Menstrual Hygiene Management included in Senegal’s new sectoral policy paper


Senegal’s Ministry for Water Systems and Sanitation has recently produced its sectoral development policy paper for 2016-2025, which aligns in broad terms with the Sustainable Development Goals (SDGs) adopted in September 2015, and mapping out targets to be reached by 2030. The paper is also consistent with the Africa Water Vision 2025, defined by the African Ministers’ Council on Water (AMCOW), and with the Ngor Declaration on Sanitation and Hygiene, adopted at the AfricaSan 4 conference on 27 May 2015.

Implementation strategy

The sectoral policy paper outlines an implementation strategy to build on outcomes obtained to date and to achieve the water- and sanitation-specific SDG targets (SDG 6) in Senegal.

The paper embeds a performance review mechanism throughout the SDG period, aligning with the Plan for an Emerging Senegal monitoring and evaluation (M&E) system – a national system spearheaded by the Ministry of Economy, Finance and Planning. The paper has therefore been counter-signed by Amadou Ba, Senegal’s Minister of Economy, Finance and Planning.

The paper’s authors stress that, while open defecation is on the decline in the country, the rate still stood at 22% in 2015, while 62.2% of the population has access to improved sanitation facilities. By 2030, Senegal aims to bring safe drinking water and safely managed sanitation facilities to at least 80% of its population.

The Minister for Water Systems and Sanitation is mindful of the need to reform the institutional framework and better coordinate the work of non-governmental

Equitably and sustainably promote integrated water resources management and universal access to drinking water and adequate sanitation services

Mansour Faye, Minister for Water Systems and Sanitation, Senegal

Continued on page 2
organisations (NGOs), local governments,
decentralized cooperation bodies, co-
development initiatives and international
solidarity organizations across the sector.

A new inter-ministerial committee has
been set up, including representatives from
the health, education and environment
sectors, in an effort to foster a more holistic
approach to sanitation – harmonizing
sanitation provision across all schools
and health care facilities, and addressing
equality and gender issues in general, and
Menstrual Hygiene Management (MHM)
in particular.

The minister is determined to tackle
a range of issues, from inconsistent
technical specifications and management
practices across public toilet facilities (for
all users, and especially in rural areas), to
still-inadequate gender mainstreaming
in public toilet design, especially when it
comes to water availability and MHM.

The new policy paper
signals Senegal's
intent to begin
incorporating MHM
into community
social marketing
strategies for water
and sanitation, and
into infrastructure
design\(^2\).

In line with the joint programme approach,
the Ministry for Water Systems and
Sanitation is calling for MHM to be given
due recognition in sectoral policy-making,
programme design and implementation –
notably through senior water, sanitation
and hygiene (WASH) practitioner training,
baseline surveys and decision-maker
awareness-raising.

The sectoral policy paper emphasises the
importance of capacity building to address
information, awareness and training gaps
and to foster a better understanding of
the concepts of equality and gender across
the sector, and among decision-makers
in particular. The paper seeks to tackle a
particularly thorny problem – the absence
of formal procedures and tools to promote
proper, systematic gender mainstreaming
across policies, programmes and projects.
The paper also notes that MHM issues
are not effectively addressed in demand-
based community sanitation promotion
approaches such as Community-Led Total
Sanitation (CLTS).

The challenge going forward is to
operationalize the new sectoral policy
paper – with the right support – between
now and 2025.

USD 3 billion budget

An investment budget of XOF
1,808,467,769,000 (approximately
USD 3 billion) has been earmarked to
implement the sectoral development
policy paper up to 2025 – a four-
fold increase on the previous policy
paper’s budget, which covered the

1 - On rural sanitation, the action plan includes
measures to build 273,000 individual sanitation
facilities over the 10-year implementation period.
The plan also states that the government is
responsible for planning and spearheading private
sector capacity building, and for promoting behaviour
change communication activities among the general
population.

2 - For more information, please refer to the article
entitled "Field mission in Senegal highlights strengths
and weaknesses of sanitation programmes", published one year ago in joint programme
information letter nº9.
Senegal makes Menstrual Hygiene part of Rural Sanitation Policy

The Senegalese authorities are about to release an updated rural sanitation procedures manual that includes menstrual hygiene - for the very first time.

Senegal launched a rural sanitation improvement drive back in 2005, initially taking inspiration from the Millennium Development Goals (MDGs), which set a target of bringing improved sanitation access to 63% of rural households by 2015. The authorities circulated a procedures manual for rural sanitation projects, which subsequently served as a reference guide for stakeholders across the sector.

But progress ultimately fell well short of the 63% target. According to a 2013 national public survey, only 38.7% of rural households had access to improved toilet facilities. The government therefore set about devising a new rural sanitation strategy, reviewing the existing procedures with a view to addressing the gaps.

Addressing the needs of women and girls

The 2015 Sustainable Development Goals (SDGs) outlined a new set of sanitation and hygiene targets, looking at the sector from a fresh perspective. SDG target 6.2 calls for access to these services for all by 2030, and recommends paying special attention to the needs of women and girls and those in vulnerable situations.

The review of the first manual found a number of strengths: it was the first reference document on rural sanitation, it set out construction standards for sustainable, high-quality facilities, and it contained toilet hygiene and maintenance recommendations. In the end, almost 60,000 individual facilities were built as a direct result of the manual between 2005 and 2013.

Yet the review also found a series of weaknesses – especially the manual’s failure to fully address the needs and vulnerabilities of women, girls and people living with disabilities. These issues have been rectified in the new version, which states that public toilets must now be designed with Menstrual Hygiene Management (MHM) needs in mind.

All toilets in public buildings must be designed in a manner that provides women with privacy and suitably hygienic conditions, including a system for disposing of feminine hygiene products.

Educating adolescent girls

The revised manual now includes a section on organizing information sessions in schools to encourage pupils not to skip classes during their period. These sessions are to cover topics including menstrual hygiene, how to avoid infections, comfort, and the physical and emotional changes that come with puberty.
Menstrual Hygiene Management Integrated in Cameroon Humanitarian policy

Refugee crisis puts strain on Cameroon WASH infrastructures

<table>
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<tr>
<th>+260.000</th>
<th>x3</th>
<th>+75.000</th>
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<td>There are more than 260,000 refugees in Cameroon, most originating from the Central African Republic.</td>
<td>The number of refugees has almost tripled since 2014.</td>
<td>There are 7 organised camps managed by UNHCR, housing around 29% of refugees in the country (75,000+).</td>
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<th>+180.000</th>
<th>PRESSURE</th>
<th>STANDARDS</th>
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<td>Another 180,000+ refugees (71%) live in more than 250 host villages in the East, the North and Adamaoua.</td>
<td>The influx of refugees has put increased pressure on existing local WASH infrastructures and in the camps.</td>
<td>New wells, latrines and water points have been built since 2014, but many facilities still fall below recommended standards.</td>
</tr>
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UNHCR’s 2018 WASH strategy for Central African refugees in Cameroon will focus not only on WASH infrastructure and services in camps and host communities, but also on building partnerships, improving coordination, encouraging the autonomy of beneficiaries, and strengthening local mechanisms for the supply and management of WASH services by local communities.

MHM integrated in new UNHCR WASH strategy for refugees in Cameroon

Joint Programme partners’ efforts to improve MHM in refugee camps have been strengthened by the specific inclusion of Menstrual Hygiene Management in UNHCR’s 2018 strategy of WASH interventions for Central African refugees in Cameroon.

The move follows a study that took place in refugee camps in Cameroon in 2016 which offered valuable insights on the
challenges of MHM in humanitarian settings. Undertaken by UN Women on behalf of the Joint Programme, the study focused on three separate refugee camps, home to some 38,000 men, women and children. The results revealed the difficulties women and young girls face in managing menstruation as well as specific recommendations for improvement:

- Menstrual waste management remains an overlooked issue
- Safety is a key issue for women and girls in managing menstruation
- More toilets are needed as well as better maintenance
- Women and men are part of the solution to break silence and taboos

Key priorities of the humanitarian strategy for Cameroon, in camps and host villages, include strengthening WASH infrastructure, maintenance, access and functionality in addition to supporting host communities and coordination among key WASH actors.

**Selected UNHCR WASH standards for post-emergency refugee camps in Cameroon**

- ≥ 20 litres of potable water per person per day
- ≤ 250 people per water point
- ≤ 250m to the nearest water pointe
- ≤ 12 people per latrine
- ≥ 1 hygiene advocate per 500 people
- ≥ 90% households have access to soap
- ≤ 50 people per garbage/waste container
- ≥ 90% households have access to a waste management system

**Specific provisions for strengthening MHM include:**

Strengthening knowledge and capacities in relation to sound hygiene practice, including feminine and menstrual hygiene and associated behaviour change.

Target audiences for advocacy campaigns are all inhabitants of the camps with particular focus on young people, adolescents and women using channels such as training, demonstrations, community radio, international day celebrations, advertising around the camps and working closely with community leaders. In the host villages, hygiene-related communications will be consistent with the approach of Community-led Total Sanitation.

**Menstrual hygiene in emergencies - Recommendations**

26 million displaced women and girls are estimated to be menstruating globally. They face a number of challenges including: lack of safe and private spaces for MHM, lack of information, embarrassment and anxiety, overcrowding and cultural taboos. Recommended responses include:

- **consult** women and girls
- **provide** menstrual materials and supplies
- **provide** safe female friendly facilities
- **provide** appropriate disposal options
- **provide** information on menstruation

**Gender mainstreaming - the role of the WASH-SWAP**

UN Women convened a consultative group meeting on 6-7 December 2017 in New York to consider strategies and approaches to promote the gender-responsive implementation of SDG 6 (availability and sustainable management of water and sanitation for all) and improve accountability for results. The meeting focused on implementation efforts at municipal and local government levels and aimed to:

- Identify entry points for gender mainstreaming
- Validate the Water & Sanitation Sector-wide Action Plan (WASH SWAP) as a framework to encourage institutional accountability
- Identify pilot municipalities to test, implement and refine the accountability framework
Towards a Menstrual Hygiene Strategy in Humanitarian Situations

Being a refugee can have strong implications on a woman’s menstrual health: a WSSCC-UN Women study in four refugee camps in Cameroon highlighted the specific needs of women in humanitarian contexts, particularly in terms of sanitary facilities, personal security and a response to their distress.

Since 2012, Cameroon has seen huge influxes of people from bordering countries, particularly the Central African Republic and Nigeria. The reasons for this are the political crisis in the Central African Republic and the atrocities committed by the Islamist group Boko Haram in Nigeria, especially in the state of Borno. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), Cameroon had, by mid-2016, accommodated nearly 348,000 refugees, of whom 275,000 (79 per cent) were from the Central African Republic and 73,000 (21 per cent) were from Nigeria. Most of these had settled in camps and villages in the regions of Adamawa, the East, the Far North and Northern Cameroon.

Women: even more vulnerable

These population movements pose serious problems of access to basic resources, including water. It is difficult to provide sanitation and hygiene in camps that often have high concentrations of people. Health risks increase too. For all these reasons, refugee status brings problems that are specific to women; managing their menstrual hygiene is part of this.

This is why a new study by the joint WSSCC-UN Women Programme on Gender, Hygiene and Sanitation attempts to analyse practices and problems in the management of menstrual hygiene in refugee camps in Cameroon. In total, 1079 women refugees, plus 677 households and 307 men (to assess their understanding of the challenges faced by women) were interviewed in a qualitative and quantitative research project. Four refugee camps were visited for the purposes of this study: Lolo and Mbile (both in East Region of Cameroon), Borgop (Adamawa Region) and Minawao (Far North Region).

Toilets: insufficient in number and not always safe

The study firstly tried to determine if the water and sanitation infrastructure allows good feminine hygiene during menstruation. It does not. Even though toilets are cleaned every day in most cases, they are often collective in the refugee camps of Cameroon. On average, each latrine is shared by 23 people; this is higher than the WHO standard, which sets the maximum number of people sharing a toilet in a camp at 20. "In our block, there are only four toilets, and each one is shared by 20 or 30 people. It’s not healthy." (Refugee, Mbile camp)

Chart 1. Distribution of gender-separated collective toilets, by site
are precious few rare and dirty latrines that serve more than 20 people. “It isn’t easy for us women”, said refugee women in Minawao camp. The survey also found that approximately one household in ten practised outdoor defecation.

The safety of toilets was also found wanting. Only a slim majority of women refugee respondents (six out of 10) said that they were satisfied with the safety of the latrines. For the rest, the reasons for their feelings of insecurity were, in descending order, the lack of separation between men and women (58 per cent), the risk of rape (35 per cent), the lack of ventilation (28 per cent) and, in last place, the remoteness of toilets (16 per cent). One of the major design flaws of the toilets revealed by the survey is the non-separation of men’s and women’s spaces in the latrines. Only 31 per cent of toilets in the four camps surveyed had such separation.

High demand of HCR Menstrual Hygiene kits

According to the authors of the study, refugee women’s knowledge of menstrual hygiene is “relatively acceptable”: 70 per cent of women surveyed knew, for example, that poor menstrual hygiene could lead to health problems. Furthermore, most women refugees questioned preferred to use the sanitary towels included in the hygiene kits issued quarterly by UNHCR: during their last menstrual period, 75 per cent of women had used disposable sanitary towels, while 14 per cent had used fabric sanitary protection and 5 per cent cotton sanitary protection.

The ravages of severe psychological stress

The study also looked at refugee women’s specific health problems in connection with their menstrual cycles. Besides the usual problems associated with the approach or arrival of periods (back pain in 44 per cent of women, general tiredness in 41 per cent, and lower abdominal pain in 40 per cent of refugees), women living in the camps spoke of unusual menstrual health problems, such as not having periods or the converse issue of having periods too frequently. “When you are living in an atmosphere of mistrust, an atmosphere of psychosis, of fear, that has an impact on your menstrual cycle. Some women get their periods twice a month. They can’t understand why this is happening, because it never happened when they were still in Nigeria,” said an aid worker at Minawao site. These health problems disrupt women’s daily activities: on average, one refugee in three (31 per cent) interrupts her daily activities during her period.

Poor infrastructure, insecurity, psychological and health problems: the study shows the need to develop strategies, thus far non-existent, for good menstrual hygiene in humanitarian situations. It also makes a series of recommendations to solve the problems that are most commonly found in the refugee camps studied in Cameroon, particularly focusing on: increasing the number of toilets and water points, reviewing the design of infrastructure to take account of the needs expressed by women refugees, and building women’s capacities in menstrual hygiene management.

More information with in the policy brief.
Senegal Ministry of Health Initiates Workshop to Train Regional Departments on Menstrual Hygiene Management

A training workshop on MHM for officers of the National Hygiene Service from the North region of Senegal was held in Saint Louis from 19 to 23 June 2017, to help them develop their skills in the hygienic management of periods.

The five-day workshop, initiated by the Ministry of Health and Social Action and facilitated by various members of UN Women (GELD project) and Massiré Karé, the joint programme consultant for hygiene, sanitation and social engineering, trained 16 heads of hygiene departments from the North Region of Senegal (the regions of Saint Louis, Louga and Matam) and five heads of division at central level.

Recommendations were made in respect of the brigades including a recommendation for Louga to target pupils, the community and sports and cultural associations that could help with other forms of activity; the need to add other activities for Saint Louis; to include sessions on retraining community relays for all the brigades; and to incorporate MHM into Community Led Total Sanitation for triggered villages.

The end of the workshop saw participants commend the work done by the Ministry, the facilitators and themselves, expressing their optimism for a future commitment to expand training and information platforms on MHM. Participants have all joined the WSSCC online Yammer training of trainers platform.

Peace Corps MHM training

Joint mission by U.S Peace Corps and UN Women Senegal promotes training for volunteers on Menstrual Hygiene Management for local communities in Linguère

A joint mission by the U.S Peace Corps and UN Women Senegal to train volunteers in MHM and inform local communities in the city of Linguère in the province of Louga in Senegal took place in April 2017.

Following an earlier mission in 2016 that had allowed the training of 14 volunteers and 521 women and girls, this year, 16 new volunteers committed themselves to building their capacity on the MHM training approach, informing 376 girls about MHM and on the specific needs of girls during menstruation.

These workshops took place following a request for support from the U.S Peace Corps volunteers and their UN Volunteer colleagues, who realized the need to integrate the often-neglected aspect of MHM into their outreach activities with local communities. Sessions were facilitated by Seynabou Sarr, National Volunteer of UN Women and two colleagues from the Peace Corps, all the while making sure to provide a safe space for discussion with girls with the help of educational materials and different types of materials from the region used by the girls during their menstruation.
Parliamentarians in Cameroon Discuss the Challenges of Sanitation and Hygiene for Women

Members of Parliament from the Francophone Parliamentary Assembly (APF) attended an awareness-raising meeting in Cameroon to discuss ways to improve women’s access to sanitation and hygiene, with a special emphasis on MHM.

The MPs unanimously agreed to promote policies and direct interventions to guarantee safe, adequate sanitation for women in their constituencies.

The politicians issued an official statement signalling their pledge to tackle this issue and outlining their concerns about women’s access to sanitation and hygiene, making specific reference to MHM.

The discussions took place at training session organized by female MPs, focusing on protecting women’s rights and women’s empowerment in efforts to attain the Sustainable Development Goals (SDGs). Representatives from the Water Supply and Sanitation Collaborative Council (WSSCC) and UN Women Cameroon used the event to raise awareness of women’s right to water and sanitation among MPs, with a strong emphasis on MHM.

The advocacy session, which focused on MPs’ role in driving change in sectoral policy and the MHM budget, took place in Yaoundé on 13 October and was attended by more than 100 members of Cameroon’s National Assembly. The APF members – including experts from Cameroon, Togo, Chad, Madagascar, Côte d’Ivoire, Central African Republic, Niger, Mali, Canada, France, Switzerland, Belgium and the European Union – were united in agreement that practical steps were needed to address the deplorable sanitation and hygiene conditions that women and girls currently face.

The MPs agreed to take bold action – introducing MHM-specific laws, influencing policy to improve women’s access to water, sanitation and hygiene, and making sure public toilets in their constituencies were gender-segregated, were equipped with soap and water, and met basic hygiene requirements.

MHM Awareness

The attendees also raised the importance of breaking the taboo around MHM by educating the authorities and holding awareness-raising sessions for all 280 parliamentarians (180 National Assembly members and 100 senators), and by continuing to engage citizens on the issue through the press and incorporating MHM into training programmes.

Advances in sustaining Menstrual Hygiene Management in teachings in Cameroon!

In 2017, UN Women and WSSCC, in collaboration with the Ministry of Women’s Empowerment and the Family (MINPROFF) of Cameroon, trained more than 100 French and English-speaking trainers from the Centers for the Promotion of Women and the Family (CPFF) in MHM. They have also developed teachers’ educational sheets to facilitate their activities with CPFF learners.

Given the importance of achieving Sustainable Development Goal 6 on access to water and sanitation for all, the missions of MINPROFF, the Minister for the Promotion of Women and the Family of Cameroon issued a circular to ensure the introduction of MHM in the CPFF training curricula. Circular No. 00001 / C / MINPROFF / SG / DPFF of 11 December 2017 on the integration of MHM into CPFF training modules is also part of the National Gender Policy of Cameroon.
New Resource Available: MHM in Emergencies

This multi-sectoral resource, which is the result of rigorous research, consultations, and field piloting, was developed by the International Rescue Committee (IRC) and Columbia University, with valuable expertise and insights provided from a range of global humanitarian actors. The resource is co-published by 25 leading humanitarian organizations.

It was designed to support a range of humanitarian actors involved in the planning and delivery of emergency responses, to ensure that provision for MHM is included. The toolkit is also useful for educators, WASH practitioners and the general public.

The kit is published in two forms: a mini-guide and the full toolkit.

The kit also includes two poster/fact sheets: Just the Facts – Understanding Menstruation and MHM in Emergencies, the Challenges and Recommended Responses.

All materials are available as a public resource and their use is highly encouraged.

WSSC attended the launch of the new Menstrual Hygiene Management (MHM) in Emergencies toolkit in London on October 23rd.

OVER 20 MILLION DISPLACED: GIRLS & WOMAN ARE ESTIMATED TO BE MENSTRUATING GLOBALLY

THE MINI GUIDE


THE FULL GUIDE


MENSTRUAL HYGIENE MANAGEMENT (MHM) IN EMERGENCIES

THE CHALLENGES:

1. Lack of safe and private spaces for MHM
2. Lack of information on MHM
3. EMBARRASSMENT AND ANXIETY
4. overcrowding and lack of privacy
5. Cultural taboos or restrictions on MHM

RECOMMENDED RESPONSE:

1. Consult girls and women
2. Provide menstrual materials & supplies
3. Provide safe female friendly facilities
4. Provide appropriate disposal options
5. Provide information on menstruation

THE BASICS

WHY IT MATTERS?

1. Only one girl in ten in low-income countries believes menstruation is dirty or shameful.
2. Girls may miss school due to MHM, skipping classes or the entire period.

WHAT IS MENARCHE?

1. Menstruation is the start of menstruation.
2. It generally occurs between 8 and 16 years old, although some can be as young as 5 or as old as 20.

WHAT TO DO?

1. Wash hands before and after applying or removing pads or tampons.
2. Avoid using pads or tampons while sleeping.

JUANZI ET AL. 2011

tried to change all girls in their household, regardless of age, to use a menstrual cup.

Cultural beliefs may limit the types of materials used and complicate how used materials can be disposed of, making it difficult to urgently change practices in the community.

1. Menstruation can be messy! Women often use toilet paper or a cloth to catch the blood, including a sanitary pad or cloth pad.
2. Menstrual periods are irregular and can last longer than expected.

IN EMERGENCIES MANAGEMENT (MHM)

The absence of basic menstrual hygiene and health education poses significant challenges to healthy and hygienic MHM practices, including disposal.

THE KIT IS THE RESULT OF RIGOROUS RESEARCH, CONSULTATIONS, AND FIELD PILOTING, WAS DEVELOPED BY THE INTERNATIONAL RESCUE COMMITTEE (IRC) AND COLUMBIA UNIVERSITY, WITH VALUABLE EXPERTISE AND INSIGHTS PROVIDED FROM A RANGE OF GLOBAL HUMANITARIAN ACTORS. THE RESOURCE IS CO-PUBLISHED BY 25 LEADING HUMANITARIAN ORGANIZATIONS.

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THE MINI GUIDE


THE FULL GUIDE

MHM Social Entrepreneurship in West and Central Africa

Since the Joint Programme began, the implementing team has met with a broad range of stakeholders, including social entrepreneurs who combine business with community action.

These social enterprises and non-profit organizations have begun manufacturing washable, re-usable sanitary towels, organizing information campaigns and awareness sessions for women and girls, and running sewing and training workshops for women.

Although women’s empowerment is not one of the Joint Programme’s core themes, these ground-breaking MHM and social entrepreneurship initiatives have attracted plenty of attention.

The influence of these initiatives stretches well beyond the joint programme countries (Cameroon, Niger and Senegal), reaching other parts of the region (Benin, Central African Republic, Gabon and Sierra Leone), and even further afield into France and the Netherlands.

« The technical support we received from the joint programme helped us bring our MHM and washable, re-usable sanitary towel programme to life », explained a spokesperson for Sénégal Santé Mobile, one of the organizations involved.

« The MHM trainer training delivered by the joint programme was a welcome addition to our programme, and we were able to develop dedicated tools as a result », said Olivia Boum of Kmerpad Cameroon, a multi-award-winning organization, plusieurs fois primée.
Senegal Menstrual Hygiene Study focuses on FGM-for the First Time

Does Female Genital Mutilation have implications for the management of menstrual hygiene? A team of researchers from Senegal attempted to answer this interesting question.

A pioneering study has recently been conducted by the WSSCC-UN Women Joint Programme on Gender, Hygiene and Sanitation. In four regions of the country (Kédougou, Kolda, Matam and Sédhiou), a research team attempted to cast light on the links between female genital mutilation (sometimes called female circumcision) and the issue of MHM.

In Sub-Saharan Africa, MHM is still given very little consideration in public policy - thus there is little data, either quantitative or qualitative, on women’s hygiene practices. WSSCC and UN Women have been working since 2015 to fill data and knowledge gaps and have conducted a first study in the Kédougou region of Senegal. This study showed that women’s knowledge on this subject was very rudimentary, especially in rural areas. Importantly, the study found that in the group of girls that had undergone FGM, nearly one in four had suffered from infections during menstruation. In the study region (Kédougou), 80 per cent of women have undergone FGM. The overall national rate of FGM in Senegal is 28 per cent. It was therefore necessary to conduct a more extensive study in different parts of the country to assess the impact of FGM on menstrual hygiene.

A total of 1250 people were surveyed: 500 women who had undergone FGM, 500 women who had not, and 250 men (to understand their knowledge and perceptions of problems women face). Four regions of Senegal were chosen. Two of these (Kédougou and Kolda) have high rates of FGM and two (Sédhiou and Matam) have average rates. Questionnaires were administered and group discussions were conducted in order to obtain both qualitative and quantitative data.

Fear and embarrassment among circumcised women

The study showed that the way in which menstruation was perceived in society and in religion engendered a significant feeling of fear and embarrassment among circumcised women. Women in this group are more stigmatized or isolated during their periods; seven per cent more of them (than women who have not undergone FGM) go into voluntary isolation or are isolated by other members of their families during this time. On top of the forced isolation, the restrictions imposed on them may include reducing their mobility, restricting their diets or even prohibiting them from conducting certain activities. Overall however, the frequency of isolation is low in the four regions of the study.
Moreover, women in the FGM group have more menstruation-related health problems. Asked about the problems they experience during their periods, they mention "loss of appetite, headaches, stomach ache, and pains in the abdomen and back". In addition, some conditions related to poor use of sanitary towels, including vaginal infections, are more frequent in women who have been circumcised than those who have not. Taking the study overall, approximately 27 per cent of women (circumcised and uncircumcised) reported health problems during menstruation.

In general, the study shows that disposable or single-use sanitary towels are the most-used types of sanitary protection during periods. In rural areas and partly in urban areas, women also use reusable fabric protection because they believe that it is "safe and hygienic". Reusable sanitary protection is generally washed using soap or salt.

**Good knowledge of the physiology**

Whether circumcised or not, women's understanding of menstruation is good, especially of the reasons why periods occur, the normal length of periods and the menstrual cycle, and the health consequences of poor menstrual hygiene. This finding applies to all the areas of the study except Sédhiou, where knowledge of menstruation is not as good. Furthermore, the study shows that apart from the age of menarche, men know little about menstruation, especially in the regions of Sédhiou and Matam.

**Incorporating menstrual hygiene into campaigns against FGM**

To facilitate the integration of MHM into public policies and development strategies, the study authors make various recommendations on the basis of their findings. They call, for example, for the introduction of menstrual hygiene in campaigns against female circumcision and early marriage, and for emphasis on the risks to women, particularly in terms of their health and sex lives. Researchers also call for awareness-raising campaigns with girls in schools, in communities and local authorities, and with men, especially in the regions of Sédhiou and Matam.

On the subject of schools, the study authors judge that pupils’ emergency access to sanitary towels should be facilitated and modules on MHM should be developed for the secondary and higher education curriculums.

**27 per cent of women (circumcised and uncircumcised) reported health problems during menstruation.**
Next steps

In the final information letter for this year, we would like to thank all Joint Programme partners, without whom we would not have been able to achieve the outcomes:

A number of organizations also stood out for their work on social entrepreneurship:

We also remind about the ongoing evaluation of the Joint Programme:

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