Since its launch in March 2014, the Joint Programme on “Gender, Hygiene and Sanitation” has been dedicated to making women’s voices heard and contributing to making their rights a reality, especially the human right to water and sanitation.

In just a few months, several large projects have been launched. The study carried out in June in the Louga region of Senegal was one of the first successes. It marks an important milestone because it documents how the lack of suitable facilities affects the everyday lives of women and girls in this region in a very specific way.

In this second information letter, we present this survey’s main conclusions and give you an overview of the programme’s different activities and the emerging synergies that will help improve menstrual hygiene management.

We hope you enjoy reading this issue,
The Joint Programme Team
A survey team trained in menstrual hygiene management interviewed more than 600 women and girls.

**UPDATES FROM THE JOINT PROGRAMME**

A study on the behaviours and practices in menstrual hygiene management highlights the issues and challenges in the Louga region.

In Louga, when women and girls have their period, they say “Sétouma”, which means “I am unclean”. This candid term given to the menstrual cycle says a lot about local practices, beliefs and their associated restrictions. The study on practices and behaviours in menstrual hygiene management (MHM) carried out in June 2014 in this region of Senegal includes several examples like the one above.

A survey team trained in menstrual hygiene management interviewed more than 600 women and girls. This study uncovered the stigma associated with menstruation as well as low levels of information on biological aspects and safe and hygienic menstrual management. The menstrual hygiene management lab set up in the city of Louga from 13 to 15 June 2014 also gave women the chance to share any reproductive health problems and show their willingness to tackle these issues in confidence with health professionals. At the same time, the pollsters collected participants’ responses to a tablet device-based survey.

The survey team on 13 June 2014 in Louga (Senegal).
The women and girls that were interviewed knew little about the different options available to them for managing their periods in a safe and hygienic way. In most cases, mothers, grandmothers or friends were the source of information for girls when they had their first period. The reign of silence over this issue and secret menstrual management are two of the causes of infections linked to poor menstrual hygiene management. Taboos and a lack of information also affect how menstrual waste is dealt with. The study reveals that used hygiene products are often thrown into latrines and open drains or ditches, which then become blocked.

Moreover, the responses highlighted a causal link between the lack of suitable products and the participation of women and girls in cultural, educational, social and income-generating activities. Given the lack of suitable and private spaces for proper menstrual hygiene management, many women and girls voluntarily withdrew from various activities at this time of the month. More than half of respondents indicated that they rarely went to school when they had their period. Furthermore, women and girls from the Louga region prefer to use their homes for personal hygiene and washing hygiene products. The main reason for this is the lack of suitable places outside the family environment.

These results pose fundamental questions for the WASH sector in terms of accessibility, affordability, service availability and the adaptability of facilities and spaces. They show that women and girls must be involved in designing and implementing these facilities so that they meet their specific needs and so that these facilities are available everywhere, even in public places. This condition is one of the keys to improving women and girls’ integration into the social and economic life of their community and their country.

The study marks an important milestone because it is a tool which can be used to raise awareness among education, health, environmental and WASH sector practitioners and professionals. As a result, these parties can take the current situation into account when drawing up projects, choosing equipment and facilities and implementing activities.

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Priority area 1: Policy change

The aim of the joint programme’s first priority area is to consider the specific needs of women and girls regarding sanitation and hygiene in policies, laws and regulations, and the related budgets.

This work involves data collection, producing awareness-raising tools and spreading information among elected representatives, political decision-makers, and health, education, environmental and WASH actors.

The final report will be available online soon on the WSSCC site or as requested by emailing rockaya.aidara@wsscc.org and/or mbarou.gassama@unwomen.org

You can also see our video on data collection activities in Louga (in French).
Senegal hosted the first training of trainers on Menstrual Hygiene Management in West and Central Africa

Nearly 40 representatives from the Senegalese ministries of Hydraulics and Sanitation, Health, Education and Women, as well as local communities, civil society organizations and the West African Health Organisation (WAHO) looked into issues relating to menstrual hygiene management during a training of trainers session in Saly organized by WSSCC and UN Women in partnership with the Senegalese Ministry of Hydraulics and Sanitation’s Millennium Drinking Water and Sanitation Programme (PEPAM).

Plenary sessions and practical workshops took place between 21 and 25 July 2014 to tackle the subject of menstrual hygiene and how it affects women’s lives and their autonomy. Attendees got to grips with the concept of MHM and its three components. A prerequisite to this discussion is to break the silence and promote understanding of the menstrual cycle to encourage women and girls to talk freely and unashamedly about this intrinsic biological aspect of their daily lives. Discussions could then turn to working on safe and hygienic ways to manage menstruation and menstrual waste in public places, at school, or for disabled women and girls and those with reduced mobility.

A further aim of the meeting emphasized the fact that MHM urgently needs to be incorporated into public health, education and sanitation policies. Ms. Archana Patkar, Programme Manager for Networking and Knowledge Management at WSSCC and the training coordinator, explained to participants that the aim was, “to give the trainers the tools to push this issue on the ground”.

This training also helped to test the WSSCC training of trainers’ manuals on a large panel of participants. Their comments and suggestions will be useful to tailor this material to the specific context in West and Central Africa and to the region’s target population.

For more information, go to the WSSCC site and/or UN Women’s regional office site.

Priority area 2: Knowledge and capacity strengthening

The joint programme’s second priority area presents two challenges: first, spreading good practices in sanitation and hygiene for women and girls and second, incorporating these practices into training curricula.

More specifically, it is about taking action on behaviours by holding training of trainers’ sessions and community-based trainings. Furthermore, technical support must be provided to influence health professionals’ curricula, the contents of the programme’s guides and partner training manuals and even the tools and communication relays for populations and stakeholders.
Snapshots of the training of trainers on MHM.
Research projects into menstrual hygiene to be launched in Cameroon, Niger and Senegal

Three joint studies will be carried out simultaneously in Senegal, Niger and Cameroon. Over two months, these studies will help to build a database with qualitative and quantitative information on MHM practices, and their impact on people’s living conditions. Working adolescents and women will be specifically targeted in each of the three countries.

Besides looking into religious, traditional or cultural behaviours, the studies will be used in three ways: first, to identify the policies on MHM that are in place; second, to assess the available sites within the target communities for suitable facilities; and third, to analyse the impact of the scant or inadequate facilities on the target communities and women and girls’ living conditions, health, education level, professional life and living environment.

Lastly, these studies will present solutions and innovative approaches that could promote good menstrual hygiene management. These will be identified within the communities (local customs, traditional forms of education for girls, etc.).

A consultant has been identified to carry out the study in Cameroon. The selection process is ongoing for Senegal and Niger.

The Advisory Committee establishes Scientific and Technical Sub-committees

The joint programme’s Advisory Committee met for the first time on 18 June 2014. Based in Dakar and jointly chaired by UN Women and WSSCC, the Advisory Committee brings together United Nations agencies, international organizations, research institutions and universities, government agencies and civil society organizations. The diverse skills represented help to cover the fields of human rights, health, education, gender issues, hygiene and sanitation and the environment.

The Advisory Committee supports the implementation of the joint programme with scientific and technical advice and/or financial support. Dr. Joséphine Odera, UN Women Regional Director for West and Central Africa, pointed out in her opening speech at the meeting that its role is also, “to spearhead the distribution of the research results, particularly for greater information sharing and scalable replication.”

The links that its members will establish with the global development agenda and the synergies that will be identified through national and regional initiatives could play a major role in strengthening collective growth as well as institutionalizing MHM in programmes and policies.

Priority area 3: Action research

The subject area “Gender, hygiene and sanitation” covers a vast range of issues, some of which have not yet been tackled.

This joint programme’s third priority intends to raise and document these issues to achieve two aims: first, to address the gaps in knowledge about this subject and second, to improve practices.

The analysis in the pilot countries of WASH policies with a gender perspective and the research results on menstrual hygiene, infections and genital mutilation can help to fuel the production of teaching tools, communication campaigns and awareness-raising aimed at political decision-makers, the media and the communities.
Following the meeting of the Advisory Committee, two sub-committees were established. The Technical Sub-committee will be responsible for reviewing technical documents, publications, and training and communication materials. The Scientific Sub-committee will review documentation related to the research projects. At the same time, two national advisory committees will be set up in Cameroon and Niger.

The joint programme’s Advisory Committee meets twice a year. UN Women coordinates its activities and will regularly distribute the reports of its meetings.

To contact the Advisory Committee, please send an email to: mbarou.gassama@unwomen.org

Further reading

For more information about women’s gender-sensitive needs in terms of hygiene and sanitation, the following publications are available. Click on the links to download them:

- WaterAid, Water Supply and Sanitation Collaborative Council and Unilever (WSSCC) and Unilever, We can’t wait - a report on sanitation and hygiene for women and girls, November 2013
- Water Supply and Sanitation Collaborative Council and Unilever (WSSCC), Tribute to women – how improved menstrual hygiene management leads to improved health, greater dignity and sanitation, 2013 (In French)

Other resources are available in English and French at www.wsscc.org/topics/hygiene/menstrual-hygiene-management and www.unwomen.org

TAKING ACTION FOR MHM... BECAUSE RAISING AWARENESS HELPS TO GIVE ACTORS A BETTER UNDERSTANDING OF THE ISSUE AND ENCOURAGES THEM TO BE MORE COMMITTED

The joint programme is sparking increasing interest

“The joint programme strengthens the movement that we are committed to. It is one thing to carry out projects and build facilities, but it is another to make sure they are used and maintained. In certain areas of Senegal, we have developed projects that were not used by women because they had to share them with men. Separate toilets became a necessity. We have also seen that projects in schools really do help to improve girls’ school attendance.”

This statement was made by Mr. Amadou Diallo, the coordinator of the Millennium Drinking Water and Sanitation Programme (PEPAM) and Technical Adviser to the Senegalese Ministry of Hydraulics and Sanitation, during the opening ceremony of the training of trainers on menstrual hygiene management held in Senegal last July (see above).

Priority area 4: Inter-agency learning

The joint programme (a UN Women and WSSCC joint action) relies on several partnerships and joint efforts to achieve its goals. Using the lessons learned during the activities, reducing inequalities is becoming a realistic goal for all of the partners involved.

The work of the joint programme’s Scientific and Technical Committees, including activity reports, review meetings and planning, building and sharing experiences and results, is an integral part of this learning process. Indeed, the process should also help to identify other opportunities where the initiative can be rolled out.
Remember this figure **156 days**

According to studies carried out in Africa, this is the total number of school days that every girl misses over the course of four years at secondary school. It is the equivalent of nearly 24 weeks out of 144.

For many girls around the world, it is normal to miss school when they have their period. A lack of safe, separate school toilets is often the cause.

Source Masimba Biriwasha, “In Africa, Menstruation Can Be a Curse”, in RH Reality Check, 25 March 2008:  

To receive the quarterly newsletter, share an update or a view: Please contact Rockaya Aidara at Rockaya.Aidara@wsscc.org

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