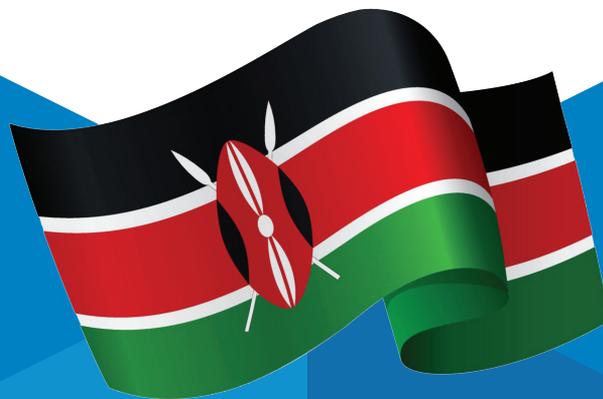


REPUBLIC OF KENYA



MINISTRY OF HEALTH

# MENSTRUAL HYGIENE MANAGEMENT POLICY



2019-2030



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2019-2030



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## Foreword

Sanitation and hygiene occupies one of the most important spaces in Kenya's constitution, our overarching policy framework, the Kenya Vision 2030; and our collective global sustainable development agenda.

In all these spaces, one thing is clear, that it is our collective duty and responsibility to first, ensure that every person has sustainable access to clean, safe, adequate and equitable water, sanitation and hygiene services; second, to contribute towards an open defecation free environment and third, ensure clean and healthy environment for all that is free from public nuisances and with reduced threat to indiscriminate disposal of waste. Essentially, the aforementioned represent not just mere aspirations but preconditions for the transformation of Kenya into an industrialized middle-income country that will provide a high quality of life to all citizens in a clean and secure environment.

The Kenya Menstrual Hygiene Management Policy is an outcome of a situation analysis done as a precursor to its formulation. The Situational Analysis revealed gaps in knowledge about menstruation, compounded by taboos, myths, stigma surrounding the normal biological process of menstruation. This policy takes cognizance of devolution of sanitation functions and services to the 47 county governments in Kenya. As a result of nationwide consultations and validation meetings, this new policy takes a rights-based approach and redirects our efforts towards achieving the Kenya Vision 2030 and the Sustainable Development Goals (SDGs).

Further, this policy seeks to ensure that myths, taboos and stigma around menstruation are addressed by providing women, girls, men and boys with information on menstruation. This knowledge will facilitate in breaking the silence around menstruation, ensure that women and girls menstruate in a safe and hygienic environment and that menstrual waste is properly disposed.

Finally, it is envisaged that this policy will provide a critical reference to all agencies, both public and private that are, or will be, actively working towards achieving SDG 6.2 by ensuring that by 2030, Kenya pays special attention to the needs of women and girls and those in vulnerable situations through Menstrual management focused interventions. To ensure its effective execution, a Kenya Menstrual Hygiene Management Strategy has been prepared.



**Sicily K. Kariuki (Mrs.), EGH**

Cabinet Secretary  
Ministry of Health

# Preface

The Kenya Menstrual Hygiene Management Policy (2019-2030) marks a milestone in the Country's movement towards universal access to improved sanitation and hygiene and a clean and healthy environment in the wake of the new Constitution of Kenya 2010 and the adoption of the 2030 Agenda for Sustainable Development on 25th September 2015. In developing this policy, the Ministry has taken cognizance of the new governance structure in the country anchored on the devolution of both political and economic power to 47 counties. The new dispensation requires not just a shift in our approach to doing sanitation and hygiene business but also new forms of engagement with partners within the new devolved system of government. The Government therefore understands the importance of engaging all stakeholders if we are to enable girls and women to enjoy their rights to high quality sanitation and hygiene services.

The Government through the Constitution 2010 and the Kenya Vision 2030 has created an enabling and secure environment for all stakeholders to contribute towards making a reality, our collective aspiration to enable every Kenyan, including women and girls enjoy high quality of life in a clean, secure and healthy environment.

The mission of this policy is to ensure that all women and girls in Kenya can manage menstruation hygienically, freely, with dignity without stigma or taboos, and with access to: the right information on MHM; menstrual products, services and facilities; and to safely dispose of menstrual waste.

To achieve this, the policy will focus on five key objectives as follows

**Policy Objective 1:** To establish an enabling legal and regulatory environment for MHM at both national and county levels.

**Policy Objective 2:** To ensure that myths, taboos and stigma around menstruation are addressed by providing women, girls, men and boys access to information on menstruation.

**Policy Objective 3:** To ensure women and girls have access to safe and hygienic menstrual products, services and facilities.

**Policy Objective 4:** To ensure a clean and healthy environment for all Kenyans through appropriate technology choices for menstrual waste management and pollution control.

**Policy Objective 5:** To establish a functionally effective monitoring, evaluation, research and learning framework for MHM in Kenya hence, ensure maximum accountability in policy implementation at all levels.

In conclusion, I call upon all likeminded stakeholders to join hands with the Government to ensure that girls and women menstruate with dignity by implementing this policy.



**Susan N. Mochache, CBS**

Principal Secretary  
Ministry of Health

# Acknowledgement

This Kenya Menstrual Hygiene Management (MHM) policy is the result of joint efforts, contributions and guidance of Ministry of Health, Ministry of Education, the Environmental Sanitation and Hygiene Inter agency Coordinating Committee (ESH-ICC), all Technical working groups. Hygiene Promotion Technical working group is acknowledged for its leadership of the policy development process.

Gratitude for the invaluable contributions of the Consultants, Dr Felix Kioli, Dr Karen Nyagara and Job Wasonga all from Maseno University and their able technical facilitation of the process of development of this policy.

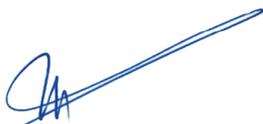
Many thanks to Jackson Muriithi, Deputy Director, Public Health who provided leadership throughout the entire process, special thanks to Adam Ali, Janet Mule, Benjamin Murkomen, and Ibrahim Basweti. The Ministry also wishes to acknowledge with deep gratitude the contribution of key members of the ESH-ICC and partners including Agnes Makanyi and Maya Igarashi Wood (UNICEF), Samson Shivaji (KEWASNET), Tobias Omufwoko and Mercy Miriti (WAK), Archana Patkar, Virginia Kamowa PhD and Neville Okwaro (WSSCC), Adrian Dongus (AfriPads), Beverly Mademba (WASH UNITED), Irene Gai and Catherine Mwangi (KWAHO), and Barnet Walema of Ministry of Education.

Special thanks to the Private sector and non-governmental organizations including Afripads, Huru International, Zana Africa, Grow and Know, Ruby cup and Real Relief.

Further, the Ministry of Health on behalf of the people of Kenya is grateful to UNICEF and WSSCC for providing financial support to the policy development.

We recognize members of TC 069-Towels, Medical Textiles and Hygiene products working group under the auspices of Kenya Bureau of Standards for their invaluable input towards this policy.

Lastly, we highly appreciate all the counties for your contribution to this policy during the public participation meetings.



**Kepha Ombacho, PhD, FAIPH, MBS**  
Director Public Health  
Ministry of Health

# Acronyms/Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CBO	Community Based Organization
CHWS	Community Health Workers
CRC	Child Rights Convention
DPS	Development Partners
EHS	Environmental Health and Sanitation
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GSAEP	Global Sanitation and Environmental Programme
HIV	Human Immunodeficiency Virus
ICC	Inter Agency Coordinating Committee
IEC	Information Education and Communication
JMP	Joint Monitoring Programme
KEBS	Kenya Bureau of Standards
KHSSP	Kenya Health Sector Strategic and Investment Plan
KIRDI	Kenya Industrial Research Development Institute
KMHMS	Kenya Menstrual Hygiene Management Strategy
KWAHO	Kenya Water for Health Organization
LMIC	Low- and Medium-Income Countries
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MHM	Menstrual Hygiene Management
MOE	Ministry of Education
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NEMA	National Environmental Management Authority
NGOs	Non-Governmental Organizations
NMHMP	National Menstrual Hygiene Management Program
PESTEL	Political, Economic, Social, Technological Environmental and Legal
PHOS	Public Health Officers

SAGAs	Semi-Autonomous Government Agencies
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
SWAP	Sector Wide Approach to Planning
SWOT	Strengths, Weaknesses, Opportunities and Threats
TOTS	Trainer of Trainees
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
UTI	Urinary Tract Infections
VHC	Village Health Committee
VIP	Ventilated Improved Pit latrine
WASH	Water, Sanitation and Hygiene
WSSCC	Water Supply and Sanitation Collaborative Council
WATSAN	Water and Sanitation
WHO	World Health Organization

# Glossary/Definition of Terms

**Adolescents:** The policy defines these as persons aged between 10 and 19 years.

**Adolescent girls:** Adolescence describes the transitional period between childhood and adulthood, Girls aged 10 to 19 are adolescents.

**Age Appropriate:** The suitability of information and services for females targeted by this policy, generally those between the ages of 13 and 54 years old.

**Biodegradable; compostable,organic materials:** A substance or object that is capable of being decomposed by bacteria or other living organisms and thereby avoiding pollution.

**Female Friendly Facilities:** Menstrual Hygiene Management facilities in public spaces and private households that are designed and maintained in ways that are responsive to specific needs and desires of females.

**Hygiene:** A set of practices associated with the preservation of good health and healthy living. It consists of behaviours related to the safe management of human waste, such as handwashing with soap or the safe disposal of sanitary products. Good hygiene involves keeping oneself and one's surroundings clean, especially in order to prevent illness or the spread of disease. It therefore infers cleanliness relating to good health.

**Life Skills Education:** A structured program of needs and outcomes based participatory learning that aims to increase positive and adaptive behaviour by assisting individuals to develop and practice psycho-social skills that minimize risk factors and maximize protective factors. Life skills education programs are theory and evidence based, learner-focused, delivered by competent facilitators and are appropriately evaluated to ensure continuous improvement of documented results.

**Menarche:** The first occurrence of menstruation.

**Menstrual absorbent:** A sanitary cloth, napkin, towel or pad is an absorbent item worn by an adolescent girl or woman when she menstruates. The material absorbs the flow of blood from the vagina.

**Menstrual Health:** A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the menstrual process.

**Menstrual Management Materials and Products:** Materials and products including disposable and reusable sanitary pads, tampons, and reusable menstrual cups, clean piece of cotton cloth or cotton wool, are safe and hygienic, absorb or collect blood during menstrual period.

# 1.0 Introduction

According to the 2019 Population and Housing Census, the population of Kenya is 47,564,296 and that of females is at 24,014,716 which is 50.5 percent of the population. This means that a significant number of women and girls in Kenya menstruate every month. They therefore face daily challenges related to inadequate, unsafe and inappropriate sanitation and hygiene. This is further exacerbated every month when they menstruate and need to wash, bathe and change the used sanitary pads, more often in privacy, with adequate water, spaces for changing, washing, drying and disposal of menstruation items. This biological phenomenon has been accorded a low profile leading to a wide range of negative impacts on girls, women, families, the economy and the environment. A lack of adequate guidance on Menstrual Hygiene Management (MHM); poor quality and inadequate supply of water, disposal facilities, and privacy for changing in many schools continues to leave girls with limited options for safe and proper personal hygiene (Alexander et. al, 2014). In addition, a lack of adequate sanitary hygiene products forces some girls to use un-hygienic materials, potentially increasing urogenital infections. New but limited evidence also suggest that this need leads adolescent girls to engage in transactional sex in order to buy menstrual products (Phillips-Howard et. al, 2016).

## 1.1 Situational Analysis

Menstrual Health is a multi-sectoral issue that forms a critical component of sanitation, education, health, decent work and well-being. Studies conducted in low and middle-income Countries indicate that women and girls face several challenges relating to information access about menstruation, affordable and appropriate sanitary products, poor sanitation facilities and lack of proper avenues for disposal of menstrual waste (Sommer et al., 2016; Chandra-Mouli & Patel, 2017). This situation is compounded by taboos and cultural practices that accompany the discussion of sexuality in general and menstruation in particular. The 'culture of silence' surrounding the topic of MHM stifles women and girls' ability to express their sexuality and hinders their participation which is a fundamental human rights principle. Women's and girls' voices are indispensable to ensuring that their needs are understood and prioritized. This includes material and privacy requirements for menstrual hygiene management. Policies and special measures need to be adopted to tackle gender inequalities in practice and strengthen women's voice and participation.

### 1.1.1 Information, Knowledge and Awareness on Menstruation

A situation analysis study commissioned by the Ministry of Health (2016) as a step towards developing an MHM policy revealed that the median age for menarche in Kenya stands at 14.4 years. Information about menstruation is received from mothers, 87.7% and from teachers, 15.5%. However, while parents remain the primary source of information, they are mostly concerned with ensuring that their daughters avoid child and teenage pregnancy. Minimal attention is given to menstrual health and hygiene with adolescent girls and boys reporting that it is shameful to discuss menstruation. The myths perpetuated by this silence and stigma results in shame and confusion, poor hygiene during the menstrual period, incidence of urinary tract and vaginal infections, absenteeism from school and work and a sense of poor self-worth that persists long after menstrual period. Almost half of Kenyan women and girls interviewed

believed that it was not correct to talk about or discuss menstruation and more than half believed that menstrual blood contained harmful substances.

### **1.1.2 Knowledge of and Access to Menstrual Management Products**

Currently, there are broad variations in what products females use, the most common materials are store bought sanitary products. According to the situational analysis, 46% of the population in rural areas use disposable sanitary pads compared to 65% in urban areas, while 6% in rural areas use re-usable sanitary pads compared to 3% in urban areas. The study further showed that 20% in rural areas use either toilet paper, pieces of blankets or cloth or all other natural materials compared to 19% in urban areas. The study further showed that 54% of Kenyan girls faced challenges with access to MHM products, with 22% of school-going girls indicating that they purchased their own sanitary products. This raises troubling questions of how they are able to afford these products.

Studies have indicated that up to 65% of women and girls in Kenya cannot afford sanitary pads (Afri-Can, 2015). Since commercial sanitary products are highly valued, some girls without access will resort to (or are coerced into) having sex to pay for sanitary products. For example, in Western Kenya, 10% of young adolescent girls admitted to transactional sex for pads (Phillips-Howard et. al., 2015). If women and girls are well informed about pre-menarche, understand their bodies, can access the correct information without shame, they will choose products based on their needs and economic capacity. They will also create demand for the kinds of products they would prefer and drive the market to invest in linked research and development, packaging or better affordability.

### **1.1.3 MHM in Learning Institutions**

There are over 28,362 primary and 8,625 secondary schools in Kenya respectively with a student population of over 11,869,138 learners (MOEST, 2014). Out of this population, there are about 4,059,000 whom are adolescents and are likely to face the challenges related to MHM. Findings of a study done in Western Kenya revealed that WASH conditions in the majority of rural Kenyan primary schools are insufficient for the MHM needs of menstruating girls. It further stated that sub-optimal WASH conditions in schools may hinder girls' ability to concentrate in class, attend school when menstruating, or at worst dropout of school completely (Alexander, et al., 2014).

According to the situational analysis report, in many schools and communities, water and sanitary facilities were found to be a challenge with only 24% reporting adequacy of sanitary facilities. It further showed that 18% of learning institutions had water in the taps near the toilets, as well as hand washing facilities and soap. Most schools, 82% had water closets but did not have running water in the toilets. In terms of sanitary products provision, about 30% of the schools sampled, provided sanitary pads for their students, but in most instances the sanitary pads were only provided for emergencies. In many households' water is ferried from tanks and storage containers, while many urban households have to purchase their water from vendors. These statistics give a basic picture of functionality without linked information on cleanliness, lockable doors, lighting and privacy, suitability for washing, changing and safety. Girls report their reluctance to use school toilets and women to use toilets while travelling, while in the market or at work.

### **1.1.4 Safe Disposal of Menstrual Waste**

Disposal of menstrual hygiene products is not only a waste management problem, but a health issue as well. Poor disposal of menstrual products may act as a breeding ground for infections and diseases. Stagnant menstrual blood accumulates bacteria such as E.coli which may cause serious health problems (Plummer, 2017). According to the situational analysis, disposal of sanitary products is carried out in different ways in Kenya, 65% of the rural population dispose their sanitary products in a pit latrine compared to 50% in urban setups. Disposal through garbage collectors was 39% in urban and 22% in the rural areas whereas crude burning was 2% in urban and 6% in rural settings. Generally, most schools and families use pit latrines to dispose off the menstrual hygiene products. The study further found that in urban areas, garbage was either collected, 38% or thrown into a rubbish pit 9%. The Kenya Environmental Sanitation and Hygiene Policy 2016 - 2030 explicitly emphasizes on the need to ensure that appropriate mechanisms are put in place for safe collection and disposal of menstrual waste.

## **1.2 The Rationale of the Kenya Menstrual Hygiene Management Policy**

The Kenya MHM Policy's rationale is to enhance the MHM status of women and girls in Kenya and to contribute towards the realization of their full potential in National development. This policy also intends to highlight MHM as a rights issue and bring it into the mainstream of health and development. The policy examines the prevailing social, economic, cultural and demographic context of MHM for women and girls including its implications for the consequences to their health and development. As a complement to sector-specific Policies and Programs, it defines structures and key components of MHM to facilitate its mainstreaming in all sectoral planning activities.

In addition, the Policy has outlined principles, objectives, priority areas and actions for MHM in Kenya. The management and coordination, provision of MHM services, roles and responsibilities of various sectors and stakeholders, research and utilization of evidence-based interventions as well as monitoring and evaluation are spelt out in the policy implementation framework section.

The focus of the MHM Policy is to guarantee all Kenyan women and girls' fundamental rights and freedoms including dignity, safety, participation, health, education and decent work. Menstruation is the critical indicator of female health and vitality and a healthy menstrual cycle indicates overall health and well-being. This policy aims to break the silence around the biological phenomenon of menstruation and menstrual blood in order to enable Kenya's women and girls to access information, make informed choices and participate fully in all walks of life each day of the month.

## **1.3 Scope of the MHM Policy**

The MHM Policy proposes a range of complementary activities including Preparation of enabling legislation to provide for the implementation of the National Menstrual Hygiene Management Program.

The MHM Policy emphasizes Enhancement of Institutional linkages to include organizations concerned with civic education, as well as the private sector.

In a bid to leave no one behind, an MHM communication strategy also taking into consideration the persons with disabilities and various cultural and geographical settings will be developed.

## 1.4 The Policy Context

The silence on menstruation in Kenya has perpetuated myths and taboos. To construct a silence around this natural biological phenomenon is to deny women and girls the right to information. In addition, inadequate access to menstrual products, services and facilities has imposed barriers to managing menstruation safely and with dignity. These barriers constitute a denial of the fundamental rights, freedoms and guarantees of women and girls in Kenya. As a result, these limit women in their rights to participation, education, health and decent work. Finally, poor management of menstrual waste has had significant environmental consequences, which affects the right of all Kenyans to a clean and healthy environment. This policy, and linked strategies of interventions and investments, aim at filling the current gap in basic information and education on menstruation, adequate access to menstrual products, services and facilities, and safe disposal of menstrual waste.

### 1.4.1 National Policy Context

As detailed in the situational analysis, Menstrual Hygiene Management is closely linked to the rights to healthcare, education, water, sanitation and hygiene, and, a healthy and clean environment for all. The following section will detail how these rights are addressed within the existing regulatory environment of Kenya.

#### Constitution of Kenya 2010

In 2010, the Constitution of Kenya included economic, social, and cultural rights for the first time in its Bill of Rights. The right to the “highest attainable standard of health, which includes the right to health care services including reproductive health care” is guaranteed for all Kenyans. The Constitution promotes the right to health care for specific groups as seen in Article 53 for children’s rights and Article 54 for Persons with disabilities. The underlying determinants of the right to health are also guaranteed in article 43(1) (b-f) and include the right to adequate housing, right to adequate food, clean safe water, social security and to education. Additionally, the Constitution has committed itself to promoting and assuring respect for “human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalized” as a national value and principle of governance. The Constitution provides for equality and freedom from discrimination. It specifically obligates the state to ensure that no direct or indirect discrimination is experienced by any Kenyan or any group.

#### National Vision 2030

Vision 2030 is the long-term development blueprint for the Country, aiming to transform Kenya into a “globally competitive and prosperous and newly industrialized middle-income Country providing a high quality of life to all its citizens in a clean and secure environment by 2030”<sup>1</sup>. Health is one of the components of delivering the Vision’s Social Pillar, given the key role it plays in maintaining the healthy and skilled workforce necessary to drive the economy. The goal aims to develop a population that is healthy, productive and able to fully participate in and contribute to the development of the country.

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1 Government of the Republic of Kenya (2007) Kenya Vision 2030. <http://vision2030.go.ke/inc/uploads/2018/05/Vision-2030-Popular-Version.pdf>. Pg 2

### **National Health Policy 2014-2030**

The goal of the Kenya Health Policy 2014–2030 is attainment of the highest standard of health in a manner responsive to the needs of the Kenya population (Ministry of Health, 2014). Kenya’s health policy framework future direction 2012 -2030 introduces new ways of managing the health sector as it seeks to provide health services to all. It also creates opportunities to upscale support to the health sector’s requirements for the provision of adequate services and facilities for the management of menstrual hygiene, which shall be considered a basic right. The rights and freedoms granted to each citizen of Kenya shall be upheld in this context.

### **National Health Sector Strategic and Investment Plan (KHSSIP 2014 -2018)**

The goal of the National Health Sector Strategic and Investment Plan (KHSSIP 2014 -2018) is to reduce health inequalities and to reverse the downward trend in health-related outcomes and impact indicators. The key focus areas in the health sector are, “Access, equity, quality, capacity and institutional framework” to be achieved through a devolution approach through allocation of resources and the responsibility of delivery of healthcare which empowers Kenyan households and social groups to have an active role in maintaining and managing their health (Ministry of Health, 2012).”

### **Kenya Environmental Sanitation and Hygiene Policy 2016 – 2030**

The Kenya Environmental Sanitation and Hygiene Policy (2016–2030), section 5.4.9 is explicit on the urgent need to promote good Menstrual Health and Management. Improved MHM and appropriate facilities in public places provide menstruating women and girls with the security, privacy and dignity they need and want during menses. This policy highlights the need for safe collection and disposal of menstrual waste with particular attention to women and girls in humanitarian and emergency situations.

### **Basic Education (Amendment) Act**

The Basic Education (Amendment) Act No. 17 of 2017 addresses the importance of access to menstrual products for girls in learning institutions, and the safe disposal thereof. The document states that the government shall “provide free sufficient and quality sanitary towels to every girl child registered and enrolled in a public basic education institution who has reached puberty and provide a safe and environmentally sound mechanism for disposal of the sanitary towels”<sup>2</sup>.

### **Kenya School Health Policy**

The Kenya School Health Policy (2018) states that “Menstrual Hygiene Management (MHM), is a crucial element of the School Health Policy, being important for dignity, gender equality and the human rights of women and girls. This policy recognizes that women and girls who experience challenges with MHM will also experience negative effects on multiple areas of life; relevant to the human rights of women and girls, including in particular the rights to health, work and education, as well as gender equality”<sup>3</sup>.

The School Health Policy outlines clear action points, indicators and objectives to achieve comprehensive MHM across schools in Kenya.

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<sup>2</sup> The Basic Education (Amendment) Act No. 17 of 2017, p. 337.

## **Other Policy Documents**

There are other pieces of enabling legislation that promotes various rights to health including sexual and reproductive health in Kenya. These include: the Health Act (2017); Public Health Act Cap 242; (revised 2012) HIV and AIDs Prevention and Control Act (2006); Persons with Disabilities Act (2003); the Sexual Offences Act (2011); the Prohibition Female Genital Mutilation Act no.32 (2012); and National Gender and Equality Commission Act (2012).

The Kenya National Policy on Gender and Development (NPGD) 2000, seeks to institutionalize gender as a key concept in development. The revised policy shifts from the 2000 Women in Development approach to Gender and Development with a strong emphasis that gender responsiveness be mandatory for all Ministries, Departments and Agencies of government (MDAs). Acknowledging the decentralized infrastructure for implementing development programs in Kenya, the policy emphasizes that gender-mainstreaming requirements for all MDAs provide a clear linkage with the major National gender policy initiatives.

The policy is cognizant of further provisions in the Gender Policy in Education (2007), Kenya Health Policy (2012-2030), National Adolescent Sexual and Reproductive Health Policy (2015).

## **1.4.2 International Policy Context**

### **International Agreements and Conventions**

Kenya is a signatory to the United Nations (UN) Sustainable Development Goals (SDGs) and several instruments which guarantee protection of the reproductive rights of women as a human rights issue. These include; Convention on the Elimination of All Forms of Discrimination against Women (1979); The Convention on the Rights of the Child (CRC) ratified in 1990, Program of Action of the International Conference on Population and Development (1994), The Platform for Action developed at the United Nations Fourth World Conference on Women (1995), the Millennium Development Goals approved by the World Summit on Sustainable Development (2000), as well as the Maputo Plan of Action (2007-2010). These instruments reiterate that, all human rights: Civil, Cultural, Economic, Political and Social, including the right to development, are universal, indivisible, interdependent and interrelated. The Vienna Declaration and programs of Action adopted by the World conference on Human Rights (1993) reaffirmed that human rights of women and girls are an inalienable, integral and indivisible part of universal human rights.

Systematic studies as well as focus on MHM can be traced back to 2004 during the strong global movement to close the gender gap in education. This movement was based on the Millennium Development Goals and spearheaded by Non-Governmental Organizations (NGOs) together with private sector in low- and middle-income countries (LMIC) especially in sub Saharan Africa research evidence is building to support policies and strategies to deal with the issue in a systematic manner. Kenya being a signatory to several international and regional human rights treaties and declarations, operates inside the mandate of ensuring favorable health and education outcomes for its citizens in order to achieve a just and cohesive society enjoying equitable social development in a clean and secure environment as envisioned in the Kenya Vision 2030 blueprint.<sup>4</sup>

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3 Kenya School Health Policy 2018, p.17

4 Article 2(6) of the Constitution recognises ratified international treaties as part of the laws of Kenya.

## Sustainable Development Goals

While MHM does not constitute a specific (sub-)goal of the sustainable development goals, the deliverables of the SDGs are directly or indirectly impacted by addressing the MHM needs of girls and women. These overarching SDGs are:

**Goal 3.**– Ensure healthy lives and promote wellbeing for all at all ages.

**Goal 4.**– Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

- 4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

**Goal 5.**– Achieve gender equality and empower all women and girls.

- 5.1 End all forms of discrimination against all women and girls everywhere.

**Goal 6.**– Ensure access to water and sanitation for all.

- 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

**Goal 8.**– Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

**Goal 12.**– Ensure sustainable consumption and production patterns.

- 12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse.

## United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (Bangkok Rules)

Rule 5 on Personal Hygiene states that:

*“The accommodation of women prisoners shall have facilities and materials required to meet women’s specific hygiene needs, including sanitary towels provided free of charge and a regular supply of water to be made available for the personal care of children and women, in particular women involved in cooking and those who are pregnant, breastfeeding or menstruating.”<sup>5</sup>*

## The Convention on the Rights of Persons with Disabilities (CRPD)<sup>6</sup>

The Convention on the Rights of Persons with Disabilities (CRPD), offers the most comprehensive and authoritative set of standards on the rights of people with disabilities. Its fundamental purpose is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

The CRPD mandates States Parties to recognise that persons with disabilities enjoy legal capacity on an equal basis with others. This means that an individual’s right to decision-making cannot be substituted by decision-making of a third party, but that each individual without exception has the right to make their own choices and to direct their own lives, whether in relation to living arrangements, medical treatment, or family relationships.

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5 [https://www.unodc.org/documents/justice-and-prison-reform/Bangkok\\_Rules\\_ENG\\_22032015.pdf](https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf)

6 [http://wwda.org.au/wp-content/uploads/2013/12/WWDA\\_Sub\\_SenateInquiry\\_Sterilisation\\_March2013.pdf](http://wwda.org.au/wp-content/uploads/2013/12/WWDA_Sub_SenateInquiry_Sterilisation_March2013.pdf)

Among other things, the CRPD also mandates States Parties to: protect persons with disabilities from violence, exploitation and abuse (including the gender-based aspects of such violations); ensure that persons with disabilities are not subjected to arbitrary or unlawful interference with their privacy and family, including in all matters relating to marriage, family, parenthood and relationships; guarantee persons with disabilities, including children, the right to retain their fertility; take measures to ensure women and girls enjoy the full and equal enjoyment of their human rights; prevent people with disabilities from being subject to torture, or cruel, inhuman or degrading treatment or punishment; prohibit involuntary treatment and involuntary confinement; and, ensure the right of people with disabilities to the highest attainable standard of health without discrimination.

This MHM policy recognizes the rights of persons with disabilities as enshrined in the CRPD and the Constitution of Kenya.

### **The Protocol to the African Charter on People and Human Rights of Women in Africa**

This regional instrument that adequately protects the rights of women taking into account the cultural specificity of Africa and the special needs of African women will be taken into account while implementing this policy.

The charter recognizes that any practice that hinders or endangers the normal growth and affects the physical and psychological development of women and girls should be condemned and eliminated and at the same time it seeks to ensure that the rights of women are promoted, realised and protected in order to enable them to enjoy fully all their human rights.<sup>7</sup>

The following articles will have a strong bearing on the implementation of this policy:

#### **Article 2: Elimination of Discrimination Against Women**

This states that “States Parties shall combat all forms of discrimination against women through appropriate legislative, institutional and other measures”

#### **Article 3: Right to Dignity**

This states that “Every woman shall have the right to dignity inherent in a human being and to the recognition and protection of her human and legal rights.”

#### **Article 12: Right to Education and Training**

States Parties shall take all appropriate measures to: Section 1 a) eliminate all forms of discrimination against women and guarantee equal opportunity and access in the sphere of education and training.

#### **Article 14: Health and Reproductive Rights**

This calls upon state Parties to “ensure that the right to health of women, including sexual and reproductive health is respected and promoted”

#### **Article 18: Right to a Healthy and Sustainable Environment**

This article will inform and govern the inclusion of women in waste management and in this

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<sup>7</sup> [https://www.un.org/en/africa/osaa/pdf/au/protocol\\_rights\\_women\\_africa\\_2003.pdf](https://www.un.org/en/africa/osaa/pdf/au/protocol_rights_women_africa_2003.pdf)

regard, menstrual waste. Section 2 of the Article, calls upon states to ensure the following:

- a) ensure greater participation of women in the planning, management and preservation of the environment and the sustainable use of natural resources at all levels;
- b) promote research and investment in new and renewable energy sources and appropriate technologies, including information technologies and facilitate women's access to, and participation in their control;
- c) protect and enable the development of women's indigenous knowledge systems;
- d) regulate the management, processing, storage and disposal of domestic waste;
- e) ensure that proper standards are followed for the storage, transportation and disposal of toxic waste.

### **Beijing Declaration and Platform for Action<sup>8</sup>**

The Beijing Declaration and Platform of Action recognizes women's rights as human rights and therefore seeks to ensure the full implementation of the human rights of women and of the girl child as an inalienable, integral and indivisible part of all human rights and fundamental freedoms. Further, the declaration seeks to promote equal access to and equal treatment of women and men in education and health care and enhance women's sexual and reproductive health as well as education.

This policy will take into consideration the spirit of this declaration of taking all necessary measures to eliminate all forms of discrimination against women and the girl child and remove all obstacles to gender equality and the advancement and empowerment of women particularly in the area of Menstrual Hygiene Management in Kenya.

### **Commission on the Status of Women (CSW)<sup>9</sup>**

The Commission on the Status of Women (CSW) is the principal global intergovernmental body exclusively dedicated to the promotion of gender equality and the empowerment of women. A functional commission of the Economic and Social Council (ECOSOC), it was established by ECOSOC resolution 11(II) of 21 June 1946. The CSW is instrumental in promoting women's rights, documenting the reality of women's lives throughout the world, and shaping global standards on gender equality and the empowerment of women.

During the 63<sup>rd</sup> Session the CSW came up with commitments that The Commission recognizes that, despite gains in providing access to education, girls are still more likely than boys to remain excluded from education. It also recognizes that among the gender-specific barriers to girls' equal enjoyment of their right to education, is the lack of safe and adequate sanitation facilities, including for menstrual hygiene management. Under the Section on Making Infrastructure work for Women and Girls, the CSW gave the following commitment that has a direct bearing on MHM:

*“Ensure availability and sustainable management of water, as well as access to safe and affordable drinking water and adequate and equitable sanitation and hygiene for all women and girls, as well as for menstrual hygiene management, including for hygiene facilities and services, in homes, schools, temporary shelters for refugees, migrants or people affected by natural disasters, humanitarian emergencies or armed conflict and post-conflict situations and*

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8 [https://www.un.org/en/events/pastevents/pdfs/Beijing\\_Declaration\\_and\\_Platform\\_for\\_Action.pdf](https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf)

9 <https://www.unwomen.org/en/csw>

*in all other public and private spaces; take measures to reduce the time spent by women and girls on collecting household water; address the negative impact of inadequate and inequitable access to drinking water and to sanitation and energy services on the access of girls to education; and promote women's full, effective and equal participation in decision-making on water and sanitation."*

## **MHM and Human Rights**

The United Nations defines Human Rights as the "rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination"<sup>10</sup>. The ability for women and girls to manage menstruation freely, without stigma, hygienically and with dignity directly ties into the human rights. According to Human Rights Watch and WASH United<sup>11</sup>, the below mentioned human rights link directly to menstruation:

- **Right to Education** – encompasses the right to free and compulsory primary education and "generally available and accessible" secondary education for all.
- **Right to Water** – The human right to water entitles everyone to have access to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use.
- **Right to Sanitation** – Entitles everyone to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable, and that provides privacy and ensures dignity.
- **Right to Health** – Realizing the human right to health is another important precondition to enable women and girls practice good MHM. Importantly, the human right to health not only entitles everyone to have access to healthcare and medicine. It also includes an entitlement to the so-called "underlying determinants of health," which include having "access to health related education and information, including on sexual and reproductive health".
- **Right to Work** – The right to freely choose or accept work, as well as the right to just and favorable conditions of work, which includes the right to safe and healthy working conditions.
- **Right to Non-Discrimination and Gender Equality** – All major human rights instruments envision that human rights should be enjoyed on an equal footing by everyone and therefore require that existing inequalities be identified and removed.

In addition, on the 21<sup>st</sup> of September 2018 the Human Rights Council adopted resolution A-HRC-39-L.11, stating in paragraph 7(e) calling upon states to "address the widespread stigma and shame surrounding menstruation and menstrual hygiene by ensuring access to factual information thereon, addressing the negative social norms around the issue and ensuring universal access to hygienic products and gender sensitive facilities, including disposal options for menstrual products". Kenya is one of the signatories on this resolution.

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10 United Nations section on Human rights - <http://www.un.org/en/sections/issues-depth/human-rights/>

11 Understanding Menstrual Hygiene Management and Human Rights (2017) Human Rights Watch and WASH United - [https://www.hrw.org/sites/default/files/supporting\\_resources/mhm\\_practitioner\\_guide\\_web.pdf](https://www.hrw.org/sites/default/files/supporting_resources/mhm_practitioner_guide_web.pdf)

## 2.0 Policy Directions and Guiding Principles

### 2.1 Vision of the policy

Women and girls participating fully in daily life activities with pride and dignity without stigma and discrimination, and be able to access education, health and employment opportunities.

### 2.2 Mission of the policy

To ensure that all women and girls in Kenya can manage menstruation hygienically, freely, with dignity without stigma or taboos, and with access to: the right educational information on MHM; menstrual products, services and facilities; and to safely dispose of menstrual waste.

### 2.3 Policy Objectives

- i. To ensure that myths, taboos and stigma around menstruation are addressed by providing women, girls, men and boys access to information on menstruation.
- ii. To ensure women and girls have access to safe and hygienic menstrual products, services and facilities.
- iii. To ensure a clean and healthy environment for all Kenyans through appropriate technology choices for menstrual waste management and pollution control.
- iv. To establish an enabling legal and regulatory environment for MHM at both National and County levels.
- v. To establish a functionally effective monitoring and evaluation framework for MHM in Kenya, to ensure maximum accountability in policy implementation at all levels.

### 2.4 Guiding Principles

The Kenya MHM Policy shall be guided by the following overarching principles:

- 1. Menstruation as a human right** - The policy recognizes that the ability to manage menstruation safely and hygienically, without stigma or taboos, and in dignity is a precondition to meeting the human rights of girls and women. It shall therefore be the responsibility of the state to employ the best and equitable measures to enable the widest possible enjoyment of these rights.
- 2. Integrated approach** – Menstrual Hygiene Management is essentially multi-sectoral. An integrated approach combining MHM education, access to menstrual products, services and facilities, and safe disposal of menstrual waste, ensures improved health, access to education and work, reduced discrimination of women and girls, and increased gender-equality. The successful promotion and implementation of MHM programmes and services will require the involvement of all stakeholders in all stages from the pre-planning stage, through implementation to monitoring and evaluation stages.
- 3. WASH as a precondition for MHM** – Adequate access to Water, Sanitation facilities and an enabling environment to learn about and practice Hygiene are integral to safe and hygienic management of menstruation.

4. **Equity** – The disadvantaged (persons with disabilities, Internally Displaced Persons, refugees, the poor etc.) suffer disproportionately from the barriers of inadequate MHM. Ensuring access to safe, hygienic and dignified MHM for the disadvantaged segments of the population shall be ensured as a means of their health, access to education and work.
5. **Social inclusion** – Vulnerable and disadvantaged sections of the community shall be given priority attention in Menstrual Hygiene Management Promotion. The planning of, investment in, and the promotion of Menstrual Hygiene Services and facilities must therefore address the special needs, interests and priorities of the vulnerable – including persons with disability - to ensure adequate access, usage and maintenance of the facilities and services.
6. **Education** – Comprehensive understanding of menstruation is the best means of addressing myths and taboos, and ensuring the adoption of proper menstrual hygiene practices. Menstrual hygiene information shall therefore be made available in learning institutions, work places, public places and at the household level.
7. **Sustainable access** – To remove the barriers imposed on women and girls by inadequate MHM, they require sustainable access to menstrual products and services. It shall therefore be the responsibility of the state to create an enabling environment where these products and services can be accessed.
8. **Private sector involvement** – The private sector shall be encouraged and facilitated for active involvement in the provision of MHM products, facilities and services. The government shall empower and support private sector initiatives with required legal instruments including exemptions and creating the enabling environment such as clear standards and guidelines for the promotion of different technology options by the private sector.
9. **Promotion of sustainable, appropriate and affordable menstrual products and facilities** – A variety of affordable and appropriate menstrual products and facilities must be available to all users. The advancement and upgrading of technologies and participatory MHM methods through research and development of appropriate and affordable menstrual products and facilities shall be pursued.
10. **Safe disposal** – The waste resulting from Menstrual Hygiene Management can have significant negative consequences on the environment. Therefore, a set of guidelines will be accompanied by an implementation strategy to ensure that menstrual waste in learning institutions, work places, public places and at the household level is properly managed.

## 2.5 Policy Development Process

The Kenya MHM policy was developed under stewardship of the National Government in consultation with stakeholders. These included relevant Government Ministries and Departments, Agencies and County Governments, Civil Society Organizations, the Private Sector, Development Partners and Academic institutions under the leadership of the Ministry of Health. The policy goal and objectives were informed by a situational analysis conducted in 2016 using both qualitative and quantitative methods. This comprehensive situational analysis commissioned by the Ministry of Health, included extensive consultations at different levels and stages culminating in a multi-stakeholder policy workshop which contributed to, and informed this policy.

## 3.0 Menstrual Hygiene Management Policy Measures and Strategies

Kenya has adopted a three-pronged approach to menstruation that entails:

- i. Breaking the silence on menstruation
- ii. Safe and hygienic management of menstruation
- iii. Safe disposal of used menstrual materials and products

This Menstrual Hygiene Management (MHM) policy will have five major policy objectives that will work towards promoting good menstrual management practices with an aim of ensuring that girls and women “attain the highest possible standards of health in a responsive manner”. These are:

**Policy Objective 1** To establish an enabling legal and regulatory environment for MHM at both National and County levels.

**Policy Objective 2** To ensure that myths, taboos and stigma around menstruation are addressed by providing women, girls, men and boys access to information on menstruation

**Policy Objective 3** To ensure women and girls have access to safe and hygienic menstrual products, services and facilities.

**Policy Objective 4** To ensure a clean and healthy environment for all Kenyans through appropriate technology choices for menstrual waste management and pollution control.

**Policy Objective 5** To establish a functionally effective monitoring, evaluation, research and learning framework for MHM in Kenya hence, ensure maximum accountability in policy implementation at all levels.

**Policy Objective 1: To establish an enabling legal and regulatory environment for MHM at both National and County levels.**

The policy seeks to strengthen the governance, leadership, institutional and human resource capacity of the various stakeholders in the MHM space to effectively support and promote sustainable MHM interventions at both the National and County levels.

### Priority Actions:

1. Ensure that Counties include MHM in their County Integrated Development Plan and County Health Strategic Plan and have a dedicated budgetary allocation for MHM activities.
2. Promote integration of MHM into already existing National and County Governments’ programs and projects.
3. Ensure all government ministries and departments mainstream MHM in their policies and guidelines.
4. Develop guidelines and strategies on MHM in learning institutions, health facilities, workplaces, public places and households.
5. Enact legislation on MHM under the following sectors; health, water, environment, education, gender youth and sports and treasury to provide funds and technical support for the implementation of the national MHM interventions.
6. The Ministry of Health shall develop stakeholders’ engagement and collaboration framework to guide the coordination of MHM activities and the various actors in MHM.

7. Strengthen the roles of National and County Governments in MHM in coordination, resource mobilization, utilization and strategy implementation.
8. Create institutional linkages with organizations concerned with civic education, as well as the private sector to promote MHM.
9. Establish National and County MHM Task Force coordinated by the Ministry of Health and the Health Departments at the Counties with membership drawn from Government ministries/departments, political leaders, CBOs, NGOs, FBOs, private sector, research institutions and learning institutions
10. Develop and enforce systems for construction and maintenance of standardized water, sanitation, hygiene facilities and waste disposal facilities in households as well as in public institutions such as schools, health centres, workplaces, public places and correctional facilities.
11. Synergize with line ministries to ensure dedicated budget allocations both at the national and County level for implementation of MHM initiatives.
12. Mobilize resources for MHM from government institutions, private sector and Civil society organizations.

**Policy Objective 2: To ensure that myths, taboos and stigma around menstruation are addressed by providing women, girls, men and boys access to information on menstruation**

Silence about menstruation is a universal problem contributing to widespread stigma. The stigma against menstruation runs deep, having been rooted for years in the minds of men and women alike due to inaccurately held social beliefs about menstruation. Menstruating women and girls are wrongly considered to be 'contaminated, dirty and impure'. Such stigma can be found in dozens of cultures across the world. In various communities, menstruation is considered a taboo and menstrual blood impure and looked upon as polluting any person who comes into contact with a menstruating woman. This has further intensified the stigma around menstruation. The myths, taboos and stigma are as a result of lack of factual information on menstruation. Therefore, there is need for National and County Governments, stakeholders and the private sector to ensure that there is sustainable access to knowledge and information on menstruation in a bid to demystify menstruation and break the taboos, myths and stigma around menstruation.

**Priority Actions:**

1. Develop a communication and media strategy, key messages and instruments such as training guidelines and manuals, needed to provide education on MHM for boys and girls, men and women.
2. Align and mainstream MHM education within the school curriculum.
3. Mainstream MHM awareness with the community Health strategy and school hygiene education.
4. Ensure that all stakeholders (Government Ministries, departments, agencies, NGOs and private sector) align with the approved guidelines and manuals relating to MHM awareness.
5. Increase the capacity of teachers, school management and public health officers on MHM.
6. Develop MHM Training materials for use by the government and other stakeholders in capacity building of MHM practitioners at the National and County Governments.

7. The Ministry of Health in collaboration with the media shall establish and implement a media awareness programme and campaign for creating awareness on menstruation and good menstrual management practices.
8. Develop an effective MHM advocacy initiative that targets influential persons within the society and develop MHM champions to advocate for good menstrual management practices.

**Policy Objective 3: To ensure women and girls have access to safe and hygienic menstrual products, services and facilities.**

Girls and women need to practice a high level of personal hygiene during menstruation.

Safe and Hygienic management of menstruation is aimed at equipping learners with knowledge and skills of good practices and dispel poor practices that are unhygienic. This includes;

- Knowledge of safe and hygienic menstrual products and materials to be used
- Proper use and care of menstrual products and materials
- Disposal of menstrual products and materials
- Awareness on hygienic practices
- Adherence to a balanced diet.
- Psychological wellness before, during and after the menses

**Priority Actions:**

1. Review existing standards and guidelines for WASH facilities in public places, Work places, correctional facilities and health care facilities to integrate MHM.
2. Establish and maintain relevant national standards for safe management of menstruation.
3. Ensure provision of WASH facilities in all households, learning institutions, public places, health care facilities, workplaces and correctional facilities.
4. Ensure provision of an adequate number of gender responsive WASH/MHM facilities with water, soap and disposal bin in all public and private institutions (learning institutions, workplaces, public places etc.).
5. Undertake MHM as a right based intervention for all, with emphasis in hard to reach areas, humanitarian situations and for People with Disability.
6. Ensure access to clear, correct information and knowledge on available options for managing menstruation to women and girls to enable them to make informed choices.
7. Ensure that women and girls have access to a range of Menstrual Hygiene Management products that are acceptable, safe and affordable.
8. Facilitate and encourage research, innovation and standards to ensure the development of appropriate menstrual hygiene products.
9. Create an enabling environment for investments in the sector to produce affordable menstrual hygiene products.

**Policy Objective 4: To ensure a clean and healthy environment for all Kenyans through appropriate technology choices for menstrual waste management and pollution control.**

Menstrual waste could be defined as the by-products or end-products of menstruation and Menstrual Management. These include items that are used both internally and externally by girls and women. For examples, pads (Reusable and disposable), tampons, cotton wool,

pieces of fabric, product wrapping and tissue paper. More so, we also have the human bodily excretion that comes by during menstruation period. Disposal of these products are majorly influenced by the type of product one is using and social and cultural factors.

#### **Priority Actions:**

1. Promote investment and innovation to develop effective menstrual waste management systems for storage, collection, transportation, treatment and disposal.
2. Consideration of classification of Menstrual waste to guide on its storage, collection, transportation, treatment and disposal.
3. Recommend all public spaces have MHM waste receptacles.
4. Develop standards for menstrual waste management storage, collection, transportation, treatment and disposal.
5. Support research and studies in volumes and types of waste from predominant sectors and segments of the economy (especially sources of non-biodegradable-organic fractions, special and hazardous wastes).
6. Document various Menstrual Waste Management innovations.
7. Encourage private sector and public-private partnerships involvement in providing sustainable menstrual waste management solutions.
8. Support research in handling and alternative uses of existing and changing composition of waste streams. Recycling and other waste minimisation methods shall be given first consideration in adopting any waste management approach.

#### **Policy Objective 5: To establish a functionally effective monitoring, evaluation, research and learning framework for MHM in Kenya hence, ensure maximum accountability in policy implementation at all levels.**

In order to improve the efficiency and effectiveness of MHM interventions, it is important to collect adequate, reliable and typical data that will be used for evidence-based decision making.

#### **Priority Actions:**

1. Institute effective M&E systems at all levels to ensure coordinated and sustained improvement of MHM.
2. Develop MHM specific and sensitive indicators and integrate them into all levels of reporting systems.
3. Establish mechanisms for the collection and reporting of disaggregated data for decision making in MHM.
4. Strengthen staff capacity at County, Inter-County and National level to use the MHM M&E tools in collection, collation, reporting and utilization of MHM data to inform policy changes.
5. Develop and promote adherence to the MHM protocols by all actors in the MHM.
6. Develop MHM specific and sensitive indicators -and integrate them into all levels of reporting systems.
7. Establish mechanisms for the collection and reporting of disaggregated data for decision making in MHM.
8. Encourage research by relevant agencies to address a wide range of sanitation issues and propose solution for addressing them.
9. Encourage key stakeholders to conduct operational researches to establish effective and sustainable sanitation systems in the country.

## 4.0 Implementation Framework

The Menstrual Health Management Policy shall be implemented in line with the Constitution of Kenya 2010, Kenya Vision 2030, Kenya Health Policy 2014 - 2030, Kenya Environmental Sanitation and Hygiene Policy 2016 – 2030, Kenya School Health Policy, Universal Health Coverage under the Big4 Agenda, County Integrated Development Plans (CIDPs) and the County Sector Plans (CSPs) through a five-year rolling multi-sectoral approach. National and County implementation plans shall be developed, and these will be accompanied by costed investment plans and resource mobilization strategies. The National and County implementation and investment plans shall be executed through annual WASH/MHM work plans and budgets developed within the national and county budget framework. To guide the implementation of the MHM policy, the Ministry of Health, relevant stakeholders and the County Governments shall develop the Kenya Menstrual Hygiene Management Strategy. This will detail the implementation of the policy. Empirical data from needs assessments shall inform development of technical solutions and allocation of financial resources. This framework shall guide the Counties in developing their respective first five year County MHM Strategic and Investment Plans which shall be aligned with the respective County Integrated Development Plans and county sector plans. The plans shall:

- i. Execute an assessment to identify the key barriers and challenges specific to the County in relation to MHM.
- ii. Identify services and infrastructure necessary for the optimal provision of MHM and the recommended technical options to meet each requirement.
- iii. Consider user preferences and barriers to full utilization of existing MHM services and infrastructure.
- iv. Set priorities by itemizing the overall plan to indicate individual components that provide full MHM service coverage.
- v. Describe the implementation and financing arrangements for each component, including private sector participation.

### 4.1 Management and Coordination of the MHM Policy Framework

The Kenya MHM Policy will be managed in accordance with the overall Sector Management and Coordination Framework, Kenya Environmental Sanitation and Hygiene Policy 2016 – 2030 and other laws of the Republic of Kenya. The Ministry of Health through the Department of Environmental Health shall convene the MHM Task Force under the Hygiene Promotion Technical Working Group. The co-chair of the task force will be the State Department of Gender. The MHM Task Force shall comprise related departments and divisions at the Ministry of Health, representatives from various line Ministries, representatives from development partners and from the private sector.

### 4.2 Leadership, Governance, Sustainability and Financing

The Ministry of Health shall provide overall strategic support for the implementation of this policy. The Policy recognizes that without proper leadership and governance, allocation of requisite resources and sustainability mechanisms, implementation of MHM and its sustainability would be doubtful. There is need to mobilize and allocate adequate resources for effective and efficient implementation and continued provision of MHM.

## 4.3 Roles and Responsibilities of stakeholders

The successful implementation of this policy will depend on a range of ministries, institutions and non-government actors taking on different roles and responsibilities. These roles and responsibilities cannot be executed in isolation, but rather in collaboration by all stakeholders under supervision of the Ministry of Health. The specific roles and responsibilities of the different stakeholders are stipulated in the section below.

### **Role of the Ministry of Health at National Level**

As the lead ministry on the MHM policy, the Ministry of Health at the National level will take a coordinating, supervising and supporting role in the implementation of this policy.

The Ministry shall:

- i. Incorporate menstrual hygiene:
  - At different levels of government and across the relevant ministries. This will include but is not limited to service delivery, capacity development and policy.
  - Within approaches to WASH, community led total sanitation, social marketing and WASH in schools.
  - Within the various Sexual Reproductive Health and Rights programmes and other relevant programmes.
- ii. Develop an adequate, all-inclusive plan of action for the implementation of this Policy
- iii. Disseminate the MHM Policy at all levels of implementation.
- iv. Ensure that there is adequate human and infrastructural support to implement, monitor and enforce the policy.
- v. Ensure that all stakeholders involved in implementation of this policy put in place proper disposal mechanisms of menstrual waste.
- vi. Set standards, guidelines and regulatory mechanisms to ensure the achievement of the objectives set in this policy.
- vii. Regulate and coordinate training, information sharing and service delivery on Menstrual Hygiene Management.
- viii. Coordinate and oversee collaboration among departments and divisions within and outside the Ministry and ensure that school and community stakeholders are incorporated into the Joint Inter Agency Coordinating Committee.
- ix. Coordinate Menstrual Hygiene Management activities supported by development partners at the National and County levels.
- x. Mobilize and allocate resources for MHM programs.

### **Role of the County Department of Health**

Under the devolved system of governance, County governments receive resources and are in charge of service delivery at the county level. The County Department of Health has the following responsibilities:

- i. The MHM activities at County level shall be overseen by the County Department of Health with the support of:
  - Sub-County Health Management Teams
  - Any other relevant agency as determined by the County Department of Health Management Board.
  - Community representatives.

- ii. Provide accurate and user-friendly information on the biological facts about menstruation and Menstrual Health and Hygiene.
- iii. Provide affordable and easy to access healthcare for menstrual health issues, including those caused by poor menstrual hygiene and those linked with other diseases;
- iv. Ensure that there is a dedicated budget for MHM by including it in the County Integrated Development Plan.
- v. Set up a coordination forum at county level for MHM activities
- vi. Ensure the provision of WASH/MHM facilities, services and products in learning institutions, workplace and public spaces.
- vii. Ensure safe disposal of menstrual waste by executing the guidelines and standards for the management of MHM waste.

### **Role of Ministry of Education**

The Ministry of Education is an important stakeholder in overcoming the barriers of menstruation and implementing the MHM policy. Menstruation not only impedes girls from attending school, but the lack of education on menstruation perpetuates myths and taboos, and fosters stigma on the topic. The Ministry of Education will help overcome these barriers by executing the following responsibilities:

- i. Incorporate reproductive health and menstrual hygiene into the curriculum in learning institutions for all relevant sectors (WASH, protection, health, community development.)
- ii. Implement MHM in-line with the Education Sector Policy on Human Immunodeficiency Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS). (2013) and School Health Policy 2018.
- iii. Support utilization of ICT and other innovative approaches in delivery of MHM information.
- iv. Facilitate provision of information to parents on MHM within the school set-up.
- v. Strengthen the school health system for referrals of menstruation related issues by students.
- vi. Support implementation of WASH-related policies and guidelines. By introducing standard guidelines that incorporate MHM needs for school WASH infrastructure & waste management.
- vii. Strengthen partnership with the Ministry of Health to provide MHM information and services in schools.
- viii. Generate data on the number of girls who have reached the age of puberty to facilitate the provision of free sanitary pads initiative
- ix. Work with stakeholders to establish sustainable strategies, guidelines and mechanisms for the provision of free, sufficient and quality menstrual management materials to girls in public basic education institutions and mechanisms for disposal in schools.

### **Ministry of Water and Sanitation**

Access to water and proper disposal mechanisms are an integral part of managing menstruation in a safe and hygienic manner. The Ministry of Water and Sanitation has been included as a key stakeholder in this policy to ensure this access is guaranteed, and that the effects of improper

disposal of menstrual waste on the sanitation infrastructure are mitigated. The responsibilities for this ministry are as follows:

- i. Support and integrate MHM into water sanitation and hygiene programs.
- ii. Coordinate with other relevant ministries to implement the adequate supply of water to ensure women and girls can manage menstruation safely and hygienically in learning institutions, work places, household level and public spaces.
- iii. Support the Ministry of Education and Health in the design and implementation of guidelines and standards for management of menstrual waste.
- iv. Support the Ministry of Education in addressing incorrect information on menstruation perpetuated by local cultural practices and beliefs.

### **Ministry of Planning and Devolution**

- i. Support policy advocacy and generation of data/information.
- ii. Create the necessary resource mobilization mechanisms by allocating codes for MHM to specific budget lines.
- iii. Support gender mainstreaming in all MHM and related programs.

### **Ministry of Public Service, Youth and Gender Affairs**

- i. Promote inclusion of MHM in the various gender policies.
- ii. Promote holistic MHM approach: breaking the silence; safe and hygienic management; and safe disposal – during the distribution of sanitary pads to school girls.
- iii. Provide sex disaggregated data for effective planning of MHM activities.
- iv. Mainstream MHM into their existing programs (i.e. Anti – FGM Campaign) and Initiatives to reduce and end Gender Based Violence.
- v. Support the Ministry of Education in addressing incorrect information on menstruation perpetuated by local cultural practices and beliefs.

### **NGOs, CSOs, CBOs, FBOs and Private Sector**

The Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs) Community Based Organizations (CBOs), Faith Based Organizations (FBOs) and the private sector have been stakeholders in MHM interventions across Kenya for decades, and have contributed to the development of the MHM policy. In the execution of the policy these actors will take upon the following responsibilities:

- i. Support provision of MHM information and services to girls and women in schools and community, especially those with special needs and in marginalized areas.
- ii. Support research and MHM Policy formulation and dissemination.
- iii. Build community and stakeholder support for MHM programs.
- iv. Meaningfully involve women and girls in policy formulation, program design, implementation, research and M&E.
- v. Advocate and mobilize resources for MHM policy implementation;
- vi. Enhance MHM content in learning institutions' curricula at both pre- and in-service levels.

## **Roles of Households and Individuals**

State roles and responsibilities must go hand in hand with the roles and responsibilities of households to address MHM needs of girls and women. The heads of households would be required to work hand in hand with individual members of the household to:

- i. Promote MHM in their households through information sharing.
- ii. Mobilize and invest in household resources for MHM.
- iii. Ensure that the sanitation and waste disposal facilities in their households meet structural standards set by the Ministry of Health and are appropriate, used properly and maintained in good working condition.
- iv. Dispose of menstrual waste generated from the household using environmentally sustainable hygienic method.
- v. Participate in the promotion of MHM at community level, while encouraging participation of all household members in household and community level MHM activities.

## **State Department of Gender**

- i. To Co-chair the National and County Menstrual Hygiene Management taskforces alongside the Ministry of Health
- ii. Development and maintenance of gender disaggregated data and management information systems to facilitate reporting on MHM interventions
- iii. Integrating MHM into relevant Female Genital Mutilation (FGM) and Sexual and Gender Based Violence (SGBV)

## **Office of the Attorney General**

- i. Advise the government and the MHM taskforce on the legal implications during the policy implementation process
- ii. Ensure that all MHM related guidelines and documents are in line with other overarching legal documents
- iii. Provide and promote mechanisms for anchoring MHM into National and County legal environment

## **Kenya Bureau of Standards (KEBS)**

Managing menstruation hygienically and with dignity requires access to quality, reliable and safe menstrual products. A range of menstrual products exist to manage menstruation. In line with this policy, the aim is to give women and girls the freedom of choice for the type of product based on personal preferences, availability, affordability, accessibility and acceptability. The Kenya Bureau of Standards (KEBS) has the mandate to institute product standards to ensure that any product on the market meets the requirements set by KEBS. The responsibilities of KEBS are:

- i. Developing and setting standards for menstrual management materials.
- ii. Forensic and surveillance audit to be conducted of Menstrual Hygiene Products in the market.
- iii. Inspection of imported MHM products at all points of entry.

**Ministry of Labour and Social Protection**

- i. Promote the integration of MHM into various programme for persons with disabilities
- ii. Develop guidelines on MHM at the work place and ensure adherence to provision of menstrual management materials and information at the workplace

**Ministry of Transport, Infrastructure, Housing, Urban Development and Public Works**

To integrate waste disposal facilities in all infrastructure development plans

**Ministry of Environment**

- i. Support the Ministry of Education, Health, Water and Sanitation in developing guidelines for management of menstrual waste.

**Ministry of Industry, Trade and Cooperatives**

- i. Build local capacity for production of MHM products.

**Research Institutions**

- i. Conduct continuous research on MHM and generate information for decision making including policy revision and/or development. Including but not limited to social, economic and public health effects.
- ii. Development and transfer of novel Menstrual Hygiene Management technologies and products.

**National Treasury and Ministry of Planning**

- i. Set aside a National budget for Menstrual Hygiene Management Interventions

## 5.0 Policy Monitoring and Evaluation

The MHM policy implementation will be monitored and followed-up using a set of financial and non-financial targets and indicators. The targets will be in line with the constitutional requirements, national goals and targets, and health sector priorities elaborated in Vision 2030, Kenya Environmental Sanitation and Hygiene Policy 2016 – 2030 and County-specific targets and goals that will be elaborated in the National and County annual Plans. These plans will be implemented and monitored through annual work plans and medium-term plans. The targets will be benchmarked against best practices from across the globe.

### Monitoring and Evaluation Framework

The collection and management of relevant data will be the responsibility of the Ministry of Health and stakeholders implementing various programs on MHM. Data will be shared from County to National level through DHIS 2 system based on the common database architecture principle.

### Progress Indicators

The Ministry of Health at the National level and the County department responsible for MHM at the County level shall take lead in putting in place a sound monitoring and evaluation framework for this policy. Monitoring and evaluation frameworks shall encompass the MHM vision, goals, objectives and targets set out in this policy by indicating required policy outcomes and impact in order to maximize accountability among different stakeholders. The Ministry of Health and County Departments of Health and the Ministry of Devolution and Planning, together with stakeholders will collaboratively develop common national, county and community level indicators to monitor performance and measure changes at various levels. The strategies and interventions envisaged under this policy will therefore be continually monitored and regularly evaluated.

National Government will develop specific detailed indicators in addition to the high level and universal golden indicators that are proposed here. They span all aspects of MHM and are the critical indicators of success and include:

- i. Women and girls, men and boys across Kenya discuss menstruation and Menstrual Hygiene Management openly and are well informed about the menstrual cycle and how to manage it with safety and dignity.
- ii. Women and girls can manage their menstruation safely, with privacy, comfort and dignity in public spaces including marketplaces, transport hubs, workplaces, government buildings, educational and other public institutions.
- iii. Individual disposal practices, collection and disposal methods of reusable or disposable menstrual material are safe, non-polluting, effective and efficient at community and institutional level.
- iv. Counties and the Health Ministry dedicate and spend of development budget on MHM.
- v. Women, girls, men and boys report satisfaction with the menstrual friendly facilities and information available on menstruation and the monitoring efforts reveals safe, and non-polluting practices.
- vi. Kenya develops and institutes an effective, nationwide system to regulate products, their content, safety and use for all women and girls.

**Policy Review**

This MHM Policy shall be reviewed after a period of five (5) years from the effective date. The review process shall involve medium and end term review of the strategy by stakeholders at National and County levels. The National MHM Taskforce shall provide the guidelines and specify the procedures for reviewing the policy.

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