Menstrual Hygiene Management for Her (MHM4HER)

Project Background

For many young women the world over, menstruation is an unwelcome addition to the gender inequalities they already face. In communities across Tanzania, taboos and stigma around menstruation can have serious effects on their health, education and dignity. Menstruating women and girls are often prevented from doing normal activities such as entering their own home or kitchen, carrying babies or picking vegetables. For many young women and girls, these prevailing attitudes, together with a lack of positive hygiene practices, mean that many of them will avoid going to school during their periods and fall behind. Some even drop out altogether.

The Menstrual Hygiene Management for Her (MHM4her) project is managed by Dorcas Aid International Tanzania (DAIT) in Handeni district, Tanga Region. Here it is estimated that female students can miss up to seven school days every month because of their periods. With support from HDIF, the programme aims to increase the number of young women and girls practising healthier menstrual hygiene management (MHM) behaviour by 50 per cent, reduce school absenteeism by 50 per cent, and the incidence of water and sanitation-related diseases by 30 per cent.

Project Description

MHM4her is applying two innovations to improve MHM in Handeni district:

1. A sustainable, innovative supply chain for cost-effective re-usable ‘So Sure’ branded sanitary pads – established by recruiting local entrepreneurs to dispense them – and encouraging women to use financing mechanisms such as savings groups and micro loans to purchase them; and

2. Using an Outcome Mapping (OM) method that focuses on a holistic approach to facilitating behaviour changes in water, sanitation and hygiene (WASH), MHM and the uptake of water and sanitation facilities.

In addition to working with the young women and girls themselves, MHM4her specifically targets members of the community who have the greatest influence on them. This includes parents, teachers, community health workers (CHWs) and other schoolgirls who act as role models, with whom the project provides training, coaching and other awareness-raising activities concerning positive MHM practices. The project also works with the community at large through drama and video screenings, and helps construct facilities that provide access to clean and safe water and sanitation.
PROJECT RESULTS
To date, MHM4her has been positively received by 800 schoolgirls in 25 target schools and 40,000 women in the rural communities of Handeni district. This was observed during MHM4her’s awareness-raising campaign in the schools and nane-nane (Farmers Day 2018) events.

- 150 role models from each village representing 17 wards were selected and trained on MHH issues.
- 125 influencers have been identified through the OM method.
- 25 CHWs have been trained in MHM and are collecting data, following up and tracking the behaviour changes, discussing MHM with parents and girls, and verifying positive practices.
- MHM awareness has been raised and discussed with local community leaders.

KEY LESSONS
Community awareness of MHM requires a sustained effort: Beliefs and practices which restrict and stigmatise menstruating women are long held and require careful management if they are to be challenged. This includes engaging with key influencers in the community such as local and religious leaders as well as parents and teachers.

Make MHM practices appealing to users: The introduction of attractively packaged, re-usable So Sure branded sanitary pads has contributed significantly to the success of the innovation, largely because the young women and girls liked, and wanted to use them.

MHM and WASH practices are not mutually exclusive: Some households in Handeni district do not have latrines and others are using temporary latrines made from unstable building materials such as grass. For the MHM4her project to succeed, changes in WASH practices are also required; Community-Led Total Sanitation (CLTS) will be used as a methodology for training the community.

GENDER EQUITY AND SOCIAL INCLUSION
Although seen essentially a ‘woman’s issue’, positive MHM attitudes and practices require widespread adoption by everyone in a community. Men and women are involved in decision making, meetings and training – most often as influencers (such as parents) who are instrumental in changing their children’s behaviour. In schools, boys as well as girls have been selected to join school health clubs and men are involved in all trainings. Despite the unwillingness of some men to talk about MHM with women, both men and women have been involved in community awareness-raising activities.

PRINCIPLES FOR DIGITAL DEVELOPMENT
Design for scale: DAIT is planning to scale up outside the project area by raising awareness on the use of re-usable sanitary pads and improved latrines, and developing a sustainable supply chain of re-usable sanitary pads (through sales points and retail shops). This will increase access to improved latrine structure and re-usable sanitary pads in the entire district and neighbouring districts of Kilindi and Korogwe regions.

NEXT STEPS
DAIT expects to expand the project to more rural areas to meet more beneficiaries living in challenging environments with poor sanitation facilities. DAIT will meet different stakeholders and partners to see possibilities of working together to solve sanitation issues in the rural area.

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