms cited limited space to construct, inadequate funds, and that girls use bathrooms, dormitories, classrooms, old offices as changing rooms.

These study findings clearly showed that whereas schools have taken strides in improving MHM, a lot more was still required especially in acquiring changing rooms, appropriate disposal of pads, improving pupil stance ratio, rest rooms/space among others.

Table 6 Types of MHM facilities, according to the interviewed head teachers

Types of Facility/Infrastructure	Primary		Secondary		OVERALL		Valid N
	Count	%	Count	%	Count (Yes)	% (Yes)	
Improved water facility (safe water supply)	93	88.6%	22	81.5%	116	85.9%	135
Water storage/supply around the toilet and washrooms	44	42.3%	13	48.1%	57	42.5%	134
Separate latrine for girls[1]	96	92.3%	26	96.3%	125	93.3%	134
With pupils stance ratio 40:1	23	22.3%	5	20.0%	28	21.4%	131
Separate latrines for girls with disabilities	24	23.5%	12	46.2%	36	27.5%	131
Pupils stance ratio 40:1 for girls with disabilities	10	9.7%	10	41.7%	20	15.4%	130
Separate latrines for female teachers	61	59.2%	21	77.8%	83	62.4%	133
Washrooms for girls	55	53.9%	19	70.4%	74	56.1%	132
Drying lines	19	18.8%	12	46.2%	31	23.8%	130
Changing rooms	21	20.4%	8	29.6%	29	21.8%	133
Handwashing facility	68	66.0%	20	74.1%	89	66.9%	133
Counselling room	18	17.3%	9	34.6%	27	20.3%	133
Dustbins	46	44.2%	20	74.1%	67	50.0%	134
Rest rooms/space	4	3.9%	7	26.9%	11	8.4%	131
An appropriate arrangement for disposal of pads	13	12.6%	12	44.4%	25	18.8%	133



A separate latrine facility for boys at Otuboi Township Primary School in Kaberamaido District

Latrine facilities for teachers on the right and school girls on the far left



A temporary structure housing a counselling room in Kyenjojo Primary school



A classroom being used as a rest room at Kasese SS

4.6 Circular received from the MoES

The study showed that a high proportion of schools [more than 87% (112)] had received circulars from MoES, mostly through the DEOs (62% or 63 out of 101), directly taken from MoEs (16% or 16 out of 101), CAOs offices (3% or 3 out of 101) and in some cases the association of head teachers took them from the Ministry of Education and Sports (1% or 1 out of 101). The majority (93% (55)) of the school heads also reported to have filed these circulars.

Most of these circulars received by the schools included among others: change of curriculum, guidelines on admission, ICT capacity building for primary and secondary schools, school calendar, music, dance and drama, and policy shifts on primary and secondary schools. The interviewed DIS also reported to have received circulars on menstrual hygiene, UNEB, and closure of private schools among others.

Furthermore, 75% (76) of schools had reportedly received circulars on provision of menstrual hygiene management (MHM). However, whereas most schools received these MHM circulars, the highest proportion (90% of girls, 88% of SHC, 85% of boys) of the interviewed pupils disagreed saying that the circulars did not reach them. Whereas the circulars may not be for the consumption of the pupils/students, placing them on the public notice board would have created awareness and with the rights-based-approach to development, the pupils/students would have been able to engage and ask for the services. Likewise, 75% (76) of the interviewed SFT, SMT, PTA, SMC, as well as over 57% of the district political leaders and NGOs disclosed that circulars on MHM did not reach them.

These findings clearly revealed that most schools received the MHM circulars, however, the extent to which the information in the circular is communicated to the pupils, and teachers remains unclear.

Figure 3 Showing whether the respondents received the MHM circulars

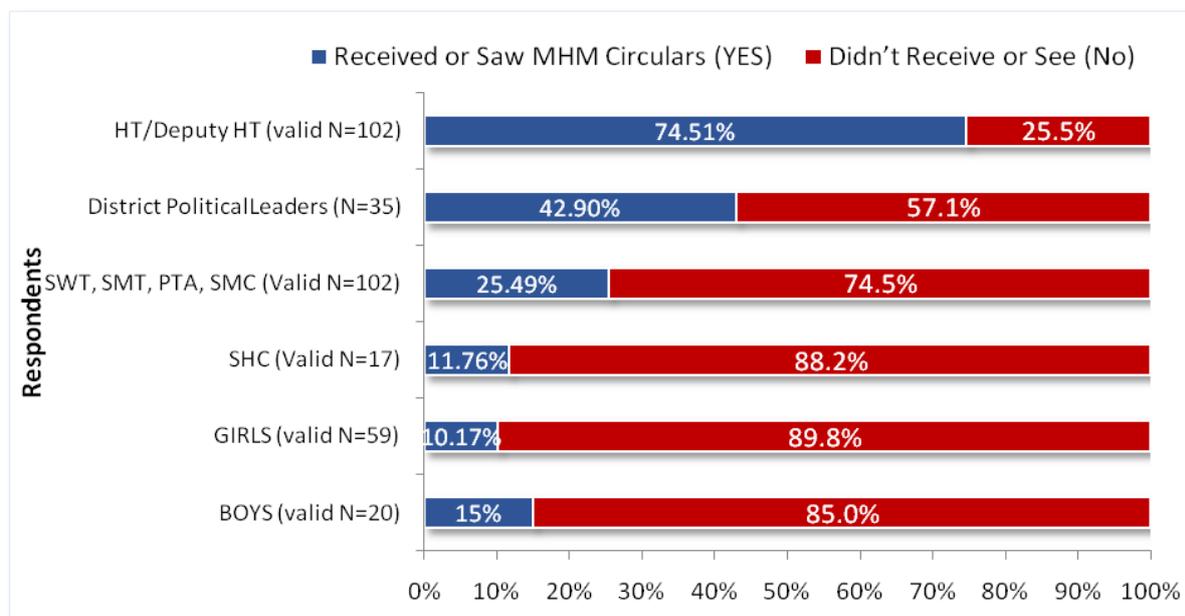


Table 7 District leaders that did not receive the circular

District Political Leaders Category	Did not receive Circulars on MHM	Received MHM Circulars	Didn't Receive	Total
CAO	Mukono, Kiryandongo, Iganga, Soroti, Hoima	2 (29%)	5	7
DEO	Mukono, Mbale, Soroti, Kaberamaido, Hoima	4 (44%)	5	9
DIS	Mukono, Tororo, Mbale, Kiryandongo, Kween, Abim	3 (33%)	6	9
Other Political Leaders (Town Clerks, LCV, Engineers)	Dokolo, Tororo, Soroti,	5 (46%)	6	11
NGOs	World Vision Bugiri, FAWEU	2 (33%)	4	6

4.6.1 Actions taken on the circulars

Over 94% (98) of schools revealed that they acted on the circulars received. There was no significant difference within primary and secondary schools (P-Values > 0.100). It was clear that whereas the highest proportion (94%) of schools reported to be acting on circulars received, only 30% (23) had actually taken action specifically on the MHM circulars received. This was mainly attributable to the fact that most of these schools had just received them. It should be noted that the research assistants delivered a copy of the circular to every school visited and upon seeing the circular, some claimed they were seeing it for the first time and perhaps used it as an excuse for not doing much on MHM.

However, out of the 75% (76) of school head teachers who had received the MHM circulars earlier, only 34% (26 out of 76) had acted upon it and provided emergency pads and knickers,

provided counselling sessions, formed SHCs, purchased handwashing facilities, sensitization of both girls and boys on menstruation and hygiene amongst others. Regarding separate latrines for girls and boys, it is the responsibility of the LG since they are the ones who allocate and construct latrines. The interviewed girls (11%) also confirmed that upon receipt of the MHM circulars, they were free to ask for emergency knickers, pads and other materials, but also started maintaining personal hygiene.

It was further revealed that whereas 46% (15 out of 33) of urban schools had acted on the MHM circular received, as compared to only 26% (11 out of 43) of rural schools, this difference was deemed to be statistically insignificant ($P > 0.070$).

According to the DIS interviewed, the key provision that was acted upon was to include MHM issues in their inspection. This included the making of local pads, washrooms for girls, and emergency pads for example as required by the circular. This is currently only the initiative of individual inspectors and not incorporated in the national inspection tool.



A pack of reusable pads provided by Nabongo PS in Bulambuli District because of the actions stipulated in the Ministry of Education Circular

The table below shows specific findings in relation to the circular

Specific directive as stated on the circular	Findings
All schools must provide separate toilet facilities for girls, boys, children with disabilities, female and male teachers	<ul style="list-style-type: none"> 92.3% had separate facilities for girls, boys and teachers 23.3% of the schools had separate toilet facilities for children with disabilities
The school management teams should <ul style="list-style-type: none"> Provide more privacy and cleanliness of toilet facilities Washrooms Changing facilities well equipped for use by female pupils/students 	<ul style="list-style-type: none"> No data 53.9% 20.4%
All schools should provide <ul style="list-style-type: none"> Adequate water tanks near the toilet facilities Soap 	<ul style="list-style-type: none"> 42.3% 84%
All schools must provide <ul style="list-style-type: none"> Emergency changing uniforms Wrappers/lesso Pair of knickers Sanitary towels 	<ul style="list-style-type: none"> 21.2% 20.5% 14.9% 87%

Specific directive as stated on the circular	Findings
<ul style="list-style-type: none"> • Pain killers 	<ul style="list-style-type: none"> • 82.8%
All schools to have trained <ul style="list-style-type: none"> • SFTs • SMTs • Earmarked places for guidance and counselling 	
All schools should develop innovative strategies to effect behaviour change in schools and communities	23%
District engineers should observe requirements for separation of toilet facilities	All new constructions observe the requirements
Organise joint trainings of teachers and extension workers (community development workers, health inspectors, health assistants)	No
SMC and BoG should ensure prioritisation of MHM issues in planning and budget allocation	23%
Awareness creation for MHM among boys	57%

4.6.2 Changes because of MHM circulars

According to the head teachers, the most eminent change because of MHM circulars were: improved self-esteem of the girl child, reduced absenteeism, high retention levels for girls in the school, girls freely demand materials and seek guidance.

The interviewed girls whom the MHM circulars had reached agreed with the above changes but added that more girls are now promoting hygiene and are free to discuss menstrual cycles with their fellow pupils and SFTs.

Atim Florence of Amach Primary school in Lira district said "...Since June 2015, the SFT has been talking to us girls about MHM. We as girls have since then started sharing freely amongst us. We encourage and support each other. The school also has painkillers and pads, as a result, no girl absents herself because of periods. Some of us can even know when it is about to happen..."

As reported by 28% (10 out of 36) district officers, some of the changes seen were increased awareness in Mukono, the putting up of MHM facilities in Mbarara and drastic reduction of absenteeism by girls during menstruation in Dokolo. In Jinja, the district organised meetings with school head teachers three times per term and worked with development partners on encouraging the production of RUMPS in schools and ensured that each school has a Senior Female Teacher. While in Bugiri, there is a gradual retention of girls in schools, a few students are now making local pads and there is open discussion about MHM. In Lira, there is not only open discussion about MHM but also facilities have been put in place, school budgets have MHM components and the entire school community is supportive of MHM. They also noted that some students had started making pads, although they had limited materials.

4.7 Suggestions to improve MHM

It was clear from this study that improvement of MHM in schools should take a holistic approach where every stakeholder (SMCs, PTAs, parents, government, pupils etc.) effectively plays their role in supporting MHM in schools.

According to the interviewed head teachers and pupils, parents should be sensitized to support girls during their periods by availing their girls with sanitary materials such as pads, knickers and bags. Governments, schools and NGOs should provide MHM infrastructure such as latrines, changing rooms, washrooms. The interviewed pupils noted that this should be done specifically for those schools that have a poor MHM infrastructure.

Government should carry out sensitizations to create public awareness on radio talk shows, as well as incorporate MHM issues in the curriculum.

Senior female teachers should take the lead in raising awareness among girls, while senior male teachers should raise awareness creation with boys. This was noted by the interviewed girls who also commented that boys should stop laughing at them whenever they have stained their clothes.

Noticeably, the interviewed pupils (both girls and boys) were in support of the above suggestions and added that sanitation should be improved especially by the school administration. This should be done through raising awareness about the use of facilities and maintenance and planning of sufficient facilities.

Circulars should reach schools in time to guide stakeholders involved in MHM. This was seen in over 75% of schools which received MHM circulars as only 34% of them took the necessary actions and they attributed this to late delivery of the circulars.

In future, the Ministry should send circulars through emails to CAOs, DEO, DIS and a hard copy later on. The user department should hold an internal meeting to find the best possible way of sending around circulars and this should be presented to the management team, technical planning committee and the district executive. Recommendations from those committees should then be implemented and monitored. The Ministry should also follow up on circulars and document progress of their implementation.

4.8 Incremental implementation of MHM

The respondents (head teachers, PTAs, pupils) were asked if MHM was to be implemented on an incremental basis (Ladder I being basic, Ladder II being necessary and Ladder III being ideal). What would they like to see for each ladder in the school? The study findings revealed that the basic things would be water (95%), sanitary pads (94%), knickers (93%), and soap (82%) respectively. The interviewed girls and boys were also in support of this finding.

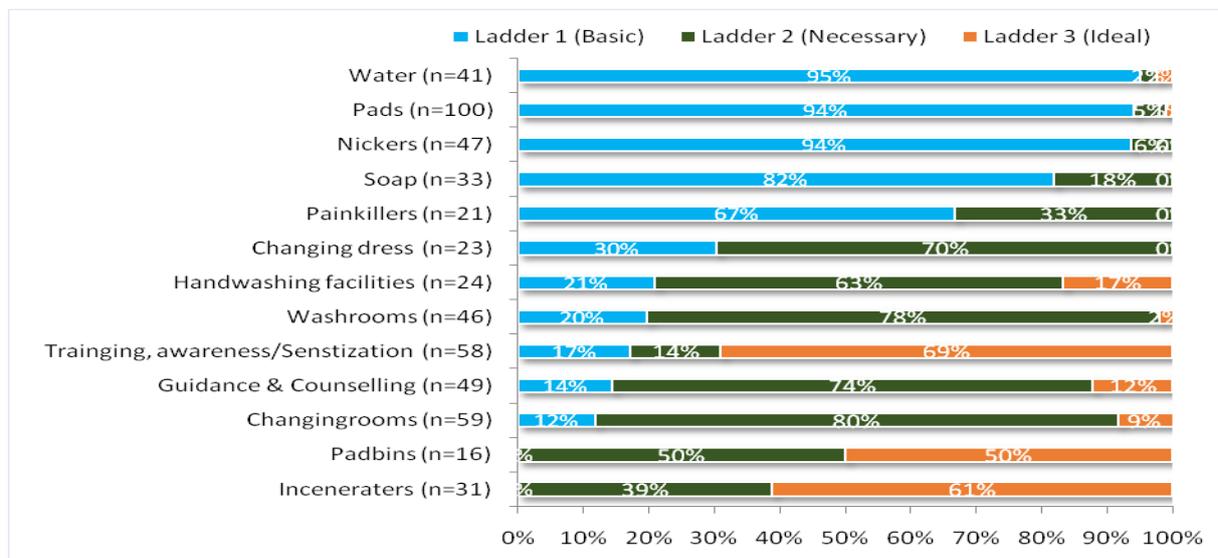
It was noted that most of the interviewed district political leaders thought awareness raising, sensitization and training were basic things that needed to be implemented.

Changing rooms (80%), washrooms (78%), guidance and counselling (74%) and changing dress (70) were mostly considered to be a necessity. The interviewed girls and boys were in complete support of this finding. What was considered ideal were workshops/training, sensitization/awareness creation (69%), incinerators (61%), and pad bins (50%) as seen in the table below.

Table 8 showing incremental implementation of MHM

	Ladder 1 (Basic)		Ladder 2 (Necessary)		Ladder 3 (Ideal)		Total	
	Count	%	Count	%	Count	%	Count	%
Pads	94	94.0%	5	5.0%	1	1.0%	100	100.0%
Water	39	95.2%	1	2.4%	1	2.4%	41	100.0%
Soap	27	81.8%	6	18.2%			33	100.0%
Painkillers	14	66.7%	7	33.3%			21	100.0%
Nickers	44	93.6%	3	6.4%			47	100.0%
Changing dress	7	30.4%	16	69.6%			23	100.0%
Handwashing facilities	5	20.8%	15	62.5%	4	16.7%	24	100.0%
Washrooms	9	19.6%	36	78.2%	1	2.2%	46	100.0%
Changing rooms	7	11.9%	47	79.7%	5	8.4%	59	100.0%
Incinerators			12	38.7%	19	61.3%	31	100.0%
Pad bins			8	50.0%	8	50.0%	16	100.0%
Workshop Training awareness	10	17.2%	8	13.8%	40	69.0%	58	100.0%
Guidance counselling	7	14.3%	36	73.5%	6	12.2%	49	100.0%

Figure 4 showing incremental implementation of MHM



4.9 Knowledge and roles in MHM

4.9.1 Knowledge

This study revealed that all the interviewed girls (100%) had knowledge about menstrual hygiene management in schools. The knowledge the girls had was that, it is normal to take care of personal hygiene such as bathing regularly (3 times a day), changing pads after every 8 hours, washing and wearing clean knickers among other things.

Likewise, over 95% of the interviewed boys reported to be knowledgeable about MHM in schools, although it was clear that they were less knowledgeable compared to girls. The knowledge of boys was mainly limited to use of pads and keeping proper hygiene without key details such as the age at which menstruation starts, the frequency of changing pads, proper disposal of pads, and management of pain for example abdominal pain.

Over 95% (127) of all the interviewed SMT, SFTs, PTAs, SMCs reported to be knowledgeable about MHM in schools. According to them, MHM in schools involved all that was mentioned by the girls and boys (such as use of sanitary pads, personal hygiene to avoid infections, water, soap, and proper disposal of used pads). They also knew that menstruation lasts 3 -6 days, the need for sensitization of girls on MHM, about MHM facilities such as changing rooms, washrooms. Of the males only a few (2) seemed to know around what age girls start to menstruate.

4.9.2 Roles

With respect to the interviewed boys, their role in MHM was mainly to inform/advise girls to maintain personal hygiene during their period and notify them whenever they have stained their uniforms.

Furthermore, 95% of the SMTs, SFTs, PTAs, SMCs revealed that their respective schools were involved in MHM promotion especially through health parades, awareness creation on personal hygiene, sensitization of parents, promotion of MHM through music, dance and drama, ensuring separate clean toilets and availability of water, organising guidance and counselling, and the provision of emergency pads and knickers.

4.10 Fears by girls when having periods

All (100%) girls interviewed indicated that they were fearful when having periods, specifically when it starts abruptly in class and the uniform is stained; when there is an inadequate supply of sanitary pads; abdominal pain during periods; being laughed at and talked about by boys and the girls (mostly by those who have not started periods). This instils fear in the girls.

"When it began abruptly at school and I had no pads, and my uniform got stained with blood, this made me fear a lot" – A girl from Adeso P/s (Kumi District)

"My major fears are pain during menstruation, and also when fellow pupils learn of my periods in class, they laugh at me" - Girl from Kirwoko P/S, Kween

"I fear to be near boys and teachers, because I feel ashamed, I also fear to run because I will stain my dress"- Pupil of Mak-Jolly Nursery and P/S, Kiryandongo T.C

"I fear that other students can see the uniform stained, in case of sudden/abrupt periods"-Student of Mbale S.S.S



A researcher assistant conducting a Focus Group Discussion with pupils at Mak Jolly Kindergarten and Primary school in Kiryandongo district

4.11 Some of the challenges seen in MHM in school

Some of the challenges seen in MHM schools according to the respondents were lack of adequate MHM facilities, inadequate MHM materials available and poor sanitation. Most facilities are not only inadequate but also poorly maintained.

The main challenges for MHM in schools were lack of emergency sanitary pads as suggested by both boys and girls - this forced girls to absent themselves from school, followed by no washrooms, emergency knickers among others.

In addition to the above, the interviewed SFTs, SMTs, PTAs, SMCs also cited high absenteeism and inadequate funds as some of the current challenges for MHM in schools.

However, boys also noted that some girls neglect their personal hygiene and therefore have a bad smell.

One of the biggest challenges in MHM is the weak and low participation of parents. The parents should play a bigger role in providing for MHM at home and in schools but this is a taboo subject for many of them.

5. Summary of Findings, Conclusions, Recommendations

5.1 Summary of Findings

What the schools have been able to do about MHM

In summary, most schools were sensitizing girls on personal hygiene during menstruation (96%), followed by awareness raising on menstruation management, effects and coping mechanisms (93%), and counselling of girls who experience menstruation to avoid trauma (91%). It was also reported by 84% of the teachers that preparation for girls to undergo menstruation for the first time was being done. However, over 43% of the interviewed head teachers said that awareness raising with boys to understand and support girls during their periods was not really being done. The main enabling factor is the fact that SFTs and SMTs have been trained. Support from NGOs (Plan, World Vision, SNV, NETWAS, Uganda Red Cross etc.) has also been tremendous.

What the schools have not been able to do about MHM

The majority (78%) of schools have not been able to provide training to girls on how to make MHM materials such as RUMPS and soap, this was mainly attributable to unavailability of skilled trainers. The majority (69%) of schools were not maintaining records on girls undergoing menstruation and services offered, mainly because there is no capacity building for senior female teachers on basic record keeping and analysis. Only a few (22%) of the schools had school health clubs promoting MHM, many of the schools did not have SHCs. In over 71% of the schools, other female and male teachers were not trained to support MHM so SFTs and SMTs are overwhelmed by all the duties regarding MHM.

Factors fostering effective MHM in schools

Some of the factors that foster effective menstrual hygiene management in schools included availability of trained SFTs/SMTs in MHM, availability of MHM materials (such as sanitary pads), availability of MHM facilities (such as washrooms, water, and washing facilities) provided specifically by government, school or NGOs, and willingness of both parents and teachers in some schools to reach a consensus and play their role effectively. A number of NGOs including Plan, World Vision, SNV, NETWAS, Red Cross have focussed on supporting national MHM awareness and advocacy efforts with parliament, training of teachers and pupils, provision of materials, IEC materials and infrastructure

Factors deterring effective MHM in schools

Some of the factors that deter effective menstrual hygiene management in schools are unavailability of statistics /records of girls menstruating, unconducive environment (such as boys who laugh at girls, inadequacy of MHM facilities and materials), limited or no budget specifically directed towards MHM, and unclear roles of who does what in regard to MHM in schools. No provision of MHM at home also makes it appear like it is only a thing to be promoted in schools.

Effects of MHM status on girls in schools

The effect of MHM status in schools was seen to be both positive and negative. When MHM in schools is not properly done/handled, it leads to fear in girls when having their period, especially when it starts abruptly in class, there is an inadequate supply of sanitary pads and girls suffer from pain during periods. In most cases, this can lead to absenteeism which in the long run will culminate into a high dropout rate and thus low completion rates for girls. Where there was proper management of menstrual hygiene, they reported higher retention, less absenteeism of girl pupils and an increase in self-esteem for girls.

Level of implementation of the set guidelines for MHM in schools

These study findings also revealed that the level of implementation of the set guidelines for MHM in schools was low, as it was seen in most schools, 75% (76). Only a few ,34% (26 out of 76), had taken action by providing changing rooms, emergency pads and knickers, budget allocation, handwashing facilities, counselling sessions, formed SHCs, and did sensitization of both girls and boys etc. However, there was no significant difference ($P > 0.070$) in implementation of set guidelines within urban, 45.5% or 15 out of 33¹, and rural schools , 25.6% or 11 out of 43². It was noted that the majority of those who had received MHM circulars had not taken action, because they had only just received it a day before the research teams visited them.

¹ Only 45.5% (15 out of 33) of urban schools interviewed had implemented the set guidelines in the MHM circular.

² Only 25.6% (11 out of 43) rural schools had implemented the set guidelines in the MHM circular.

5.2 Conclusion

In conclusion, whereas most schools received the MHM circulars, few of them had acted upon them. Although it was evident that most of the schools had made an effort in providing emergency pads in schools with a few having washrooms. On the whole, the state of MHM in schools still remains defective and is characterised by very low or unavailable budgets for MHM, unavailable MHM facilities in most schools, uncooperativeness of some parents to provide sanitary pads for their girl child, MHM issues in schools being left largely to the SFTs and SMTs. Therefore, if MHM in schools is to be effectively implemented, it will require a holistic approach involving all relevant stakeholders who must each ensure that they play their role effectively.

5.3 Recommendations

This study made the following recommendations as listed in the Recommendation Tracking Matrix (RTM) below.

Table 9 Recommendation Tracking Matrix

Recommendations	Responsible party/person
• Improvement of MHM facilities in schools through construction of washrooms, with functioning water, restrooms, changing rooms	Government, school (SMC)
• Provision of MHM materials specifically sanitary pads, bags, knickers and towels	Parents, with some support from government
• Provision of emergency sanitary pads, towels, changing clothes	School (HT, SMC, PTA)
• Sensitization for boys to understand and support girls during their periods should be emphasized	Schools (HT, SFT SMT, and other teachers), SHC
• Improvement in the record management /maintenance of girls who are menstruating to aid proper planning, by mainly building capacity of women teachers to perform this task	School head teachers, SFTs, SMTs
• There should be timely delivery of the MHM Circulars to schools by the Ministry of Education through appropriate communication means/channels	MoES, DEOs
• Emphasis be put on training girl child in making sanitary pads/RUMPS by providing them with the raw materials	Government, NGOs, School heads
• School health clubs should be initiated in all schools and a mechanism put in place to ensure their proper functioning as a way of increasing awareness creation and a platform to deliver training on making of RUMPS	School Head Teachers
• Efforts should be put by schools in providing appropriate means of disposing used sanitary pads for girls while at school	School (SMC)
• Schools in partnership with the parents should also urgently consider providing rest rooms/space, changing rooms, appropriate disposal of pads, improving girls' stance ratio	School (SMC, PTA)

Additional Recommendations from the study

1. Ministry of Education and Sports:

- Circulars should be sent both in hard and soft copies to the CAO. Most if not all Districts have official email addresses to which the circulars can be sent. CAO secretaries write the email and bring it to the attention of the CAO.
- A telephone call to the CAO and user department should be made to inform the recipient about the circular and to find out if the intended recipient has received it.
- Circulars should not only be sent to CAOs but to Town Clerks of Municipal Councils who are themselves autonomous and accounting officers of the urban councils. Copies of all circulars should also be sent to District Chairpersons and Chairpersons of Municipal Councils. Circular no. 01/2015 on Menstrual Hygiene Management in

schools was not copied to District Political leaders, Chairpersons of Municipal Councils and Town Clerks of Municipal Councils.

- All circulars should be uploaded onto the website of the Ministry. Some are already on the website.
- Working groups and umbrella organisations such as FENU and UWASNET can be useful in sharing of circulars and any other information and ministries should work with them.
- Resources for implementation: guidance should be provided on where resources for implementation of circulars can be obtained from as most Local Governments derive their funding from conditional grants from Central Government.
- Follow up of actions by the recipient. The Ministry should endeavour to always follow up with the recipients (LG) and document the implementation, success, failures and lessons learnt. Through dissemination the Ministry should create a common understanding, support supervision, follow up on compliance and emerging issues.
- Reviewing circulars. Circulars are intended to provoke certain actions and achieve certain results. The Ministry should periodically review the effect and implications the circular may have created
- Information Management: Circular No. 01/2015 prescribes minimum requirements that schools should have put in place and that are not yet captured in the BRMS. There is need to adjust the BRMS tools to capture data that relate to MHM.
- Engage in massive awareness creation through mass media to break all the barriers around menstrual health.

2. Local Government:

- All circulars must be shared with management and TPC members at the district and sub-county level, staff of the user department, district and sub-county executive and sector committee members.
- User departments must develop or incorporate the implementation of the circulars in their work plans with clear monitoring and result indicators.
- Appointment of a focal point officer, especially for MHM at the district level with clear deliverables will go a long way in meeting the intended goal of the circular
- Budget allocation for the implementation of the provisions in circulars is vital
- Creating awareness among the councillors and their support to implement circulars
- Support supervision to the schools

3. School and communities

- Circulars must be shared with the stakeholders within the school, and properly filed for record purposes.
- Head teachers should share the circular at meetings and review the implementation of action points required.
- Every school must have MHM incorporated in the SDP and reflected in the work plan for provision of services, emergency materials, investments in infrastructure and for Operation & Maintenance.
- There must be a school – community partnership so that the girl child has a healthy and friendly environment both at school, home and in the community.

- 4. Cultural and religious leaders.** There are still a lot of cultural and religious issues around menstruation. Engaging with cultural and religious leaders will be key. They should be able to use their platforms to dispel myths, taboos and the silence around MHM.
- 5. Parents, guardians, household members and communities.** Broadly speaking, a child spends more than 60% of her/his time in the household and community.
 - Awareness is created for the children to learn about their body changes
 - An atmosphere which fosters free expression of issues
 - Open talk about MHM
 - Budget allocation for MHM
 - Provision of MHM services, materials and infrastructure.

Annexes

Annex 1 : List of schools reached for the study

DISTRICTS		NAME OF SCHOOL
1. ABIM	1.	HIGHWAY P/S
	2.	ABIM P/S
	3.	ABIM S.S
	4.	LITTLE ANGEL NURSERY AND PRIMARY SCHOOL
	Total	4
2. BUDAKA	5.	GADUMIRE P/S
	6.	KADERUNA P/S
	7.	BUDA P/S
	8.	BUDAKA INTERGRATED P/S
	9.	BUDAKA UNIVERSAL COLLEGE
	Total	5
3. BUGIRI	10.	BUNGA P/S
	11.	NANKOMA P/S
	12.	HINDOCHA P/S
	13.	ALL SAINTS NURSERY & P/S
	Total	4
4. BULAMBULI	14.	NABBONGO P/S
	15.	MUYEMBE GIRLS P/S
	16.	NABONGO S.S
	17.	MUYANGA TOWNSHIP P/S
	18.	DIVINE NURSERY AND P/S
	Total	5
5. BUSIA	19.	NAMUGODI P/S
	20.	BUDECHO P/S
	21.	MADIBIRA P/S
	22.	ST. JOHN SSS
	23.	BRIDGET INTERNATIONAL ACADEMY MADIBIRA
	Total	5
6. GULU	24.	GULU P/S
	25.	LALOGI P/S
	26.	VANGUARD P/S
	27.	GULU S.S
	28.	HOPE OF GLORY
	Total	5
7. HOIMA	29.	KASASA P/S
	30.	ST. BERNADETTE P/S
	31.	ST ANDREW KAAHWA'S COLLEGE
	Total	3
8. IBANDA	32.	NYABUHIKYE CATHOLIC SCHOOL
	33.	IBANDA KIBUBURA INTERGRATED P/S
	34.	NYAKAHAMA P/S
	35.	KIBURA GIRLS S.S

DISTRICTS		NAME OF SCHOOL	
	36.	IBANDA TOWN P/S	
	Total		5
9. IGANGA	37.	IGANGA SDA P/S	
	38.	BUKOONA P/S	
	39.	NAKAVULE P/S	
	40.	NAKALAMA S.S	
	41.	TRUE LIGHT P/S	
	Total		5
10. JINJA	42.	MAFUBIRA P/S	
	43.	BUDONGO P/S	
	44.	MAGWA P/S	
	45.	JINJA S.S S	
	46.	CHIME ELEMENTARY P/S	
	Total		5
11. KABERAMAIDO	47.	OTUBOI Y/S P/S	
	48.	TEETE P/S	
	49.	ALEM P/S	
	50.	OTUBOI COMPREHENSIVE S.S	
	Total		4
12. KAMPALA	51.	LUZIRA CHURCH OF UGANDA P/S	
	52.	RAILWAY CHILDREN P/S	
	53.	MENGO P/S	
	54.	ST PETERS S.S.S NSAMBYA	
	55.	VICTORIOUS P/S KAMPALA	
	Total		5
13. KASESE	56.	KASESE S.S	
	57.	SONGORA P/S	
	58.	KASESE P/S	
	59.	MUBUKU P/S	
	60.	KING JESUS JUNIOR SCHOOL	
	Total		5
14. KIRYANDONGO	61.	KIGUMBA C.O.U	
	62.	MASINDI POST P/S	
	63.	KIRYANDONGO P/S	
	64.	KIBANDA S.S.S	
	65.	MAK-JOLLY KINDERGARTEN AND PRIMARY SCHOOL	
	Total		5
15. KOTIDO	66.	NAPUM P/S	
	67.	LOMUKURA P/S	
	68.	KOTIDO S.S.S	
	69.	ST. KOMBONI DANIEL	
	Total		4
16. KUMI	70.	OLUPE P/S	
	71.	ADESO P/S	
	72.	WIGGINS P/S	

DISTRICTS		NAME OF SCHOOL
	73.	WIGGIN S.S.S
	74.	YOPPA NUR AND P/S
	Total	5
17. KWEEN	75.	KIRWOKO P/S
	76.	CHAMANGA SEED SCHOOL
	77.	BINYING P/S
	Total	3
18. KYENJOJO	78.	BUTIITI BOYS P/S
	79.	KATOOKE P/S
	80.	KYENJOJO P/S
	81.	KYENJOJO S.S
	82.	GLOBAL JUNIOR SCHOOL
	Total	5
19. LIRA	83.	AMACH PRIMARY SCHOOL
	84.	AMUCA P/S
	85.	ARMY P/S
	86.	AMACH COMPLEX S.S
	87.	ALPHA NURSERY AND PRIMARY SCHOOL
	Total	5
20. MBALE	88.	YOWERI MUSEVENI P/S
	89.	MUSOTO P/S
	90.	NAUYO P/S
	91.	MBALE S.S.S
	92.	LIGHT MIXED PRIMARY SCHOOL
	Total	5
21. MBARARA	93.	BISHOP P/S
	94.	NYAKAYOMGO P/S
	95.	HIILL SIDE NURSERY AND P/S
	96.	MBARARA M/C
	97.	MBARARA JUNIOR S.S.S
	Total	5
22. MUBENDE	98.	KATENGA P/S
	99.	MUBENDE P/S
	100.	KASENYI P/S
	101.	MUBENDE LIGHT S.S
	Total	4
23. MUKONO	102.	KISOWERA
	103.	KIYUNGA ISLAMIC P/S
	104.	ST. AUGUSTINE P/S
	105.	KISOWERA S.S
	106.	SEETA BOARDING PRIMARY SCHOOL
	Total	5
24. NEBBI	107.	AKABA P/S
	108.	AFERE P/S
	109.	OWEKO P/S

DISTRICTS		NAME OF SCHOOL
	110.	NEBBI TOWN S.S
	111.	THANTHID ISLAMIC NURSERY AND P/S
	Total	5
25. NWOYA	112.	KAMGURU P/S
	113.	GOK ALOKOLUM P/S
	114.	ANAKA P.7 SCHOOL
	115.	POPE PAUL V1 S.S ANAKA
	116.	NEWLY NURSERY AND P/S
	Total	5
26. OTUKE	117.	LILIM P/S
	118.	ADWARI P/S
	119.	BRIGHT LIGHT NURSERY AND P/S
	120.	ORUM P/S
	121.	ORUM S.S.S
	Total	5
27. RUBIRIZI	122.	BUSINGYI MEMORIAL P/S
	123.	MUSHANGI P/S
	124.	NDEKYE P/S
	125.	NDEKYE S.S
	126.	GREEN HILL NURSERY AND P/S
	Total	5
28. SOROTI	127.	AJONYI P/S
	128.	PARAJWOCK
	129.	OLIO KAMUDA
	130.	AMEN P/S
	131.	SOROTI S.S
	132.	ST. CLAIR NURSERY AND P/S
	Total	6
29. TORORO	133.	KISOKO P/S
	134.	RUBAGI S/C
	135.	AGURURU P/S
	136.	ROCK HIGH SCHOOL
	137.	TOTAL IMAGE MODEL SCHOOL
	Total	5
Total	N	137

Annex 2: Interviewed district political leader, technical staff and NGOs

Designation of Respondent	District political leaders, Technical staff, and NGOs
WASH Advisor	WaterAid (U)
National Programme Manager	Plan International in Uganda
Team Leader	The Private Education Development Network (PEDN)
DIS	Mukono
CAO	Mukono
DEO	Mukono
MEAL Manager	Forum for Women Educationist (FAWEU)
Program Manager	CCI (NGO)
Dev facilitator	World Vision Uganda
DEO	Hoima
CAO	Hoima
DEO	Kaberamaido
DEO	Mubende
CAO	Mbarara
DIS	Mbarara
DIS	Abim
DIS	Kween
DEO	Nebbi
ACAO	Kiryandongo
DIS	Kiryandongo
DIS	Tororo Municipal Council
Deputy Town Clerk	Tororo Municipal Council
District Engineer	Tororo Municipal Council
DIS	Bugiri
Education Officer	Bugiri
Sec. Education	Bugiri
District Engineer	Bugiri
DEO	Dokolo
District Engineer	Dokolo
CAO	Soroti
DEO	Soroti
Sec. Education and Health	Soroti
District Chairman	Soroti
CAO	Jinja
DIS	Jinja
Sec. Education	Jinja
DEO	Mbale
DIS	Mbale
DCAO	Iganga
Ag. DEO	Lira
District Engineer	Lira
Sec. Educ and Health	Lira
Total Count	42

Annex 3: TERMS OF REFERENCE

Follow up study on the implementation of the Ministry of Education circular on provision of Menstrual Hygiene Management Facilities for girls and teachers in primary and secondary schools

Introduction

In January 2015, the Ministry of Education, Science, Technology and Sports (MoESTS) issued a circular to all educational institutions, especially primary and secondary schools. The circular instructed them to undertake and observe several measures for menstrual hygiene management including:

- i) Provision of separate toilet facilities for girls, boys, children with disabilities, male and female teachers
- ii) Adequate water tanks near the toilet facilities to ensure regular supply of water and soap
- iii) Emergency changing uniforms, wrappers, sanitary towels and pain killers for girls
- iv) Trained senior female and male teachers to support girls through the process of maturation including menstruation
- v) Develop innovative strategies to effect behavioural change in school and at home
- vi) District engineers to observe requirements for separation of toilet facilities for classes, gender and disability and menstrual hygiene facilities by including them in standard specification
- vii) Organise joint training of teachers and extension workers to make MHM part of their periodic community engagement
- viii) School management committees and boards to prioritize menstrual hygiene management issues
- ix) All boys and male teachers in schools sensitized to support girls to cope with menstruation

The end of 2016 marks two academic years since the issuance of that circular. It is therefore important to take stock of how the directives are being implemented especially in schools. IRC Uganda will therefore undertake a study among selected schools in the key regions of Uganda, to follow up on the implementation of the provisions in the circular.

The overall goal of the study is to assess the implementation of the Ministry of Education directives in the circular on provision of Menstrual Hygiene Management Facilities for girls and teachers in primary and secondary schools

Specific objectives of the study:

- i). Find out what the schools have been able to do and why
- ii). Find out what the schools have not been able to do and why
- iii). Identify the factors that foster or deter effective menstrual hygiene management in schools
- iv). To understand the effects of MHM status on girls in school
- v). To determine the costs of sustaining recommended MHM practices in schools
- vi). Make a comparative assessment of the level of implementation of the set guidelines for MHM in rural and urban areas
- vii). Make recommendations for continuous improvement of menstrual hygiene management in schools, with emphasis on an incremental approach from a state of no service through to the ideal service status.

Scope of the survey

The survey has been conducted in at least 120 schools, comprising both primary and secondary schools, with a representative selection from key regions – West Nile, Karamoja, Rwenzori, South West, Central, and Eastern. While the survey focuses on the directive of the Ministry of Education, it is worth noting that the overall aim was to improve MHM and keep girls in school.

Proposed participants in the study may include some of the following

- Girls
- Boys
- Leaders and members of school health clubs
- Head teachers or deputy head teachers
- Senior female teachers
- Senior male teachers
- Chairpersons and members of School PTAs
- Chairpersons and members of the School Boards of Governors
- Sanitation facility caretakers/cleaners
- NGOs working with the schools (constructing toilets, doing school WASH etc.)
- DEOs
- DHIs
- Officials from the Ministry of Education in charge of menstrual hygiene (where the circular came from)

Duration of the exercise

The survey started on 6th February 2017 and concluded by 7th March 2017. During that period, the research team collected, entered and analysed the data, and produced the following deliverables.

Deliverables

- i). Comprehensive report analyzing the implementation of the MoES directive on MHM
- ii). Data on the surveyed schools
- iii). PowerPoint presentation to the MHM Coalition
- iv). Policy Brief on the situation of MHM in schools

Execution

The study will be undertaken by a team comprising of lead researcher and research assistants. The lead researcher will select his/her team of research assistants. The lead researcher will undertake the following roles:

- Coordinate the survey and the related activities
- Determine and specify details on the sources of information, procedures to be used, and the design of survey instruments and materials
- Direct and review the work of the research assistants
- Produce documentation of the questionnaire development process, data collection methods, sampling designs, and decisions related to sample statistical weighting
- Monitor and evaluate survey progress and performance, using sample disposition reports and response rate calculations
- Review, classify, and record survey data in preparation for computer analysis
- Analyze data from the survey using statistical software

- Prepare and present summaries and analyses of survey data, including tables, graphs, and write-ups that describe survey techniques and results
- Conduct any updates and developments in survey implementation and methods

All data/information will be subjected to rigorous quality assurance checks to ensure consistency, accuracy and validity. The research team will also be expected to work with precision, speed, accuracy, integrity, confidentiality and loyalty.

Lead researcher qualifications and competencies

- A degree in social sciences or humanities
- Research skills
- Knowledge about Sanitation Marketing and improvement
- Experience in school WASH and MHM in particular
- Ability to conduct Surveys and Research.
- Excellent in MS Word and Excel
- Excellent in use of online collaborative platforms like Google Drive and Dropbox
- Good written and spoken communication skills
- Good interviewing skills
- A high degree of accuracy and attention to detail
- Ability to work well without close supervision

Annex 4 : Data Collection Tools

Questionnaire for the Follow up study on the implementation of the Ministry of Education circular on provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in primary and secondary schools

Questionnaire for Girls

District: _____

Sub-county: _____

Name of schools: _____

Interviewer: _____ Telephone ----- Date of interview: _____

A. Background

MoES released a circular on provision of MHM facilities for Girls and Female Teachers in Primary and Secondary Schools.

No	Questions	Answers / Codes	Go to
A 1	Type of school/institution	Government aided rural Primary School -----1 Government aided urban Primary School -----2 Government aided rural Secondary School -----3 Government aided urban Secondary School -----4 Private primary school -----5 Private Secondary schools -----6	
A2	Number of years spent in the school	Less than 1 term -----1 Between 1 term and 1 year -----2 Between 1 – 2 years -----3 More than 2 years -----4	

B Knowledge and roles in MHM

No	Questions	Answers / Codes	Go to
B 1	Do you know anything about menstrual hygiene management in Schools	Yes-----1 No-----2	
B 2	If yes, list what you know		
B 3	What MHM services, materials and facilities do you have in the school?		
B 4	When did you start having them in the school?		
B 5	Why do you think you started having the facilities and services?		
B 6	What are your major fears when you are having your periods?		
B 7	What challenges do you see in MHM in schools		
B 8	What do you think needs to be done to improve MHM and by whom? WHAT NEEDS TO BE DONE:	BY WHOM	

No	Questions	Answers / Codes	Go to

C CIRCULAR FROM MoES

No	Questions	Answers / Codes	Go to
C1	Do circulars from the MoES reach you?	Yes-----1 No-----2	
C2	If yes, How		
C3	Do you normally take action on them	Yes-----1 No-----2 Sometimes-----3	
C4	Did you receive (see) circular on provision of menstrual hygiene management facilities for girls and female teachers in primary and secondary schools	Yes-----1 No-----2	
C5	What actions/interventions were taken since then?		
C6	What are the changes on the ground that you can notice?		

G: Incremental implementation of MHM; If MHM was to be implemented on incremental basis (Ladder I being basic, Ladder II being necessary and Ladder III being ideal), list below what would like to see each ladder in the schools

Ladder I (basic)	Ladder II (Necessary)	Ladder III (Ideal)

H: Any other comments/recommendations:

THANK YOU VERY MUCH

Questionnaire for the Follow up study on the implementation of the Ministry of Education circular on provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in primary and secondary schools

Questionnaire for boys

District: _____

Sub-county: _____

Name of schools: _____

Interviewer: _____ Telephone: _____ Date of interview: _____

A. Background

MoES released a circular on provision of MHM facilities for Girls and Female Teachers in Primary and Secondary Schools.

No	Questions	Answers / Codes	Go to
A 1	Type of school/institution	Government aided rural Primary School -----1 Government aided urban Primary School -----2 Government aided rural Secondary School -----3 Government aided urban Secondary School -----4 Private primary school -----5 Private Secondary schools -----6	
A2	Number of years spent in the school	Less than 1 term -----1 Between 1 term and 1 year -----2 Between 1 – 2 years -----3 More than 2 years -----4	

B Knowledge and roles in MHM

No	Questions	Answers / Codes	Go to
B 1	Do you know anything about menstrual hygiene management in Schools	Yes-----1 No-----2	
B 2	If yes, list what you know		
B 3	What role do you play in the promotion of MHM?		
B 4	When did you start doing the above?		
B 5	What prompted you to do the above?		
B 6	What are the bad things you see boys and others do to the girls during their periods that make you unhappily?		
B 7	What challenges do you see in MHM in schools		
B 8	What additional roles would you want to play?		
B 9	What do you think needs to be done to improve MHM and by whom? WHAT NEEDS TO BE DONE:	BY WHOM	

C CIRCULAR FROM MoES

No	Questions	Answers / Codes	Go to
C1	Do circulars from the MoES reach you?	Yes-----1 No-----2	
C2	If yes, How		
C3	Do you normally take action on them	Yes-----1 No-----2 Sometimes-----3	
C4	List the circulars from the MoES that you have received in the last 2.5 years		
C5	Did you receive (see) circular on provision of menstrual hygiene management facilities for girls and female teachers in primary and secondary schools	Yes-----1 No-----2	
C6	What actions/interventions did you undertake since then?		
C7	What are the changes on the ground that you can notice?		

G: Incremental implementation of MHM; If MHM was to be implemented on incremental basis (Ladder I being basic, Ladder II being necessary and Ladder III being ideal), list below what would like to see each ladder in the schools

Ladder I (basic)	Ladder II (Necessary)	Ladder III (Ideal)

H: Any other comments/recommendations:

THANK YOU VERY MUCH

Questionnaire for the Follow up study on the implementation of the Ministry of Education circular on provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in primary and secondary schools

Questionnaire for SFT, SMT, PTA, SMC & Community members

District: _____

Sub-county: _____

Name of schools: _____

Interviewer: _____ Telephone ----- Date of interview: _____

A. Background

MoES released a circular on provision of MHM facilities for Girls and Female Teachers in Primary and Secondary Schools.

No	Questions	Answers / Codes	Go to
A 1	Type of school/institution	Government aided rural Primary School -----1 Government aided urban Primary School -----2 Government aided rural Secondary School -----3 Government aided urban Secondary School -----4 Private primary school -----5 Private Secondary schools -----6	
A2	Substantive position of respondent	Chairperson SMC/BoG -----1 Chairperson PTA -----2 Member SMC/BoG -----3 Member PTA -----4 SFT-----5 SMT -----6 Others (specify) ----- 7	
A3	Gender of respondent?	Male-----1 Female-----2	
A 4	Number of years spent in the position A2 above	Less than 1 term -----1 Between 1 term and 1 year -----2 Between 1 – 2 years -----3 More than 2 years -----4	

B Knowledge and roles in MHM

No	Questions	Answers / Codes	Go to
B 1	Do you know anything about menstrual hygiene management in Schools	Yes-----1 No-----2	
B 2	If yes, list what you know		
B 3	Is the school involved in MHM promotion	Yes-----1 No-----2	
B 4	If No, why		
B 5	If yes, list the activities		
B 6	What challenges do you see in MHM in schools		
B 7	Given your position, what activities are you involved in to promote MHM		

No	Questions	Answers / Codes	Go to
B 8	When did you start doing the above?		
B 9	What prompted you to do the above?		
B 10	What more do you think you should do to improve MHM?		
B 11	What support do you need to play the role above and from whom?		
B 9	What do you think needs to be done to improve MHM and by whom? WHAT NEED TO BE DONE:	BY WHOM	

C CIRCULAR FROM MoES

No	Questions	Answers / Codes	Go to
F1	Do circulars from the MoES reach you?	Yes-----1 No-----2	
F2	If yes, How		
F3	Do you normally take action on them	Yes-----1 No-----2 Sometimes-----3	
F4	List the circulars from the MoES that you have received in the last 2.5 years		
F5	Do you file any copy?		
F6	Did you receive (see) circular on provision of menstrual hygiene management facilities for girls and female teachers in primary and secondary schools	Yes-----1 No-----2	→ B6 →B7
F7	What actions/interventions did you undertake since then?		
F8	What are the changes on the ground that you can notice?		
F9	What suggestions do you have to improve MHM and who should be tasked?		

G: Incremental implementation of MHM; If MHM was to be implemented on incremental basis (Ladder I being basic, Ladder II being necessary and Ladder III being ideal), list below what would like to see each ladder in the schools

Ladder I (basic)	Ladder II (Necessary)	Ladder III (Ideal)

H: Any other comments/recommendations:

THANK YOU VERY MUCH

Questionnaire for the Follow up study on the implementation of the Ministry of Education circular on provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in primary and secondary schools

Questionnaire for School Health Club

District: _____

Sub-county: _____

Name of schools: _____

Interviewer: _____ Telephone ----- Date of interview: _____

A. Background

MoES released a circular on provision of MHM facilities for Girls and Female Teachers in Primary and Secondary Schools.

No	Questions	Answers / Codes	Go to
A 1	Type of school/institution	Government aided rural Primary School -----1 Government aided urban Primary School -----2 Government aided rural Secondary School -----3 Government aided urban Secondary School -----4 Private primary school -----5 Private Secondary schools -----6	
A2	Substantive position of respondent	Chairperson SHC -----1 Member SHC -----2	
A3	Gender of respondents?	No. Males----- No. Females-----2	
A 4	Number of years spent in the position A2 above	Less than 1 term -----1 Between 1 term and 1 year -----2 Between 1 – 2 years -----3 More than 2 years -----4	

B Knowledge and roles in MHM

No	Questions	Answers / Codes	Go to
B 1	What are the provisions in your work plan?		
B 2	How do you fund activities in your work plan?		
B 3	Do you know anything about menstrual hygiene management in Schools	Yes-----1 No-----2	
B 4	If yes, list what you know		
B 5	Are you involved in MHM promotion?	Yes-----1 No-----2	
B 6	IF no why?		
B 7	If yes, what activities are you involved in to promote MHM		
B 8	When did you start doing the above?		
B 9	What prompted you to do the above?		

No	Questions	Answers / Codes	Go to
B 10	What challenges do you see in MHM in schools		
B 11	Given you position, what role do you think you should to play to improve MHM?		
B 12	What support do you need to play the role above and from who?		
B 13	What do you think needs to be done to improve MHM and by whom? WHAT NEEDS TO BE DONE:	BY WHOM	

C CIRCULAR FROM MoES

No	Questions	Answers / Codes	Go to
C1	Do circulars from the MoES reach you?	Yes-----1 No-----2	
C2	If yes, How		
C3	Do you normally take action on them	Yes-----1 No-----2 Sometimes-----3	
C4	List the circulars from the MoES that you have received in the last 2.5 years		
C5	Do you file any copy?		
C6	Did you receive (see) circular on provision of menstrual hygiene management facilities for girls and female teachers in primary and secondary schools	Yes-----1 No-----2	→ B6 →B7
C7	What actions/interventions did you undertake since then?		
C 8	What are the changes on the ground that you can notice?		
CF9	What suggestions do you have to improve MHM and who should be tasked?		

G: Incremental implementation of MHM; If MHM was to be implemented on incremental basis (Ladder I being basic, Ladder II being necessary and Ladder III being ideal), list below what would like to see each ladder in the schools

Ladder I (basic)	Ladder II (Necessary)	Ladder III (Ideal)

H: Any other comments/recommendations:

THANK YOU VERY MUCH

Questionnaire for the Follow up study on the implementation of the Ministry of Education circular on provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in primary and secondary schools

Main Respondent in a school (HT, Deputy HT or any other with responsibility during visit)

District: _____

Sub-county: _____

Name of schools: _____

Interviewer: _____ Telephone ----- Date of interview: _____

A. Background

MoES released a circular on provision of MHM facilities for Girls and Female Teachers in Primary and Secondary Schools.

No	Questions	Answers / Codes	Go to
A 1	Type of school/institution	Government aided rural Primary School -----1 Government aided urban Primary School -----2 Government aided rural Secondary School -----3 Government aided urban Secondary School -----4 Private primary school -----5 Private Secondary schools -----6	
A2	Substantive position of respondent	Head teacher -----1 Deputy Head-teacher -----2 Teacher on duty -----3 Teacher in the school during the visit -----4	
A3	Gender of respondent?	Male-----1 Female-----2	
A 4	Number of years spent at the school/institution	Less than 1 term -----1 Between 1 term and 1 year -----2 Between 1 – 2 years -----3 More than 2 years -----4	
A 5	Number of girls in the school		
A 6	Number of girls undergoing menstruation period		
A 7	Number of latrine stances for girls		

B School Development Plan and its funding

No	Questions	Answers / Codes	Go to
B 1	Do you have a School Development Plan?	Yes-----1 No-----2	
B 2	What key provisions are there in the SDP?	Bursaries -----1 Development -----2 Teacher welfare -----3 MHM -----4 Others (Specify) _____	
B 3	How do you fund the SDP?		
B 4	What has been your budget performance in the last 4 years? Amount budgets Vs amount realised	No money -----1 Between 1% & 20% -----2	

No	Questions	Answers / Codes	Go to
		Between 21% & 40% -----3 Between 41% & 50% -----4 Between 51% & 75% -----5 Between 76% & 80% -----6 Over 80% -----7	
B 5	Is MHM part of the SDP?	Yes-----1 No-----2	
B 6	If no, why?		
B 7	If yes, what prompted you to include it?		
B 8	How much do you spend in a year? Give indicative range	Less UGX 100,000 -----1 Between UGX 100,000- 300,000= ----2 Between UGX 300,000- 400,000= ----3 Between UGX 400,000- 800,000= ----4 Over UGX 800,000=----5	
B 9	List the what you spend the MHM fund on		

C- SERVICES PROVIDED

Category of services	Is it being provided? (Y/N)	If no why?	If yes, what factors that prompted you to do it?	When it was started	Who does it?	Frequency?	How do you do it?	What are the changes on the ground that you can notice?	What more do you think needs to be done to make it better and by who?	What support do you require and from who?
Preparations of girls to undergo menstruation for the first time										
Awareness creation to girls on menstruation management, effects and copying mechanism										
Sensitization of girls on personal hygiene during menstruation										
Counselling of girls who experience menstruation to avoid traumatization etc. during periods										
Training of girls to make MHM materials such as RUMPS and soap										
Maintaining records on girls undergoing menstruation and services offered										
Awareness creation to the boys to understand and support the girls during their periods										

Category of services	Is it being provided? (Y/N)	If no why?	If yes, what factors that prompted you to do it?	When it was started	Who does it?	Frequency?	How do you do it?	What are the changes on the ground that you can notice?	What more do you think needs to be done to make it better and by who?	What support do you require and from who?
School-community partnership to promote good MHM practices in schools and in homes										
Holistic approach to MHM involving all teachers, PTA, SMC and administrators										
Operations and maintenance of water, sanitation & other facilities for MHM										
Trained Female Teacher to support MHM										
Teachers (other female and male teachers) trained to support MHM										
SHC promoting MHM										

D MATERIALS

Type of materials	Is it being provided? (Y/N)	If no why?	If yes, what factors that prompted you to do it?	When it was started	Who does it?	Frequency?	How do you do it?	What are the changes on the ground that you can notice?	What more do you think needs to be done to make it better and by who?	What support do you require and from who?
Pads/nappies										
Soap										
Extra uniform										
Changing dress										
Vaseline										
Bags										
Knickers										
Basin/bucket										
Comb										
Mirror										
Mattresses in the restroom										
Lesso/towel										
Pain killers										

E: FACILITIES/INFRASTRUCTURE

Type of facility	Is it being provided? (Y/N)	If no why?	If yes, what factors that prompted you to do it?	When it was started	Who does it?	Frequency?	How do you do it?	What are the changes on the ground that you can notice?	What more do you think needs to be done to make it better and by who?	What support do you require and from who?
Improved water facility (safe water supply)										
Water storage/supply around the toilet and washrooms										
Separate latrine for girls ³										
With pupils stance ratio 40:1 ()										
Separate latrines for girls with disabilities										
Pupils stance ratio 40:1 for girls with disabilities										
Separate latrines for female teachers										
Washrooms for girls										
Drying lines										
Changing rooms										
Hand-washing facility										
Counselling room										
Dustbins										
Rest rooms/space										
An appropriate arrangement for disposal of pads										

³Latrines and washrooms should lockable from the inside and with full size shutters

F CIRCULAR FROM MoES

No	Questions	Answers / Codes	Go to
F1	Do circulars from the MoES reach you?	Yes-----1 No-----2	
F2	If yes, How		
F3	Do you normally take action on them	Yes-----1 No-----2 Sometimes-----3	
F4	List the circulars from the MoES that you have received in the last 2.5 years		
F5	Do you file any copy? Check for evidence		
F6	Did you receive circular on provision of menstrual hygiene management facilities for girls and female teachers in primary and secondary schools	Yes-----1 No-----2	↔ B6 ↔ B7
F7	What actions/interventions did you undertake since then?		
F8	What are the changes on the ground that you can notice?		
F9	What suggestions do you have to improve MHM and who should be tasked?		

G: Incremental implementation of MHM; If MHM was to be implemented on incremental basis (Ladder I being basic, Ladder II being necessary and Ladder III being ideal), list below what would like to see each ladder in the schools

Ladder I (basic)	Ladder II (Necessary)	Ladder III (Ideal)

H: Any other comments/recommendations:

THANK YOU VERY MUCH

Follow up study on the implementation of the Ministry of Education circular on provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in primary and secondary schools

DISTRICT POLITICAL LEADERS, TECHNICAL STAFF and NGOs

District/NGO: _____ Sub-county: _____ Date: _____

Interviewer: _____ Contact Date

A. Background

MoE released a circular on provision of MHM facilities for Girls and Female Teachers in Primary and Secondary Schools.

No	Questions	Answers / Codes	Go to
A 1	Position/Designation at the time of interview		
	Your gender?	Male-----1 Female-----2	
A 2	Indicate the Institution / organization you work for? Department		

B Understanding the Circular

Section for District Chairpersons, Secretaries, CAOs, NGOs

No	Questions	Answers / Codes	Go to
B 1	How do circulars from ministries reach you?		
B 2	How important are the circulars in your work?		
B 3	How do you act/react to them?		
B 4	Which circulars did you receive from MoES?		
B 5	Did you receive circular on provision of menstrual hygiene management facilities for girls and female teachers in primary schools	Yes-----1 No-----2	→ B6 → B7
B 6	Did you take any action on the circular?	Yes-----1 No-----2	
B 7	If no, why?		
B 8	If yes, Which key provisions have you acted on?		
B 9	What are the changes on the ground that you can notice?		
B 10	How many schools in the categories have you reached?	No. Primary No. Secondary	
B 11	How many girls and females teachers have reached?	Less than 100 -----1 Between (100 -500)-----2 Between (500 – 1000 -----3	

		Between (1,000 – 1,500) --4 More >1,500-----5	
B 12	Propose ways and means by which circulars can be made more effective? (List 3 key)		
B 10	What suggestions do you have to improve MHM and who should be tasked?	Ministry-----1 Local Governments -----2 Schools -----3 Parents -----4 Communities -----5 Pupils -----6 Development Partners ----7 Other (specify) _____	

C: Specifically for the District Engineer

No.	Question	Answer/code
C 1	Are designs available appropriate for MHM	Yes-----1 No-----2
C 2	If no, what do you suggest?	
C 3	If available, are they being used/applied?	
C 4	If applied, is there need for modifications? YES/NO If yes make suggest the modifications	
C 5	Is there capacity in the private sector to improve or implement the designs	

D: Incremental implementation of MHM; If MHM was to be implemented on incremental basis (Ladder I being basic, Ladder II being necessary and Ladder III being ideal), list below what would like to see each ladder in the schools

Ladder I (basic)	Ladder II (Necessary)	Ladder III (Ideal)

E: Any other comments/recommendations:

THANK YOU VERY MUCH

Interview Guide for the Follow up study on the implementation of the Ministry of Education circular on provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in primary and secondary schools

Target: MoES

Title of interviewee _____ **No. years in the job**.....

Interviewer: _____ **Telephone** ----- **Date of interview:** _____

1. What was the rationale of the circular?
2. What method was used to ensure it reaches the intended target?
3. How many received the circular?
4. How many provided feedback?
5. Do you have any means of tracking of target receive circulars? Y/N
6. If yes, describe it.
7. What feedback did you get about the circular?
8. How many institutions have acted on the circular and what has been their actions?
9. Is there a documentation on how the circular has been implemented, indicating the best practices? If yes, state it
10. What follow up support did you make?
11. What mechanism do you as a ministry have for implementing government circulars?
12. Propose ways and means by which circulars can be made more effective?
13. What do you plan next (short term, intermediate, long term) about the circular?
14. What suggestions do you have to improve MHM? (specific to the ministry, LG, schools, parents, communities, pupils, development partners etc.)
15. **Incremental implementation of MHM;** If MHM was to be implemented on incremental basis (Ladder I being basic, Ladder II being necessary and Ladder III being ideal), list below what would like to see each ladder in the schools

Ladder I (basic)	Ladder II (Necessary)	Ladder III (Ideal)

H: Any other comments/recommendations:

THANK YOU VERY MUCH