



UGANDA RED CROSS SOCIETY

MENSTRUAL HYGIENE SURVEY PROJECT

ARUA AND ADJUMANI DISTRICT



NOVEMBER 2015



**International Federation
of Red Cross and Red Crescent Societies**

EXECUTIVE SUMMARY

This is the final survey report of the MHM in Emergencies project, which aims at improving the dignity and health of women and adolescent girls during emergency situations.

The survey report highlights on experiences of women and adolescents amongst the South Sudanese refugee who benefited from the MHM Kit 1 and Kit 2 distributed between February and May 2015 in Arua and Adjumani respectively. The report provides insights into women's knowledge, attitude and practices relating to menstruation, hygiene & sexual health in two refugee settlements of Rhino camp and Mungula in Northern Uganda, as compared to baseline information that was collected and analyzed in October 2014.

The two types of MHM kits distributed are Kit A (comprising of disposable sanitary pads) that was distributed in Arua; and Kit B (comprising of re-usable sanitary pads/cloth) which were distributed in Adjumani. The MHM kits were designed to enable safe hygiene management of menstrual flows and include items to enable use of sanitary pads/materials, as well as for washing, drying, disposal and storage of reusable or disposable pads.

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Background of the study

During recent years, there has been growing interest in exploring and addressing the menstrual hygiene management challenges that are faced by girls and women of reproductive age in emergency situations. Though sanitary kits are not considered a life-saving commodity, they play a crucial role in the lives of women and adolescent girls as far as dignity, hygiene and health, education, protection and their security in emergencies is concerned. Menstrual Hygiene Management refers to the spectrum of interventions deemed necessary and appropriate to ensure adolescent girls and women in various contexts can privately, safely and hygienically manage their monthly menstrual flow. It has been a common practice that during emergencies URCS distributes items related to only life-threatening needs such as shelter, food rations, NFIs, water supply, general hygiene promotion, first aid and medical assistance as well as psychological needs of traumatized refugees and protection issues, however low focus is put on Menstrual hygiene management.

URCS with support from IFRC conducted a pilot research study on the basic MHM kits needed by women and adolescent girls to manage their menstrual flows during emergency situation. The research study involved distributing Menstrual hygiene Management kits to women and adolescent girls; 1,000 Kit 1 with disposable sanitary pads in Ocea and Siripi clusters (Rhino camp Arua district) and 1000 Kit 2 with reusable pads in Mungula settlement (Adjumani district).

This report therefore highlights on the findings and experiences of women and adolescents amongst the South Sudanese refugee who benefited from the MHM Kit 1 and Kit 2 in Arua and Adjumani respectively. The report provides insights into women's knowledge, attitude and practices relating to menstruation, hygiene & sexual health, which has been on-going for about a year to determine contents of Menstrual Hygiene Management (MHM) Kits that are most appropriate and affordable by women and adolescent girls during emergency situations.

Menstrual Hygiene Management (MHM) research project

Study modality, Project location and kits distributed:

Uganda Red Cross Society (URCS) with support from International Federation of Red Cross and Red Crescent Societies (IFRC) carried out a survey on Menstrual Hygiene Management (MHM) on adolescent girls and women in conflict and post-conflict situation in Arua and Adjumani branches. The MHM study started in June 2014 with a baseline survey to identify the basic composition of kit 1 and Kits 2 to be used for the study purpose.

The study was spearheaded by the Reproductive Health Program of Health, social and commercial Services Directorate of Uganda Red Cross Society. The study team comprised of Headquarter and branch staff working together with volunteers and stakeholders working in each of the respective refugee camp.

The primary focus of this pilot research study project was to identifying the basic MHM kit needed by women and adolescent girls during emergency situation. This study was conducted in Northern Uganda in two refugee camps (Rhino camp in Arua District and Mungula Refugee camp in Adjumani District) for South Sudan Refugees who had freed their country due to internal wars.

URCS distributed two types of MHM kits designed to enable safe and hygiene management of menstrual flows in emergency setting.

Below are details of the contents of kits distributed:

Kit 1: 1000 kit 1 were distributed in Rhino Camp (Ocea Cluster and Siripi cluster) in Arua district. Each set of Kit 1 comprised of 2- packets of disposable sanitary pads, 2- small plastic bags, 250 gms personal bathing soap, 2- underwear, 1- carry bag with a brochure in local language.

Kit 2: 1000 kit 2 – were distributed in Mungula Refugee settlement in Adjumani district and each set comprised of 1- packet of re-usable sanitary pads (5-absorbing liners; 3-winged; 2-straight and 2-holders), 1- carry bags, 1- plastic bucket (6-7-liters) , 1- plastic coated ropes (4-meter), 1- packet of plastic pegs, laundry soap 250 gms, 800 gms personal bathing soap, 2- underwear with MHM brochure in local language.

The kits were distributed to women and adolescent girls in the two camps; 1,000 kit 1 with disposable sanitary pads in Rhino Camp (Ocea and Siripi clusters) in Arua district and 1000 kit 2 with reusable pads in Mungula settlement (Adjumani district).

Project goal and objectives

The overall goal of the study on Menstrual Hygiene Management (MHM) in Emergencies situations is ***“to improve dignity of women and adolescent girls during emergency situations”***. The study aimed at providing evidence based information on the MHM kits to be part of the overall Red Cross emergency response kit during emergency.

The project focused on understanding the needs of women and adolescent girls around menstruation in a humanitarian emergency context. This involved distributing sample MHM kits; Kit 1 comprising of disposable sanitary pads and Kit 2 comprising of reusable sanitary pads.

The kits were distributed while considering the appropriateness to women and adolescent girls to enable safe and hygienic management of their menstrual flow. Other items included in the kits were to enable use of sanitary pads while focusing on easing the washing, drying, disposal and storage of reusable/disposable pads. The study report focuses on determining the appropriateness, acceptability and cultural values of the MHM kits in humanitarian emergency.

The expected outcome of the study project was to identify acceptable kits contents for adoption as standardized MHM kits for distribution during emergency situations as relief item. It's is expected that the results of the research study will guide other partners

promoting Menstrual Hygiene Management in emergency to procure appropriate MHM items in emergency responses.

Project targets and beneficiary study

The research targeted 2000 beneficiaries, who were selected randomly across 3- age groups, with beneficiaries selected considering cultural and religious values and the adverse negative impact across the targeted age groups.

Table 1: Age classification of the target group

Group	Age group	Description
A	12 – 17 years	Adolescent girls who have begun menstruating
B	18 – 34 years	Menstruating women of general child-bearing age
C	35 – 50 years	Menstruating women prior to menopause, generally after child-bearing age

Selection criteria of the beneficiaries:

- All study beneficiaries have official refugee status in Uganda (as determined by UNHCR and Office of the Prime Minister (OPM)) majorly of South Sudan origin.
- All participants were willing to use the provided kits contents and willing to provide feedback to the research team.
- All beneficiaries were within the age range defined above, not pregnant, menstruating adolescents and not women who are in menopause at the time of the on-set of the baseline.

URCS carried out beneficiary mapping and house-to-house registration before baseline study and kits distribution. This exercise was to ensure that:

- There are no-duplications of the activities and support.
- Strong evidence-based outcomes of the project
- Beneficiary complaints and feedback are attended to and addressed easily.
- Regular follow-up and communication with targeted communities is done for both Female and Male.

Population size, Sample size and sampling procedures:

At the one-set of the survey in June 2014, Mungula refugee settlement had a total population of 2,965 with 791 being female 12- 50 years), while in Rhino camp had a total population of 17,220 with 1,177 women and adolescent girls in Ocea and Siripi Clusters (UNHCR records May 2014). It has to be noted that throughout the study period more refugees continued to be settled especially in Mungula refugee camp.

Table 2: Number of refugee women and adolescent girls in reproductive age in Arua and Adjumani districts as in May 2014

Age group	Adjumani	Arua (Rhino Camp)		TOTAL
	Mungula Camp	Ocea cluster	Siripi cluster	
11 - 17 years	206	296	109	611
18 - 34 years	351	301	119	771
35 - 50 years	234	255	97	586
Total	791	852	325	1968

During Knowledge attitude and practice (KAP) surveys, a total of 581, 611, 612 women and girls between the ages of 12-49 years were sampled at baseline, 1-month and 3-month post survey respectively.

The survey respondents were randomly selected from sampled households in all blocks within the settlements to provide equal chance for each of participant.

Table 3: details of number of sampled women and girls during baseline, 1-month and 3-month KAP survey

Respondent location / age	Number of respondents				Percentage (%) of respondents			
	Group A (12-17 yrs)	Group B (18-34 yrs)	Group C (35-50 yrs)	Total	Group A (12-17 yrs)	Group B (18-34 yrs)	Group C (35-50 yrs)	Total
BASELINE SURVEY								
ADJUMANI	65	91	66	222	29%	41%	30%	38%
ARUA	92	200	67	359	26%	56%	19%	62%
Total	157	291	133	581	27%	50%	23%	100%
1- MONTH POST DISTRIBUTION SURVEY								
ADJUMANI	52	185	102	339	44%	53%	69%	56%
ARUA	65	162	45	272	56%	47%	31%	45%
Total	117	347	147	611	19%	57%	24%	100%
3- MONTH POST DISTRIBUTION SURVEY								
ADJUMANI	20	191	107	318	19%	53%	75%	52%
ARUA	85	173	36	294	81%	48%	25%	48%
Total	105	364	143	612	17%	60%	23%	100%

Survey procedures:

- The survey team used random sampling, proportionate stratification by age group and kits distributed. Within each age strata, random sampling of individual beneficiaries was done based on the segmentation of the camps into blocks in Adjumani and clusters in Arua (following demarcation already done by OPM and

UNHCR). Volunteers and interpreters conducting the exercise were then allocated blocks with a specific number of beneficiaries to interview, going to house to house (skipping 1 house in between).

- Survey respondents were randomly selected from the households that benefited from the kits that were distributed in a manner that provided equal chances for participation. Each person to be interviewed presented the ratio-card number (given by UNHCR) as means of identification to avoid duplication of interviews. A maximum of two females were interviewed in each household, all using the same card number (because each hold is given one card number).
- During the 3-month post distribution survey, the survey team also conducted interview of pupils (12- 17 years) who received kits in 3-schools: Ocea Primary school, Siripi Primary school and Mungula primary school. The survey was timely appropriate as it was carried out when the children were in school.
- During distribution of the Kit's, URCS carried beneficiary mapping in each of the targeted refugee camps, of which the registered lists were verified with UNHCR refugee register looking at full names, date of birth, age, UNHCR ration card number and other relevant information such as block/cluster where the refugee resides.
- The survey targeted women and adolescent girls of reproductive age (12 – 49 years) who received the Kit 1 and Kit 2 in Rhino Camp and Mungula refugee settlement.

Questionnaires

Guided by the research protocol, survey questions were drafted by IFRC and reviewed by URCS project team. The tool was then uploaded on phones and tested by URCS volunteers during the training prior to the field survey. The questions were split into three basic sections: general (for answering by all), MHM Kit A (for answering by those who received disposable MHM kits) and Kit B (for answering by those who received reusable MHM kits).

Volunteer training

During each field sessions, a set of 20 volunteers' and interpreters per District were oriented on the use of phones (step by step working on the questionnaire, saving and uploading data); the RAMP survey and how it works. The training included explanation of the project set-up and expected outcome, consent and acceptance of girls and women to be interviewed, explanations on how to use phones plus practical managing of collected data. They were also taken through basic community entry skills including how to handle the various cultural practices, interactions with community members, asking KAP survey questions, completing the form, managing none-welcoming reactions such as from husbands and women or girls who may not be interested to be interviewed. The session also covered being a volunteer of Red Cross and cultural do's and don'ts when

conducting an interview. The survey teams were comprised of two female volunteers (one handled the phone plus another female volunteer who translate the local language (Dinka, Arabic, Nuer, Lugubala, etc).



Photos show volunteers being briefed before starting field KAP surveys at Mungula (Adjumani District) and Rhino Camp, (Arua District) respectively.

Data collection and quality control

- Data was collected using Rapid Mobile Phone-based (or RAMP) survey methodology which facilitated easy download of the survey questionnaire on mobile phones and administered by the research assistants who conducted the survey in a timely fashion and with technical assistance from URCS and IFRC staff. This made it easier to identify and troubleshoot any problems or issues with incomplete or incorrectly filled forms at any moment.

ACTIVITIES IMPLEMENTED DURING RESEARCH SURVEY;

- **Preparation meetings:** A series of meetings were organized between URCS and Ministry of Health (MOH), Office of the Prime Minister (OPM), UNHCR and local government at districts and community levels. The meetings were aimed at preparing the communities plus acquiring the necessary support at all levels. This stage URCS communicated to MOH requesting for permission to conduct the research study.
- **Design and review of the survey tools:** Development and review of the survey questionnaire and RAMP survey tool was done by URCS with focus on expected results and methodologies to use; logistical requirements and time frame were all shared with the IFRC for technical support before finalizing the survey tool. The tools at each stage were pre-tested, coded and arranged in themes suitable for data analysis and entering in Rapid Assessment Mobile Phone (RAMP) technology. Hard copies of the survey questionnaires were also used alongside the RAMP tools in selected situations so as to help interpret and verify the questions and entries correctly. This was followed by uploading the final survey tools on phones and using them to capture data.
- **Pre-baseline, piloting and project inception:** The pre-baseline stage included identifying the needs, identifying funds followed by signing of the letter of understanding between URCS and IFRC. This was followed by identifying the study sites, conducting start-up meeting with relevant partners (Ministry of Health, Office of the Prime Minister (OPM) and UNHCR among others). At this level, URCS conducted field visit where meetings were held with Refugee Welfare council plus conducting

focus group discussion with age-segregated targeted beneficiaries. The initial plan was to conduct the study project in Adjumani District (Mungula refugee camp), however Arua districts was included on later as control- districts where Kit 1 were distributed.

- **Data uploading and analysis:** Data was collected using Rapid Mobile Phone-based (or RAMP) survey methodology which facilitated easy download of the survey questionnaire on mobile phones and administered by the research assistants who conducted the survey in a timely fashion and with technical assistance from URCS staff from the HQ. This made it easier to identify and troubleshoot any problems or issues with incomplete or incorrectly filled forms any moment.
- The survey teams traversed the allocated blocks while ensuring that the interviews are done at an interval of every two-houses; meaning they skip one household then interview members in the second household. In each homestead, the maximum number of people that were interviewed was two, both using same ratio-card number.
- Data collected in the field was monitored on real-time and the technical team provided routine data quality checks and data cleaning. Following data cleaning, analysis was automatically conducted using Magpi account and later converted into Microsoft word/Excel to compare with baseline data.
- Due to personal as well as cultural sensitivity of the questions asked, only well trained female enumerators were engaged to collect data. Besides, neither males nor children were admitted at the interview place to help to promote confidentiality amongst the female respondents.
- A total of 10 Focus Groups Discussions were conducted (3- during baseline, 1- during 1-month and 6- during 3-month post distribution survey) covering the 3 age groups (12- 17 years, 18- 35 years and 35- 50 years). Focus group discussions were also held with volunteers, branch staff to compare information, challenges and best practices as raised by the beneficiaries.
- Key Informant Interviews (KII) was also carried out with individuals directly involved in the program from districts, Refugee Welfare Committee, beneficiaries, URCS volunteers and branch staff. The KII aimed at gathering information on how the baseline, kits distribution and one- month and 3-month follow up survey were carried out plus coordination with other stakeholders

Limitations

- Despite the requirement not to distribute kits to pregnant women and girls, it was discovered during the one-month survey that that a number of women who received the kits were pregnant (got pregnant after distribution), and therefore they were not using the core items inside the MHM Kits hence they could not be interviewed.

- Results and quality of data collected was highly dependent on the capacity and efficiency of using the smart phones by female volunteers and interpreters deployed. Despite many of them showed a good understanding of the questionnaires and how to use smart phones, some data entered by some volunteers had to be edited before posting.
- During the RAMP survey especially in Adjumani, the data collection teams experienced Magpi software problems where they electronic data forms could hang-up/fail to respond as the volunteers were in-putting data. Also two phones failed to upload data collected in the second district (Adjumani).
- Due to the difference in periods of distributing the kits in Arua and Adjumani, the one- month post distribution survey was conducted two months after distribution, which might influence the study results.

DISTRIBUTION OF KITS TO THE TARGET BENEFICIARIES

In March and April, URCS distributed a total of 2,000 kits; 1,000 kit 1 (disposable kits) in Arua district and 1,000 Kit 2 (reusable kits) in Adjumani District. The MHM kits were designed to enable safe hygiene management of menstrual flows and include items to enable use of sanitary pads/materials, as well as for washing, drying, disposal and storage of reusable or disposable pads.

Beneficiary education & sensitization: With the help of IEC materials (English and Dinka languages), the trained female volunteers conducted block by block beneficiary education and demonstration sessions to the target beneficiaries on proper use, care and disposals plus educating them through the proper hygiene of the products. This provided adequate opportunities for the beneficiaries to ask all relevant questions, addressing all myths and fears about the products. These sessions unfortunately for purpose of time were not segregated according to specific age groups (adolescents/girls, mothers & pre-menopausal women), but fortunately they provided opportunity for young girls to learn from their mothers during plenary 'sharing sessions which became confidence boast to the young girls.



The photos show Left: Volunteers verifying in Rhino Camp the beneficiaries before distribution of kits; and Right: Partners involvement; URCS volunteer and an Office from OPM participating in the kits distribution process in Rhino Camp, Arua District.

Quantity of kits distributed: Each registered beneficiary personally received the kit after sensitization and demonstration on contents use, care/disposal and hygiene. This was to avoid improper use and sale of the products by non-beneficiaries:

Kit 1- was distributed in Rhino Camp; Ocea Cluster and Siripi cluster in Arua district. Each set of Kit 1 is comprised of disposable sanitary pads, small plastic bags, personal bathing soap, underwear, MHM disposable brochure and carry bag. A total of 1,000 Kit 1 were distributed in Arua District

Kit 2 – was distributed in Mungula Refugee settlement in Adjumani district. Each set of Kit B is comprised of re-usable sanitary pads, carry bags, 7-liter plastic bucket, plastic coated ropes, 4-meter, plastic pegs, laundry soap, personal bathing soap, underwear, and MHM reusable brochure. A total of 1,000 Kit 2 were distributed in Mungula – Adjumani district.

The picture shows Kits distribution in the process: L-R clockwise: Kits 1&2 being assembled for distribution, volunteers sensitizing the beneficiaries.



Photos shows MHM kits distribution process at Mungula refugee camp in Adjumani District.

Results of MHM project interventions:

A total of 634 women and adolescent girls participated in the survey - 318 people from Rhino camp (Ocea and Siripi settlements) and 316 people from Mungula respectively with 96% average response rates. The study respondents consisted of female adults



refugees aged 12-49 years mostly from South Sudan origin, residing in the target refugee settlement by the time of the survey. On average 117 respondents were 12-17 years, 364 respondents were 18- 35 years and 153 respondents were 35- 50 years. Also 318

(52%) respondents were from Adjumani district and 294 (48%) from Arua district.

Generally, there was a high level of baseline knowledge about menstruation being a normal process that begins in early adolescence. Out of 633 women and girls who received the kits, 263 received Kit 1 (with disposable pads) and 370 received Kit 2 (with reusable pads). 94% used the kits in last month before the survey while 6% used them in earlier months. 71% happily used the buckets, while 29% complained the buckets were small and preferred bigger size buckets. Furthermore, only 6% used (read) the IEC materials inserted in the kits.

51% reported experiencing normal month periods (1-3 days) while 35% reported periods lasting 3-5 days and 9% stated 5-7 days.

MHM kit content

Results confirm the importance for having a comprehensive MHM kit which includes the various items needed for use with the specific type of pads (either disposable or reusable pads). Lack of sanitary pads was identified as one of the main issues that women and adolescent girls face in managing their monthly periods in Mungula refugee camp during the FDG. 38% identified the rope, bucket, pegs as very useful items for enabling proper washing and drying of the reusable pads. 29% used a plastic bag (as part of MHM kit A) which implies that 72% considered the plastic bag as not being very useful or appropriate. All adolescent women and girls reported that 2 packets of disposable pads were enough for one period (one month).

Baseline study:

URCS conducted the KAP baseline survey in August 2014 to assess the knowledge level, attitudes and availability and frequency of use of sanitary towels, cultural values and practices that affects Menstrual Hygiene Management. This survey was conducted in Adjumani – Mungula refugee settlement and Rhino camp refugee settlement (Ocea and Siripi Clusters). The baseline survey revealed the following:

- 36% of the women and adolescents reported restrictions during their monthly period or difficulties in daily life during their monthly period.
- 88% of the women and adolescent girls interviewed are knowledgeable of menstruation cycle and are familiar with the normal length (taken to be between 3- 7-days) and the physiological process
- Also 87% experience regular menstrual periods and 75% are knowledgeable of the meaning for not experiencing monthly period (Response being pregnancy)
- 41% of adolescent girls and women in the study reported feeling embarrassed at some point during their monthly periods.
- 24% have signs of UTIs, (itching, irritations, felt pain/burning during urination, and or had smelly discharges from their private parts during the monthly periods.

- 39% have difficulties in finding a private, comfortable place to change disposable pads while 71% of the adolescent girls would prefer to use disposable pads to manage menstruation

Questionnaires

Guided by the research protocol, survey questions for the surveys were designed for proper analysis of the impact and influence of Kit 1 and Kit 2 contents. The tools were then uploaded on phones and tested during the training prior to the field survey. The questions were split into three basic sections: General (for answering by all), MHM Kit 1 (for answering by those who received disposable MHM kits) and Kit 2 (for answering by those who received reusable MHM kits) as summarized in the table below

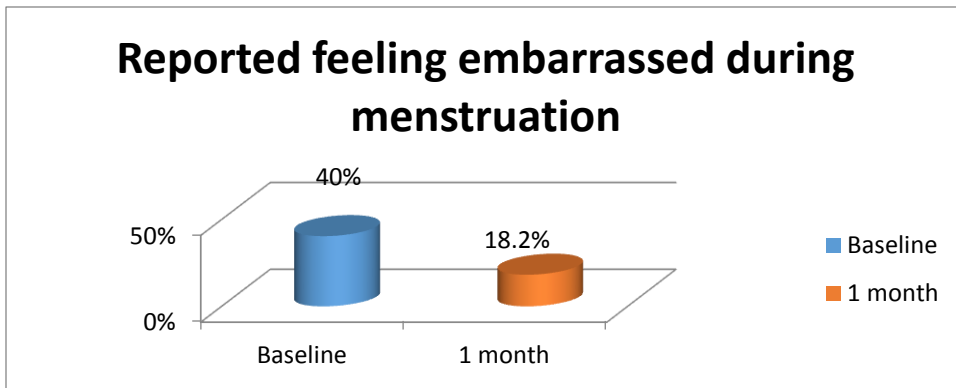
Table 4: KAP survey questions and respondents in Arua and Adjumani

Key indicator / question	BASELINE		1- Month PDS		3 Month PDS	
	All age groups		All age groups		All age groups	
	n	%	N	%	n	%
1. Have had children (given birth prior to baseline survey)	417	72%	-	-	-	-
2. Have used any modern family planning method before	37	6%	-	-	-	-
3. Experience regular menstrual periods ("Yes")	502	87%	-	-	-	-
4. Knowledge of normal length of monthly menstruation	308	53%	276	45%	478	78%
5. Reported not knowing the normal length of monthly menstruation (Response=I don't know)	85	15%	4	1%		
6. Knowledge of menstruation as a normal physiological process	507	88%	-	-	-	-
7. Knowledge of the meaning for not experiencing monthly period (Response=pregnancy)	431	74%	318	52%	454	74%
8. Reported restrictions in daily life when menstruating	207	36%	96	16%	-	-
9. Reported having had feelings of embarrassment during menstruation	234	40%	111	18%	-	-
10. Suffered stomach, back or breast pain, during last monthly period	348	60%	400	66%	-	-
11. Suffered itching, irritation or smelly discharge during last monthly period	138	24%	151	25%	-	-
12. Felt pain or burning during urination, during last monthly period	109	19%	195	31%	-	-
13. Have a bathing shelter or private, comfortable place to bathe	447	77%	-	-	-	-
14. Reported defecating in a household latrine	339	58%	-	-	-	-
15. Reported defecating in communal latrine	199	34%	-	-	-	-

16. Have difficulty finding a private and comfortable place to go to toilet	234	41%	-	-	-	-
17. Sometimes have difficulty finding a private and comfortable place to go toilet	59	10%	-	-	-	-
18. Have difficulties finding private, comfortable place to change DISPOSABLE pad	87	37%	-	-	-	-
19. Sometimes have difficulties finding private, comfortable place to change DISPOSABLE pad	29	12%	-	-	-	-
20. Have difficulties finding private, comfortable place to change CLOTH / MATERIAL	226	39%	-	-	-	-
21. Sometimes have difficulties finding private, comfortable place to change CLOTH / MATERIAL	65	11%	-	-	-	-
22. Where did you put the pad once it was full (Throw in latrine pit)	-	-	-	-	292	48%
23. Used disposable sanitary pad to absorb blood flow, for last monthly period	-	-	-	-	294	48%
24. Used washable pads to absorb blood flow, for last monthly period	-	-	-	-	318	52%
25. Preference: Would prefer to use disposable pads to manage menstruation	412	71%	248	41%	343	56%
26. Always have underwear available to use	224	39%	-	-	-	-
27. Sometimes have underwear available to use	86	15%	-	-	-	-
28. Have received hygiene items since being in the camp/settlement	403	70%	-	-	-	-
29. Reported difficulties in washing the Washable pads (No private place)	-	-	26	4%	42	7%
30. Reported difficulties in washing the Washable pads (No water)	-	-	11	2%	35	6%
31. Reported difficulties in washing the Washable pads (Blood does not wash out of cloth)	-	-	37	6%	34	6%
32. Knowledge of the result of not washing yourself (become smelly)	-	-	411	67%	-	-
33. Knowledge of the result of not washing yourself (become itchy)	-	-	141	23%	-	-
34. Knowledge of the result of not washing yourself (I become dirty)	-	-	309	51%	-	-
35. Reported difficulty in using the disposable pad	-	-	49	8%	10	2%
36. Reported that the Washable pads were comfortable to use	-	-	301	49%	268	44%
37. Reported running out of dry clean washable pads	-	-	177	29%	-	-

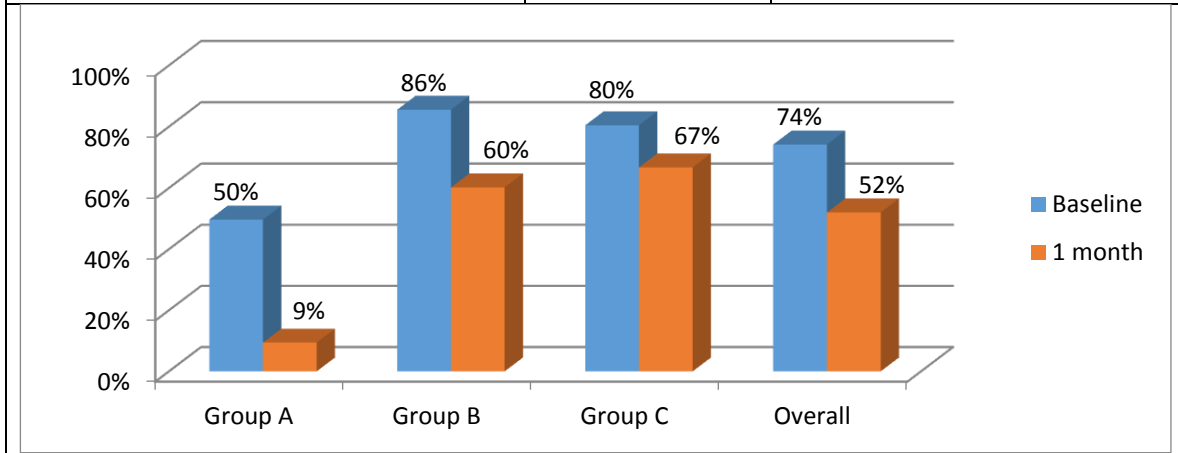
38. Reported difficulty in washing the pads	-	-	64	11%	69	11%
39. Reported washing the reusable pad in bathroom area	-	-	342	56%		
40. Reported difficulty in drying washable pads (No Private Place)	-	-	30	5%	66	11%
41. Reported drying the washable pad inside the house	-	-	152	25%		
42. Overall, how satisfied are you with the MHM Kit (Very Satisfied)	-	-	264	43%	279	46%
43. Overall, main challenge of dealing with your monthly period (pain in stomach/back/breasts)	-	-	299	50%	458	75%
44. Overall, main challenge of dealing with your monthly period (Have no pad/can't find or afford pad)	-	-	225	37%	174	28%
45. Preference: Would prefer to use washable pads to manage menstruation	101	17%	341	56%	269	44%

Graphs and data



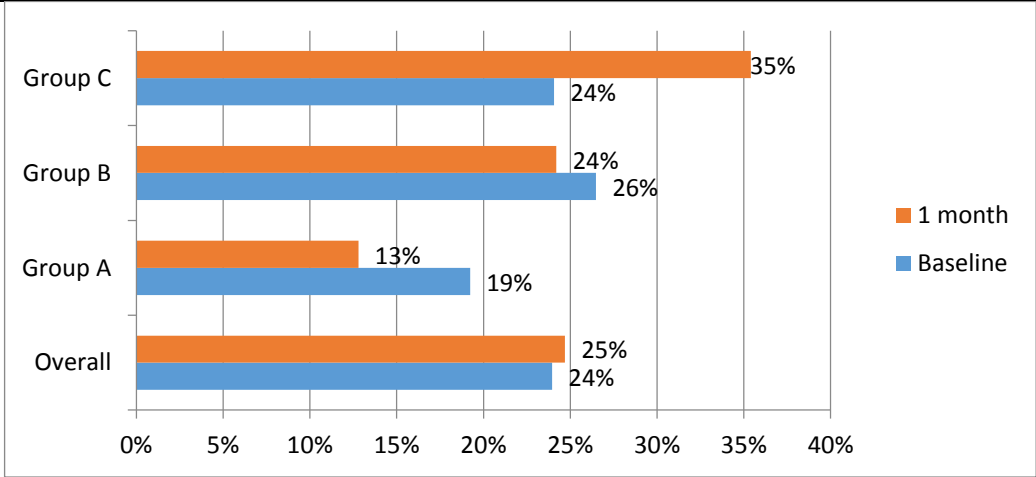
Knowledge of not experiencing monthly period (pregnancy)

Knowledge of not experiencing monthly period (pregnancy)		
Age Group	Baseline	1 month post distribution
Group A	50%	9%
Group B	86%	60%
Group C	80%	67%
Overall	74%	52%



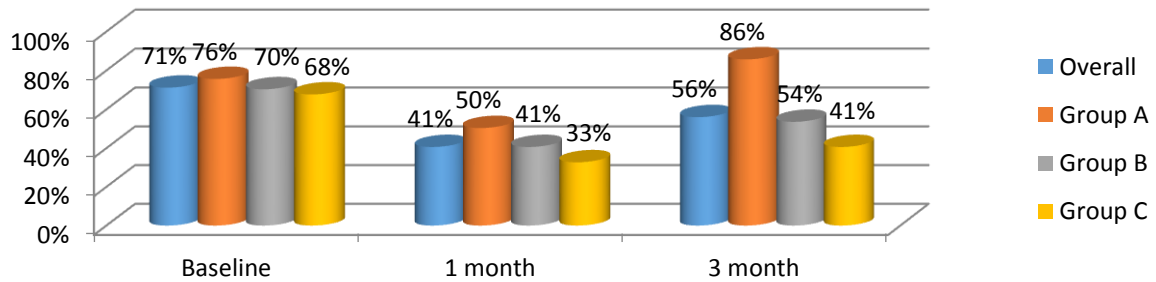
Reported Suffering from irritation or itching during last monthly period

Age Group	Baseline	1 month
Overall	24%	25%
Group A	19%	13%
Group B	27%	24%
Group C	24%	35%



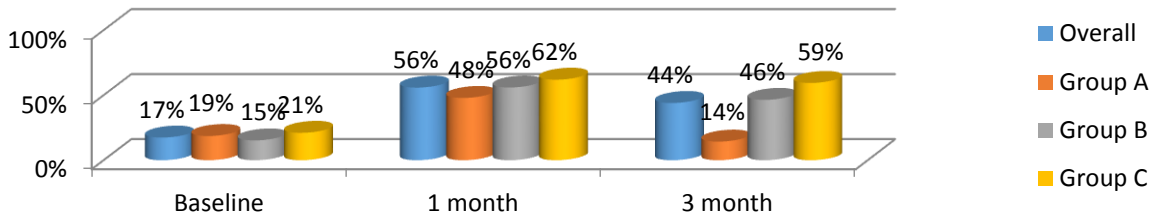
Preference for Disposable pads

Age Group	Baseline	1 month	3 month
Overall	71%	41%	56%
Group A	76%	50%	86%
Group B	70%	41%	54%
Group C	68%	33%	41%



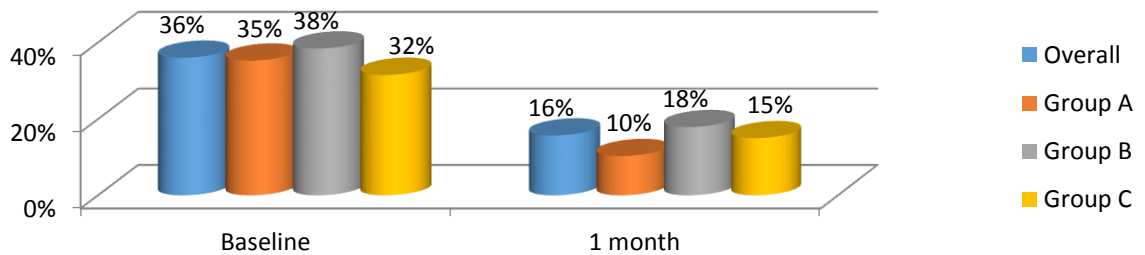
Preference for Washable pads

Age Group	Baseline	1 month	3 month
Overall	17%	56%	44%
Group A	19%	48%	14%
Group B	15%	56%	46%
Group C	21%	62%	59%



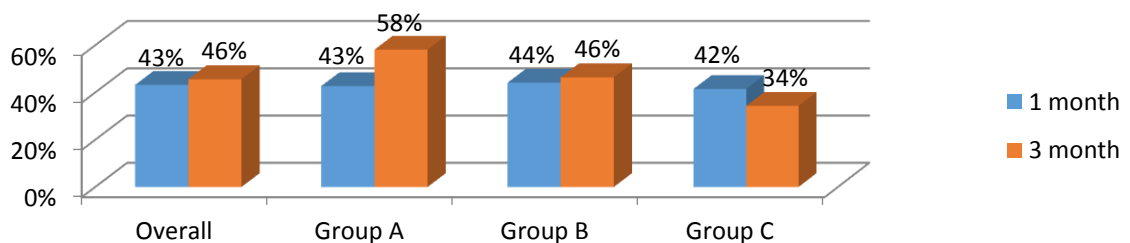
Reported restrictions during menstruation

Age Group	Baseline	1 month
Overall	36%	16%
Group A	35%	10%
Group B	38%	18%
Group C	32%	15%



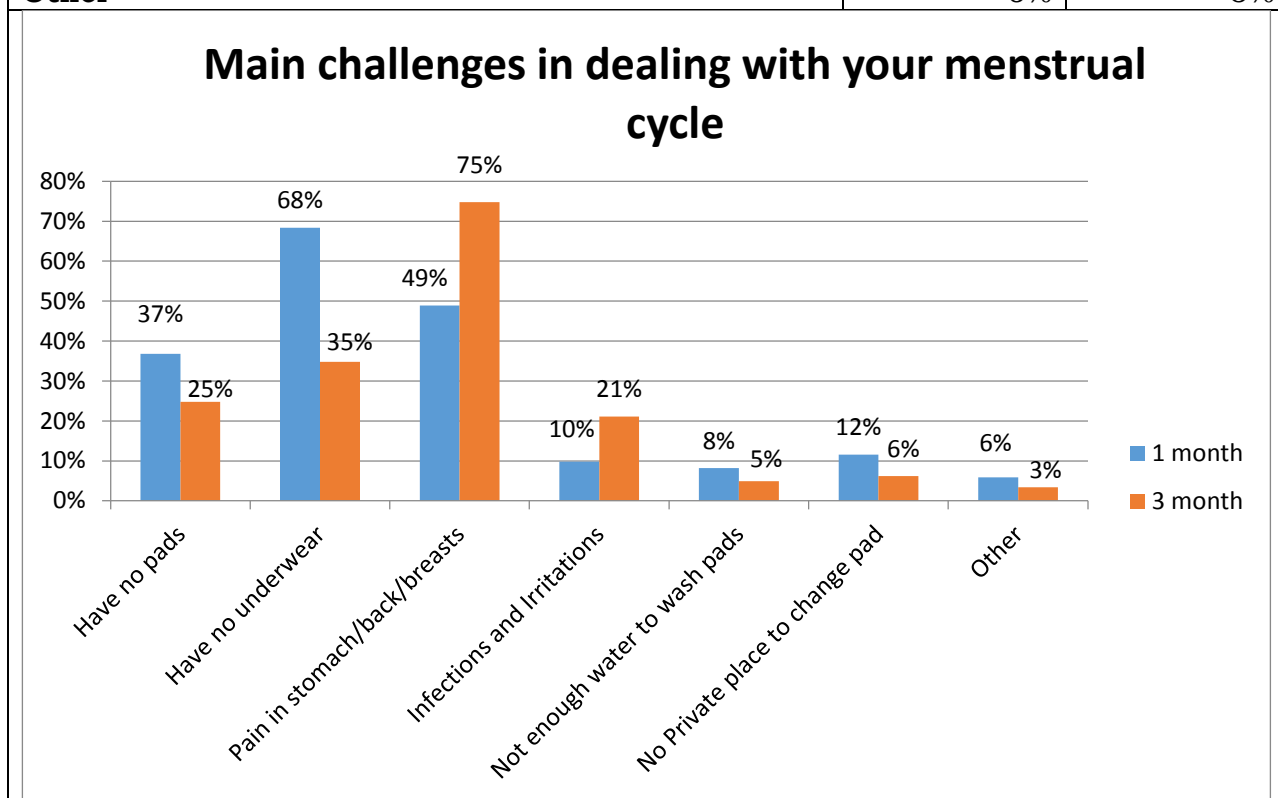
Overall how satisfied are you with the MHM Kit (Very Satisfied)

Age Group	1 month	3 month
Overall	43%	46%
Group A	43%	58%
Group B	44%	46%
Group C	42%	34%



Main challenges in dealing with your menstrual cycle

Challenge	1 month	3 month
Have no pads	37%	25%
Have no underwear	68%	35%
Pain in stomach/back/breasts	49%	75%
Infections and Irritations	10%	21%
Not enough water to wash pads	8%	5%
No Private place to change pad	12%	6%
Other	6%	3%



Kits preference between washable and disposable pads:

URCS distributed disposable pads in Arua districts and washable pads in Adjumani Districts. The data shows kits preference during baseline, 1-month post distribution and 3-month post distribution surveys. Overall, the 3-month post distribution survey revealed that 56% of the respondents prefer disposable pads compared to 44% who prefer washable pads.

- Kits preference for Group A (12- 17 years):** Preference for washable pads increased from 19% at baseline to 48% one-month post-distribution, then significantly decreased to 14% after three- months. On the hand, preference for disposable pads decreased from 76% at baseline to 50% one-month after distribution and then

increased to 86% three-month post distribution. These variations indicates the following:

- The characteristics of young people of discovering new things –in this case washable pads (whose preference among adolescents increased between baseline and one-month survey). This preference significantly decreased 3 months after distribution as they realized that they could not handle some of challenges of washing their blood, drying the pads among others.
 - Also because of their movements and daily routine, it was not easy for them manage washable pads, hence after three-month, they had realized it's better to use disposable pads than washable pads, leading to increased preference for disposable between one-month and 3-month survey.
 - Overall, Group A prefers disposable pads 86% compared to washable pads 14%.
- **Kits preference for Group B (18- 34 years):** The revealed Group B's preference for washable pads - 15% at baseline which increased to 56% at one-month and decreasing to 46% during three-month post distribution survey. 70% of respondents preferred disposable pads at baseline which decreased to 41% one-month after distribution and then increased to 54% three-months post distribution. This indicates the following:
 - There might have been a tendency of discovering of the pads among the younger women in the group hence the increase from 15% (baseline) to 56% one-month after distribution, while the more aged members in the group had a more constant preference - i.e. washable pads.
 - Also for disposable pads, decrease from 70% at baseline to 41% at one-month shows the tendency of discovering
 - Overall Group A preference is disposable 54% compared to 46% washable pads
 - **Kits preference for Group C (35- 50 years):** The data above shows Group C's preference for washable pads at 21% - baseline, 62% one-month after distribution, and 59% - three-month post distribution. For disposable pads, 68% of respondents preferred disposable pads during the baseline survey which decreased to 33% at one-month and then increased to 41% during the three-month post distribution survey.

Usage and acceptability

A higher level of satisfaction was generally reported for the MHM kit 2 (reusable) compared to the MHM kit 1 (disposable) among the adult women, while adolescent girls preferred disposable sanitary kit 1. The women supported kit 2 because the washable pads can be used for a longer time, they don't leak, and that even with or without money you can still keep using them (there is no ongoing cost for being able to manage your monthly periods).

50% of the women interviewed recommended that kits should have included a Kitenge/clothes used to wrap around their waist during menstruation. This is to ensure that even if menstruation starts when they are not aware, they will not be worried of being embarrassed of leakage through their clothes. Most women expressed that this was

the first time someone had talked to them about menstrual hygiene, and they were very grateful / happy with the education and information sessions provided. Many women did not know their own basic anatomy and reasons why they experience their monthly period.

MHM kit content



Results confirm the importance of having a comprehensive MHM kit which includes the various items needed for use with the specific type of pads (either disposable or reusable pads). Lack of sanitary pads was identified as one of the main issues that women and adolescent girls face in managing their monthly periods in Mongula refugee camp during the FDG. 38% identified the rope, bucket and pegs as very useful items for enabling proper washing and drying of the reusable pads. 29% used a plastic bag (as part of MHM kit A) which suggests that 72% considered the plastic bag as not being very useful or appropriate. All adolescent women and girls reported that the 2 packets of disposable pads were enough for one period (one month), while those who received washable kits recommended increasing the number to more than 5- pads and two holders since they got finished especially during rainy

seasons where it was revealed to be difficult to dry the pads.

Focus group discussion: Key findings:

1. PURPOSE OF FOCUS GROUP DISCUSSIONS:

- To get a detailed insight and understanding of the practices, challenges, perceptions and restrictions surrounding menstruation and menstrual hygiene in a South Sudanese refugee population in Uganda
- To get feedback from beneficiaries on the usefulness and preferences of menstrual hygiene items (disposable pads or re-usable pads)

2. TARGET POPULATION AND AREA

The MHM study project in Emergencies project is being implemented in Adjumani area, located in northern Uganda.

URCS distributed 2000 kits (1,000 of Kit 1 and 1,000 of Kit 2) of Menstrual Hygiene Management (MHM) for use in Emergency situations in Arua and Adjumani respectively.

The South Sudanese refugee population was identified as the target population due to their vulnerability, presence of Uganda Red Cross Society (URCS) who are currently

supporting the refugee population with emergency health, water, sanitation and hygiene, and tracing activities.

3. DETAILS OF FGDs CONDUCTED

Group	Age group	Description	Arua	Adjumani	Total
A	12 – 17 years	Adolescent girls who have begun menstruating	20	10	30
B	18 – 34 years	Menstruating women of general child-bearing age	10	10	20
C	35 – 50 years	Menstruating women prior to menopause, generally after child-bearing age	18	8	26

In Arua, 5- FGDs were held, (2- FGD for 12- 17 years and 2-FGD for 35-50years), while in Adjumani 3- FGD were held, one for each category. All the FGD were held under shade, with conducive and interactive environment where the women and adolescent girls freely discussed the issues without any influence. There were no men or adolescent boys around to disturb the sessions.

The FGDs were conducted by URCS professional volunteers from headquarters supported by two branch based female volunteers who spoke the local languages. The table in the annex section shows details of the FGDs per districts.

Observations by the FGD:

- π The number of pads received were few. They stated that they needed more, probably increase the number to 10.
- π The bathing soap was good.
- π The bathing soap was used to wash clothes as well.
- π They quality of the washable sanitary lads was good however they revealed to be too small for the elderly women.
- π Mothers above 35 years confirmed they got underwear, in big and small sizes however, the small size was for the kids and the big one was for them. The material was good quality, comfortable and the color was good.

Challenges from FGD:

- Some pads distributed by other partners prior to the MHM project were not as good as those distributed by Red Cross as women reported experiencing irritation while wearing those pads.
- Sustainability: The women have nothing to use after the pads they received are finished.

- Some women who were not present during distribution were not given the sanitary kits, hence they kept on complaining. Lack of proper sensitization of disposal of the pads as properly done for used pads, as they revealed throwing them in dustbins.

Recommendations from FGD

- The project should train the refugees to make the re-usable pads by themselves to be an-income generating activity while ensuring steady supply of pads.
- URCS should share the results of the project interventions with other partners in similar work.
- URCS should carry out periodical distribution to give women who didn't receive pads or girls who started menstruating after the initial distribution.
- URCS should design programs for continuous sensitization of the women on proper Menstrual Hygiene Management through dialogue forums.
- Increase the number of underwear given - at least 4, which should be bigger and longer in size
- More bathing and washing soap
- Provide a basin which they can use for bathing as well. The bucket is used for keeping the sanitary towels.

KEY INFORMANT INTERVIEWS (KII):

KII were carried out with OPM staff, Health facility staff, District officials, selected Beneficiaries, and URCS volunteer and staff. This was aimed at ensuring that information was gathered on how the baseline, distribution, one- month and 3-month follow up survey were carried out and to address any other issues for improvement of future project interventions.

OBSERVATIONS FROM KII:

- The attendance of public gatherings has increased; this could be attributed to the health education or sensitization given to the women thus encouraging them to be part of meetings and public gatherings without being afraid of anything.
- Generally, the refugee community and local community generally have good health services because they have partners handling health issues such as URCS, Medical International Team, UNHCR, Concern Worldwide, ACF, among others.
- Through the support of the District Health Center IV and Health Workers, the interventions have improved the health status of the community
- The kit has contributed positively to the lives women and girls in the camp. Most ladies say the kits content help them during the menstrual period
- Some women do not follow instructions, for example they use the buckets given for carrying sorghum after grinding while the bags for storing the pads were used for shopping.
- Mothers to educate children on menstrual hygiene. Also health talks on menstrual hygiene can be given at school

Challenges:

- For the school going ages, it was revealed that mothers do not inform them well on MHM and their schools do not have adequate attention to menstrual hygiene sensitization
- Because of poverty, parents cannot afford sanitary towels; some young girls stay at home and forego school.
- The schools do not accept the girls to dispose of their pads in the latrines because when it is time to empty them, it is hard to do it with pads in the latrine as a result the girls have to walk around with used pads until they go back home which poses a risk to infection.

RECOMMENDATIONS FROM KII

- Some of the women do not want to come to the health center for treatment of infection, as discovered from antenatal visit reports. The poor health seeking behavior is due to embarrassment and stigmatization.
- There need to be some mechanisms in place to supply the girls of school going age with pads
- The single distribution of kits is not good; sometimes without money it's hard to maintain usage of pads.
- The kit given to the women was very good, however sensitization of women and girls on the use of the kits contents should be strengthened for proper and effective use of the items given
- Partners should go beyond menstrual hygiene, URCS should consider locally procuring MHM kits and put pre-positioning them at health centers for pregnant mothers who cannot afford delivery kits

Challenges faced, recommendations and way forward

Challenges;

- In Arua, we had more number of women turning up during distribution than was planned for as the majority of populations in the settlement population are women and children. However this was solved by considering only those who were present at the time of registration.
- There were some few menstruating women (50- 52 years) who complained that they did not receive kits. Additionally, some women above 50 years wanted to be given some of the items in kit especially soaps and under wears - In Ocea settlement they tried to forcefully grab the items, but the local police intervened.
- The beneficiaries complained that the quantity of soap given was insufficient. The 350 grams of soap cannot last for some time given that other members of households are likely to use the soap; it is likely that the soap got finished before one experienced periods.

Recommendations/Way Forward

- More time and resources need be allocated for thorough sensitization of the targeted groups since it's hard to get targeted population within the short period.

- Because of continuous sporadic influx and subsequent family re-unifications in the settlements, targets continue to fluctuate almost on daily basis, hence there must always be a buffer stock to fill gaps for new entrants in the future planning for delivery of items for distributions.
- The good working relationship with the Refugee Welfare Council (RWC) and other partners ensured that the kits are given to the right people especially for those who left their attestation documents with neighbors.
- Emergency interventions should take into account the events and situations especially those that affect the refugees; There is need to give more items such as laundry soap in the kits as families/households usually share soap especially in emergency situations like this

LESSONS LEARNT:

- There was a complaints desk established in each cluster for easy registering, documenting and follow up actions on complaints on kits distribution and general issues affecting women and girls in the camp.
- In emergency situations, any kind of distribution will always raise expectations thus increasing the demand for the items much more than the planned supply.
- Involvement of community leaders and refugee welfare council members in any activity averts so many problems that might arise during the course of the activity implementation, more especially during distribution

Conclusions

This field trial of two different types of MHM Kits (kit 1 - disposable and kit 2- reusable) in south Sudanese refugee, demonstrated a concrete improvement in knowledge, hygiene practices and dignity following the distribution of MHM kits, and provides an evidence based for both MHM kits as an emergency relief item and for the importance of mainstreaming MHM aspects into sanitation, hygiene and water related emergency interventions.

Given the complex nature of interventions during emergencies including MHM which URCS has handled, there is a need to further field test the MHM kits in different emergency and cultural contexts. URCS, IFRC family and other humanitarian actors should continue to advocate for improvement of the health and dignity of women and adolescent girls in emergency contexts through addressing MHM.

This pilot operational research project provides the beginning of an evidence base for practical actions and a comprehensive relief item (MHM kits) that can improve menstrual hygiene management, dignity and health of adolescent girls and women in emergency contexts

Reviewed by

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Alex Onzima

Ag Director Health Social and Commercial Services

Approved by

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Robert Kwesiga

Secretary General

ANNEXES

a) Tools used during the survey

- Tool for conducting Focus group Discussion
- Tool for Conducting KAP- baseline survey
- Tool for conducting KPA- 1-month post distribution Survey
- Tool for conducting KPA- 3- Month post distribution Survey
- Tool for Conducting FGD – after 3- month post distribution survey
- Tool for Conducting Key Informant interview ‘
- Tool for conducting interviews for blog information.

SUMMARY OF DISCUSSIONS, BY AGE GROUP (ARUA)

Ref.1	Question / Information	Key discussion points		
		Group A (12 – 17 years)	Group B (18 – 35 years)	Group C (36 – 49 years)
A	Participants/Ethnicity / Situation in refugee camp	<ul style="list-style-type: none"> • All women and adolescent girls identified themselves as Kakwa, Nuba, Nuba, Nyari, Tutsi, Kikuyu, Kegikegi, Balesi, Moro and Dinka • All groups of women and adolescent girls were facing similar issues – they had fled from South Sudan one month ago due to internal conflict and fighting. They left in a hurry and carried only the most important personal items with them, as they generally travelled on foot most of the way. • Number of participants in each group (see table above, section 4) 		
B.1	Which type of MHM kit did you receive?	<ul style="list-style-type: none"> • All teenage girls reported receiving disposable kits and mentioned that it was their first time to use them. 	<ul style="list-style-type: none"> • They receive reusable kits • First time to use this type of kit 	We all received disposable kits and it was not the first time for us to use them.

¹ Refer to the Focus Group Discussion Guide (Uganda) for full questions and probing questions, for each specific identifying number [format: letter.number].

		<p>Two distribution were done;</p> <ul style="list-style-type: none"> - One under the appeal; and the other was under the MHM project - completed in Feb 9-11th, <p>Following the distribution guideline by OPM and UNHCR in Arua, one organization was mandated to carry out distribution of all items to the refugees. Also the items distributed were not marked, hence some members confused them to be from DRC not URCS</p>		
B.2	Which type of MHM kit would you prefer?	<ul style="list-style-type: none"> • They preferred disposable kit because they found re-usable pads hard to wash since they took a long time to get clean and caused delays in attending and returning to school. 	<p>Preference was given to disposable kits</p> <ul style="list-style-type: none"> • If reusable pads are not washed well they smell • Sometimes they take long to dry because they are not dried under the sun • In some cases they use wet pads because their menstrual period is long and ends up smelling 	<ul style="list-style-type: none"> • They prefer disposable pads because they are more comfortable than the re-usable pads
B.3	<p>After receiving the kit, has anything changed or do you do anything differently?</p> <p>For adolescent girls: Do you go to school when you have your monthly period? Was it any different for you during school once you had the kit?</p>	<ul style="list-style-type: none"> • The change reported was the feeling of comfort during periods which made it possible for the girls to attend school regularly. • At school, boys and girls have separate latrines though the privacy is not good due to lack of locks on the doors. • Also noted is the fact that they have to carry their pads in their school uniform pockets because their male classmates 	<p>They can freely go to public places unlike in the past (when they were using rugs) when they felt shy to be around other people</p>	<ul style="list-style-type: none"> • Yes, we now freely go to public places and attend meetings when called upon.

		may open their bags remove them and tease them which causes shame to the victim.		
C.1	Did you attend any information session when the kit was distributed?	<ul style="list-style-type: none"> • The URCS representatives in charge of distribution of the pads sensitized them on how to use the items in the kit as well as keep them clean. • They picked the kits by themselves except a few for stated that their mothers picked for them. 	<ul style="list-style-type: none"> • They got information about the kits from Red Cross staff that who were moving house to use sharing information. They were pleased with the information shared and benefited by learning how to use the pads 	<ul style="list-style-type: none"> • They were given menstrual hygiene education/sensitization which they found useful • They picked the sanitary towels themselves
C.2	Did you Understand what the Kit was for and how to use each item?	<ul style="list-style-type: none"> • They said that they understood how to use the items in the kit. For example soap was for washing their under wear, the underwear was to hold the pads. 	<p>Yes, they understood how to use the kits</p> <ul style="list-style-type: none"> • The buckets were used for bathing and washing the pads 	<ul style="list-style-type: none"> • They understood what each item was to be used for example – used pads should be thrown in the latrine.
C.3	Did you have any problems or difficulties using the pads?	<ul style="list-style-type: none"> • The one challenge mentioned was that some of the pads were big and very hard thus causing discomfort during use. 	<ul style="list-style-type: none"> • The material bruises them especially when used when it was damp • The dry pad coils and injures them when it is dry • They are not comfortable in some cases as leakage happens for women with heavy flow. 7 out of 10 women in this particular group 	<ul style="list-style-type: none"> • They complained that the material of the pads was hard and that they had no panties to wear with the pads.

			<p>interviewed experience heavy flows during their periods</p> <ul style="list-style-type: none"> • If not well placed, the pad may fall down. It happened to one person they know. 	
C.4	How did you wash and dry the pads?	N/A	<ul style="list-style-type: none"> • They washed in the bucket however; they think that a basin is much better because it has a wider space to wash the pads. • They have enough water however their challenge is washing soap it is not enough. • They wash immediately after changing the sanitary towel and pour the water in the latrine; however some pour the water in the bath shelter. • They dry the pads in the bathing shelter because in their culture, menstruation is a private matter not to be exposed to the public. 	N/A

C.5	How did you dispose of the used pad?	They remove the used pad and throw it into the pit latrine. One mentioned that it is actually easy to change while at school.	N/A	<ul style="list-style-type: none"> All women agreed that they throw the used sanitary towels in the pit latrine
D.1	We would like to know how useful each item was, and how you think it can be made better/ GENERAL – FOR ALL			
	Soap: How long did the soap last for? Did you like the type? Did it smell good or bad?	<ul style="list-style-type: none"> The bathing soap smells good It lasted for 1 month 	<ul style="list-style-type: none"> The soap is very small and does not smell good. It last about two days because they share it with their children 	<ul style="list-style-type: none"> The soap was good and it lasted about 3 weeks but they need more of the bathing soap to smell fresh.
	Under wear: Were they the right size? Did you like the color? Did you like the material? Were they comfortable?	<ul style="list-style-type: none"> The sizes of the underwear varied, however, they received two big and one small, though the big underwear was too big. The girls also mentioned that the material of the underwear given was too light thus ease in tearing . With regard to comfort, they were not comfortable while wearing the under wear. 	<ul style="list-style-type: none"> The underwear is comfortable Material is good The color is good Some are too small and others big 	<ul style="list-style-type: none"> They got underwear, in big and small sizes however, the small size was for the kids and the big one for them. The material was good quality, comfortable and the color was good.
	Instruction flyer: Did you read the information material? Did you understand the pictures and words? What could make it	<ul style="list-style-type: none"> The kit did not have a flyer 	<ul style="list-style-type: none"> They did not receive any brochures or flyers in the kits 	<ul style="list-style-type: none"> No brochures received

<p>better? What other information could be included?</p>			
<p>DISPOSABLE/DISPOSABLE PADS</p>			
<p>Disposable pads: How many monthly periods did they last for? Was it able to absorb your flow? Was the size of the pad ok?</p>	<ul style="list-style-type: none"> • On average, the pads lasted two months. • Some of the pads were big in size though. • They did not experience any leakage 		<ul style="list-style-type: none"> • They received 3 packets of pads and on average they lasted them 3 months, there were those that said the pads lasted two months. The absorption was good an no leakage
<p>Bucket: What did you use the bucket for? What would you prefer instead?</p>	<ul style="list-style-type: none"> • The girls mentioned that they used the buckets for washing and bathing. • They also highlighted that they preferred the buckets because they are easy to carry and keep clean. 		<ul style="list-style-type: none"> • The buckets we receive are currently broken, we prefer the metallic buckets, if URCS could provide those ones, they will be good.
<p>Plastic Bags What did you think the plastic bags were for? What did you use the plastic bags for?</p>	<ul style="list-style-type: none"> • According to the respondents, there were no plastic bags in the kits. 		<ul style="list-style-type: none"> • There were no plastic bags in the kit.
<p>REUSABLE / WASHABLE</p>			
<p>Wash cloth pads: Were the pads easy to use? Were the pads and holders enough? Were they comfortable to wear? Did you get any rubbing or irritation? Did they leak? Were they easy to wash? Did they dry quickly or did they take a long time to dry?</p>		<ul style="list-style-type: none"> • They are easy to use • It is easy to wash, takes long to dry because it is hang in the house or bathing area • It is uncomfortable to wear • Sometimes they get irritation from rubbing which stays until they complete the period. The 	

			<p>respondents revealed that they calm the affected/irritated areas using warm water</p> <ul style="list-style-type: none"> • They also experienced itching for 2-3 days after the period • On average they change the sanitary towel 3 times a week. Only one person said that because of her heavy flow she changes 6 times a day. 	
	<p>Laundry soap for cloth: How long did the laundry soap last? Was it good quality? Did it lather well? Did you wash other things with it?</p>		<ul style="list-style-type: none"> • The soap given is not good and does not lather well. They sometimes share it with their children. 	
	<p>Bucket: What did you use the bucket for? What would you prefer instead?</p>		<ul style="list-style-type: none"> • They use it to wash the pads however; they prefer a basin because it is wide enough. 	
	<p>Rope: What did you use the rope for? Where did you tie it? What would you prefer instead?</p>		<ul style="list-style-type: none"> • They did not receive 	
	<p>Pegs: Have you used the pegs? What would you prefer instead?</p>		<ul style="list-style-type: none"> • They did not receive 	<ul style="list-style-type: none"> • No pegs
E.1	<p>Do you think the water supply is good enough/adequate?</p>	<ul style="list-style-type: none"> • At home the water is enough because they have taps and boreholes though a bit far. 	<ul style="list-style-type: none"> • They have enough water to wash, bathe. They get the water from taps and boreholes 	<ul style="list-style-type: none"> • There is no adequate water supply for bathing and washing. They have one bore which they use and it

				is quite far from where they stay.
E.2	Do you think the toilets and bathing areas are good enough/adequate?	<ul style="list-style-type: none"> • They have latrines at school with separate facilities for boys and girls 	<ul style="list-style-type: none"> • Latrines are not adequate some have collapsed. • Some homes have no toilets and bathing areas. • For some bathing shelters, the water does not drain very well. The bathroom floods while bathing. 	<ul style="list-style-type: none"> • The latrines and bathrooms are ok but some people do not have access to them and use the neighbors facilities.
E.3	Do you think the rubbish pits are good enough/adequate?	<ul style="list-style-type: none"> • They have adequate rubbish pits and rubbish is burnt twice a week on Monday or Friday. 	<ul style="list-style-type: none"> • They did their own pit so they do not make them very deep. The pits fill in about a month and they burn and continue using them. The pits are generally ok 	<ul style="list-style-type: none"> • The rubbish pits are ok, and there is a specific place where they burn the rubbish once a week.
E.4	FOR ADOLESCENT GIRLS Are the toilet facilities at your school appropriate to deal with your menstruation?	<ul style="list-style-type: none"> • The school has latrines with separate facilities for boys and girls. However, the privacy is not good, because the doors have no locks so they have to request a friend to stand outside and watch while they are using the latrine. • The water supply at school is not adequate because the borehole is in the teachers' quarters. • Menstruating girls have to wait till lunch time to go back home to bathe 	N/A	N/A

F.1	<p>Did you get any irritation on infection while using Disposable pads? Did you get any irritation or infection while using the washable pads?</p>	<ul style="list-style-type: none"> • Some mentioned that they got itching. However, the itching may not be related to the use of the kits because they mentioned that when they squat while bathing, the water splashes on them causing infection. This phenomenon is more common in bathrooms that do not have good drainage. • When the itching happens, they visit the health center for treatment. 	<ul style="list-style-type: none"> • They reported irritation and itching after using the pads. • They think the material is the cause of the irritation because after washing, it hardens. • They use hot water and use it on the irritated areas. • They do not go to the health center because they feel ashamed to tell the health worker 	<ul style="list-style-type: none"> • They have no irritation or infection, the pad is good.
F.2	<p>What are the good hygiene practices while you have your monthly period?</p>	<ul style="list-style-type: none"> • They believe that it is good to bathe 3 times a day and also change 3 times a day • It is not ok to share the pads because someone may pass on infections • It is also not ok to wear a wet pad because it causes bruises. • They believe that one should seek medical attention in case of occurrence of infection. 	<ul style="list-style-type: none"> • In the morning, they bathe with hot water change the pad. • 8 out of 10 of the respondents said that women should bath and change their pads at least 3 times and day. • One person reported that their pads had been stolen • It is not good to share pads because they used them and secondly, they don't not want to get infections. • It is not good to wear wet pads though some 	<ul style="list-style-type: none"> • They should change at least 3 times a day and for those with a heavy flow - four times a day. • Bathing should follow the changing pattern, before someone changes they first bathe. • When one gets an infection, they should go to the health center.

			confessed that they have on some occasions.	
G. 1	What do you feel is the main difficulty or issue for you, in dealing with your monthly period?	<ul style="list-style-type: none"> The bathing area at school is not very clean because some pupils urinate and defecate there. This makes it very uncomfortable to use while at school so they opt to go back home. 	<ul style="list-style-type: none"> The pads become hard during the periods It is easy for the pad to fall if one is not careful They have no access to sanitary facilities e.g toilets and bathrooms They have no bathing and washing soap The underwear's are few 	<ul style="list-style-type: none"> They are ok
G.2	Do you have any other questions or things you would like to ask us?	<ul style="list-style-type: none"> More sanitary towels and underwear should be given. They should consider constructing a changing room which is different from the latrine and bathroom where the girls can change their sanitary towels since the boys follow them to the bathroom too. 	<ul style="list-style-type: none"> Red Cross gave a full bar of soap but the other organization (DRC/UNHCR) gave pieces of soap. 	<ul style="list-style-type: none"> Provide metallic buckets for them. Next time give them under wear which fits.

SUMMARY OF DISCUSSIONS, BY AGE GROUP (ADJUMANI)

Ref.	Question / Information	Key discussion points		
		Group A (12 – 17 years)	Group B (18 – 35 years)	Group C (36 – 49 years)
A	Participants/Ethnicity / Situation in refugee camp	<ul style="list-style-type: none"> All women and adolescent girls identified themselves as Dinka, Nuba, Bari, Kuku and Madi. The adolescents were from primary five and six All groups of women and adolescent girls recited the same situation – they had fled South Sudan one month ago due to internal conflict and fighting. They left in a hurry and carried only the most important personal items with them, as they generally travelled on foot most of the way. Number of participants in each group (see table above, section 4) 		
B.1	Which type of MHM kit did you receive?	<ul style="list-style-type: none"> They received the reusable kit and had never seen it or used it. 	<ul style="list-style-type: none"> Reusable kit and it was the first time to use it 	<ul style="list-style-type: none"> They received the reusable kit and they had never used it
B.2	Which type of MHM kit would you prefer?	<ul style="list-style-type: none"> They preferred disposable pads as they have wings and can stick to the under wear 	<ul style="list-style-type: none"> They prefer the re-usable pads since they can be used again which is not the case with the disposable 	<ul style="list-style-type: none"> They preferred the washable because they can recycle them, the disposable get finished and your left with nothing to use
B.3	<p>After receiving the kit, has anything changed or do you do anything differently?</p> <p><i>For adolescent girls: Do you go to school when you have your monthly period? Was it any different for you during school once you had the kit?</i></p>	<ul style="list-style-type: none"> The girls attend school more than usual. They carry their pads in the bags and make sure they move around with them if the boys get to see, they laugh at them They have separate latrines from boys 	<ul style="list-style-type: none"> They attend meetings more and can go anywhere during their periods which was not the case before 	<ul style="list-style-type: none"> Nothing has changed, they still attend meetings the same way they used to

		which they use for changing.		
C.1	Did you attend any information session when the kit was distributed?	<ul style="list-style-type: none"> • They had the health education talk and it was delivered to them by the senior woman teacher. They picked the pads themselves 	<ul style="list-style-type: none"> • They received information on how to use the kit which was beneficial to them 	<ul style="list-style-type: none"> • They did not get any information on the use of the kits. Chances are that they did not attend the sensitization session but were available during the time of distribution. • They picked the kits themselves
C.2	Did you Understand what the Kit was for and how to use each item?	<ul style="list-style-type: none"> • They properly understood how to use them 	<ul style="list-style-type: none"> • They understood well how to use each item in the kit for example they mentioned that they used the rope to hang the washed pads and the pegs to hold them 	<ul style="list-style-type: none"> • They were not sure how to use the pad but they guessed by looking at how it is made • Having missed the sensitization, they were not so sure, however, they asked fellow women who knew how to use the pad.
C.3	Did you have any problems or difficulties using the pads?	<ul style="list-style-type: none"> • One of the girls mentioned that when she used the pads for the first time, it caused itching and wounds. This is because she had not used this particular pad before. • There is no leakage, 	<ul style="list-style-type: none"> • The pads were good and the underwear as well 	<ul style="list-style-type: none"> • When the pad is washed well, there is no problem, you only find challenges of itching if it is not properly cleaned • Leakages are not common except for women with heavy flows

		the fabric is good		
C.4	How did you wash and dry the pads?	<ul style="list-style-type: none"> • They wash them using soap and water in the bucket. • Some people wash at night because they share the bathroom and do not want others to know. • They hang them in the bathroom and it can take about 2 hours to dry because the sun is not enough. 	<ul style="list-style-type: none"> • They wash them using the bucket in the bathing shelter and hang the sanitary towels there because they do not want anyone to see. 	<ul style="list-style-type: none"> • They use soap to wash the pads and pour the dirty water in the latrine. • They dry the pads in the bathing area and keep the dry pads in the bucket.
C.5	How did you dispose off the used pad?	N/A	N/A	N/A
D.1	We would like to know how useful each item was, and how you think it can be made better/			
GENERAL - FOR ALL				
	Soap: How long did the soap last for? Did you like the type? Did it smell good or bad?	<ul style="list-style-type: none"> • The bathing soap is good and smells good • It lasted for 3 weeks 	<ul style="list-style-type: none"> • They got bathing and washing soap which was good and they used it for one week. The bathing soap lasted about 3 weeks • They also used it to wash clothes for their children and it makes good lather 	<ul style="list-style-type: none"> • The soap was good, bathing soap took about 2 months and the washing 2 weeks. • They used it to wash clothes as well

<p>Under wear: Were they the right size? Did you like the color? Did you like the material? Were they comfortable?</p>	<ul style="list-style-type: none"> • Some were big and others small so they exchanged with each other to get fitting ones. 	<ul style="list-style-type: none"> • The underwear was ok, • The size was fitting • The material and color were good 	<ul style="list-style-type: none"> • They quality is good however they were small for the big people
<p>Instruction flyer: Did you read the information material? Did you understand the pictures and words? What could make it better? What other information could be included?</p>	<ul style="list-style-type: none"> • They understood the pictures however, they could not read the message because it was printed in Dinka language and some of them are not Dinkas and identified themselves as Nuba, Madi and Kuku. 	<ul style="list-style-type: none"> • They received the flyer and understood the information as well as the pictures 	<ul style="list-style-type: none"> • They got the brochure and understood the information and pictures.
<p>DISPOSABLE/DISPOSABLE PADS</p>			
<p>Disposable pads: How many monthly periods did they last for? Was it able to absorb your flow? Was the size of the pad ok?</p>	<ul style="list-style-type: none"> • 		<ul style="list-style-type: none"> •
<p>Bucket: What did you use the bucket for? What would you prefer instead?</p>	<ul style="list-style-type: none"> • 		<ul style="list-style-type: none"> •
<p>Plastic Bags What did you think the plastic bags were for? What did you use the plastic bags for?</p>	<ul style="list-style-type: none"> • 		<ul style="list-style-type: none"> •

REUSABLE / WASHABLE**Wash cloth pads:**

Were the pads easy to use? Were the pads and holders enough? Were they comfortable to wear? Did you get any rubbing or irritation? Did they leak? Were they easy to wash? Did they dry quickly or did they take along time to dry?

- The material is good and easy to wash and comfortable to wear.
- The 2 holders are not enough, they should get at least 3 of them

- The material of the washable pads was good, easy to wash and comfortable.
- They mentioned that the pad does not easily dry especially when hung in the bathing areas with limited sunshine.

- The pad is soft and good however, they leak because of heavy flows, they need a longer sized pad.

Laundry soap for cloth:

How long did the laundry soap last? Was it good quality? Did it lather well? Did you wash other things with it?

- Washing soap was of good quality and was lathering well. It lasted about 2 weeks

- The washing soap they used lasted them about one week. It was goods and would lather well when used for washing. They also used the soap to wash clothes for their children

- The laundry soap was good and it lathers well
- It took them about two weeks
- Yes, they washed their children's clothes with it

Bucket:

What did you use the bucket for? What would you prefer instead?

- The bucket is used for washing and storing the pads, however, they prefer a bigger size

- They used the bucket to wash the pad and underwear
- The bucket is too small, they cannot bathe in it

- The bucket is used for washing the used pad and also keeping them when dry.

Rope:

What did you use the rope for? Where did you tie it? What would

- The ropes were good for hanging and preferred them other than hanging on the

- They tied the ropes in the bathrooms and hang the pads there however, some did not

- The rope is used to hang the pads and its ok

	you prefer instead?	ground to risk the pads being blown by the wind	get ropes	
	Pegs: Have you used the pegs? What would you prefer instead?	<ul style="list-style-type: none"> The pegs were also ok 	<ul style="list-style-type: none"> The pegs were ok and they used them to hold the pads 	<ul style="list-style-type: none"> The pegs hold the pads onto the ropes
E.1	Do you think the water supply is good enough/adequate?	<ul style="list-style-type: none"> The water is enough and is within the area where they stay. They have never been without water. They have no water at school so they have to go back home and bathe at lunch time. 	<ul style="list-style-type: none"> At Orongwa village (block D), they have one borehole, the water is not good. The water is brown and not good for cooking. The option they have is to fetch water from another block which is a bit far. 	<ul style="list-style-type: none"> The water is enough for blocks A,B,C but D has no water. The borehole is not properly functioning. They need more water and currently are fetching from a borehole with many people. Block B has 3 boreholes therefore, they have more water.
E.2	Do you think the toilets and bathing areas are good enough/adequate?	<ul style="list-style-type: none"> One pupil mentioned that the bathroom at her home does not drain well They keep pads in their bags because they don't want the boys to see them. Sometimes when at school, they ask the Senior woman teacher for water to wash their used pads. They place the used pads (washable) in the bag and take them 	<ul style="list-style-type: none"> In Orongwa village (Block D), some homes are sharing one pit latrine. If the neighbor is using the latrine, other people have to wait which is very inconveniencing The drainage of the bathing area is good 	<ul style="list-style-type: none"> The toilets and shelters are available but some homes do not have some. They share with their neighbors Those who can afford request the host community to dig for them and they pay them

		home for washing and drying (to another location).		
E.3	Do you think the rubbish pits are good enough/adequate?	<ul style="list-style-type: none"> The rubbish pits are ok 	<ul style="list-style-type: none"> They have rubbish pits but depending on the usage, they could fill so fast. They burn rubbish at least once a week. They just have to keep checking the pit 	<ul style="list-style-type: none"> They have a rubbish pit which they burn every week. When the pit fills they bury it and dig a new one
E.4	<p>FOR ADOLESCENT GIRLS</p> <p>Are the toilet facilities at your school appropriate to deal with your menstruation?</p>	<ul style="list-style-type: none"> The latrines and bathrooms at school are good and they drain well Girls latrines are separated from those of the boys 	N/A	N/A
F.1	Did you get any irritation on infection while using Disposable pads? Did you get any irritation or infection while using the washable pads?	<ul style="list-style-type: none"> Itching and irritation happened because it was the first time they used the pads. Previously they had been using disposable pads (always) They did not do anything about the itching; one mentioned that she shared the issue with her mother who told her that it happened because she 	<ul style="list-style-type: none"> They have no infections 	<ul style="list-style-type: none"> No infection at all

		<p>was a first time user.</p> <ul style="list-style-type: none"> • She didn't go to the health center and later the itching stopped 		
F.2	What are the good hygiene practices while you have your monthly period?	<ul style="list-style-type: none"> • Someone should bathe 3 times a day and change after bathing to keep clean • It is not good to share pads because it can cause infections. • It is not good to wear wet pads because they are uncomfortable 	<ul style="list-style-type: none"> • They should bathe and change 3 times a day • In case of any infection, one should visit the health center • It is not good to share pads because of risk of infection • They think it is not good to wear wet pads because you will be uncomfortable and you cannot go to public places. 	<ul style="list-style-type: none"> • Bathe 3 times a day and change the sanitary towel after bathing • It is not good to share pads, in case someone has a disease like hepatitis B they can transmit it to you • It is not good to wear wet pads because they make you smell and because they are already wet they can cause leakage.
G. 1	What do you feel is the main difficulty or issue for you, in dealing with your monthly period?	<ul style="list-style-type: none"> • Lack of access to pads and soap 	<ul style="list-style-type: none"> • Lack of enough pads • The soap is not enough because some people take long in their periods 	<ul style="list-style-type: none"> • The number of pads they receive is small. They need more, probably increase the number to 10.
G.2	Do you have any other questions or things you would like to ask us?	<ul style="list-style-type: none"> • Bring more kits • More soap and smearing oil • Some of them have very painful periods, is it possible to bring some pain killers too. • They want some more under wear (petty coats and bras) 	<ul style="list-style-type: none"> • Increase the number of under wear given to 3-4 • Add 5 more pads to make the number 10 • Is it possible to give periodic supply because the periods are constant? • Red Cross should 	<ul style="list-style-type: none"> • Make a bigger and longer sized pad • Increase on the number of underwear given to at least 4 • Give more bathing and washing soap • They want a basin which they can use for bathing as well. The bucket is used for keeping the sanitary towels

			consider supply	bi-monthly	when not in use
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KEY INFORMANT INTERVIEWS:

NO	Question	Response
1	Have you heard about the MHM project that is being supported by URCS? Briefly describe the project and how it has affected the beneficiaries). Data to support the statement	<ul style="list-style-type: none"> • URCS gave kits to young girls of school going age, the distribution of the kits was done at the schools and some of the items given included pads, buckets, soap among others. • The attendance of public gatherings has increase; this could be attributed to the health education or sensitization given to the women thus encouraging them to be part of meetings and public gatherings without being afraid of anything.
2	Have you seen or noticed any changes (increase or decrease) infections related to menstrual hygiene, UTIs, STIs or menstrual hygiene at the health facility? how can we prove your statement	<ul style="list-style-type: none"> • Previously, infections were high especially UTI-however there are no clear records that show the change in infection rates. In the past year about 10 cases were recorded in the register at the maternity area. • Some of the women do not want to come to the health center for treatment of infections, all these are discovered when they go for antenatal visits • The poor health seeking behavior is because they are ashamed.
3	What are the challenges and opportunities in addressing menstrual hygiene issues in the community?	<p>Challenges</p> <ul style="list-style-type: none"> • For the school going ages, mothers do not instruct them well yet their schools do not have adequate attention for menstrual hygiene sensitization • Because of poverty, parents cannot afford sanitary towels, some young girls stay at home and forego school <p>Opportunities</p> <ul style="list-style-type: none"> • Use the existing structures to educate the community in particular mothers should instruct children on menstrual hygiene • Health talks on menstrual hygiene can be given at school

4	What are the recommendations for improving menstrual hygiene in the community? (e.g. more education sessions/improve access to information on MHM to communities etc?)	<ul style="list-style-type: none"> • More health education for communities especially mothers • Supply the girls of school going age with pads • The water source at school is only one therefore it is hard for the girls to access them at break time because of congestion with other children. • Bathrooms at school should have water supply • The schools do not accept the girls to dispose of their pads in the latrines because when it is time to empty them, it is hard to do it with pads in the latrine as a result the girls have to walk around with used pads until they go back home which poses a risk to infection.
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Interview responses for Beneficiary in Arua

NO	Question	Response
1	Brief background (any family, children, how long she has lived here)	<ul style="list-style-type: none"> • Angelina aged 19 years moved from Yei with her family because of conflict in December 2014. She has lived in the camp for 10 months.
2	How do you feel about the MHM project and the Kit that you received/how has it changed your life?	<ul style="list-style-type: none"> • Angelina is among the few individuals who have access to sanitary towels (disposable pads). She still believes that the project is good and has been of benefit to them • She mentions that her fellow students can now go to school with ease.
3	What did you use before the MHM kits were distributed?	<ul style="list-style-type: none"> • Originally, I was using disposable pads
4	Where do you/did you get information on menstrual hygiene?	<ul style="list-style-type: none"> • The information is got from school. Sometimes health workers go to school and sensitize them, including some other people of whom she is not sure of.
5.	What challenges did you have while using the items in the kit? <ul style="list-style-type: none"> • (Plastic bucket, disposable, washable, plastic bags, rope, 	<ul style="list-style-type: none"> • The long pads that they received last month sometimes fell down and leading to embarrassment because it had no sticky edges told the sanitary towel onto the under wear

	<p>pegs, soap (laundry), bathing soap, underwear, IEC materials)</p> <ul style="list-style-type: none"> Challenges in terms of access to water and safe place to wash, dry and change 	
6	<p>Recommendations</p> <ul style="list-style-type: none"> Anything you would like added or changed what could be done to improve the kit 	<ul style="list-style-type: none"> The single distribution of kits is not good; sometimes without money it's hard to maintain usage of pads. They should add under wear together with the pads, the last time there were no underwear

Interview response for Assistant Settlement Camp Commandant (OPM)

NO	Question	Response
1	Briefly explain the health status and welfare of the South Sudan refugee being hosted in the camps (Rhino camp/Mungula camp)	<ul style="list-style-type: none"> Generally, the refugee community and local community has good health because they have partners handling health issues such as URCS, Medical International Team, UNHCR, Concern Worldwide, ACF, among others. With the support of the District Health Center IV and Health Workers, the interventions have improved the health status of the community.
2	Have you heard about the MHM project? In your view how has this project intervention contributed to the lives of refugees (positive & negative)	<ul style="list-style-type: none"> The kit has contributed positively to the lives women and girls in the camp. Most ladies say the kits content helps them during the menstrual period Some women do not follow instructions, for example they use the buckets given for carrying sorghum after grinding while bags for keeping the pads are used for shopping.
3	How is your experience in Working with MHM project (by URCS or other partners?)	<ul style="list-style-type: none"> He was not directly involved in the implementation because of the other activities that he had to do; however, he monitors general activities happening in the camp. He interacts with partners because they have to go through the OPM before implementation of any projects and the community to get feedback.
4	How the project interventions were supported/ integrated with	<ul style="list-style-type: none"> I have witnessed partners come together for dialogues especially on health related issues

	partner's interventions?	
5	What main challenges related to menstrual hygiene are being faced by the refugees (comparing from their time of coming to Uganda to-date)	<ul style="list-style-type: none"> • In the beginning they did not have bathing areas and latrines which was an inconvenience however; latrines were constructed for the most vulnerable people identified by the community. The identification of the most vulnerable was done by the refugee welfare council, block leaders together with the communities. They carried out a Joint assessment of people with special needs (PSN), recommendations guided which family/community was constructed for/received a latrine or bathing area • There are some water points (2-boreholes) which refugees share with the local community, these have been a source of conflict, but it is being managed.
6	<p>Recommendations</p> <ul style="list-style-type: none"> • Anything you would like added or changed <p>what could be done to improve the kit</p>	<ul style="list-style-type: none"> • The kit given to the women was very good, however sensitization of women and girls on the use of the kits contents should be strengthened for proper and effective use of the material given • Partners should go beyond menstrual hygiene, URCS should consider helping with MHM kits and put them at the health centers for pregnant mothers who cannot afford delivery kits

Interview with the chairperson of the refugee welfare committee – Ocea cluster in Rhino camp, Arua District

NO	Question	Response
1	Briefly explain the health status and welfare of the South Sudan refugee being hosted in the camps (Rhino camp- Ocea cluster)	<ul style="list-style-type: none"> • The general refugee status is relatively good; there is major health incident that can cause concern of the existing population. • Regarding the project, I have heard some concerns though without medical proof. Concerns raised include itching as a result of using the pads. However it has to be noted that most of our women do not want to go for medical checkup, or maybe used pads when still wet or other hygiene issues that might be the cause.
2	Have you heard about the MHM project? In your view how has this project intervention contributed to the lives of refugees (positive & negative)	<ul style="list-style-type: none"> • There is no more shame, the women are not afraid to go to public places and speak about their menstrual issues including carrying out sexual education to their children. • Increase attendance of school by the young teenage girls unlike in the past, whenever the girls were on their menstruation period, they could not go to school.

3	How is your experience in Working with MHM project (by URCS or other partners?)	<ul style="list-style-type: none"> • URCS followed the guidelines established by UNHCR and OPM very well which facilitated the process of distributing the kits plus making the required follow-ups. The quality of pads distributed by URCS was good
4	How the project interventions were supported / integrated with partner's interventions?	<ul style="list-style-type: none"> • Joint distribution of pads was done by DRC & URCS which was a good strategy. URCS volunteers conducted the exercise of distributing the kits in professional manner making the project implementation a success.