



*Menstrual health and hygiene policy is under development in Uganda, and there is growing recognition of its importance.*

## MHH CONTEXT

The Government of Uganda recognizes menstrual health and hygiene as a very critical issue that limits the participation of women and girls in education and development processes. It also remains a challenge faced by adolescent girls in Uganda thus contributing to prevalence of urogenital infections, Irritation of the skin that may cause discomfort and can possibly result in dermatitis, transactional sex and related consequences.

Menstruation and menstrual practices are still disquieted by taboos and socio-cultural restrictions resulting in adolescent girls remaining ignorant of hygienic health practices, which sometimes result in adverse health outcomes.

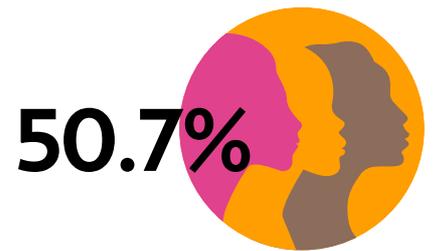
To advance this, The Ministry of Education and Sports (MOES) in 2015 issued a set of guidelines to all schools specifying the actions to take in a bid to respond to the needs of girls in schools, while in 2017, MHM was integrated into the Planning and Implementation framework for WASH in schools. By 2019, the number of secondary schools with Menstrual Hygiene Management systems was 574 representing 50% of the total number of secondary schools in Uganda.

### Access and Use of Menstrual Products

The vast majority of women and girls in Uganda use homemade alternatives to manage their menstruation. The government and CSOs have trained learners and teachers on how to make reusable pads. The challenges persist in terms of quality and standards of MHM products used including distribution challenges. A study commissioned by the Netherlands Development Organization (SNV) through the performance monitoring group in 2017 indicated that

- 65% of girls and women in Uganda are unable to fully access & meet their MHM needs from 140 schools in Uganda
- 70% of adolescent girls mentioned menstruation as a major hindrance to their optimal performance at school.

Access to safe and affordable sanitary materials could contribute to reduction of infections. This could have cascading effects on overall sexual and reproductive health, including reducing teen pregnancy, maternal outcomes, and fertility.



of the population are women and girls (23.2 million)<sup>1</sup>

### Girl Friendliness Index<sup>2</sup>



### Household WASH Access

- 59% have regular access to water in schools and communities



### Menstrual Product Access



65% are unable to meet their MH needs

# MHH CONTEXT

## **A situational analysis study in Uganda by MoES indicated the following;**

- Over 50% of girls and women were stressed while in menstruation due to menstrual pains, body weaknesses, and heavy flow which often bring headaches
- 79% of women and girls experience menstrual pain (dysmenorrhea) as their main menstrual health challenge.
- Disposal pads are the most commonly used material among school girls and career women. Rural women and girls commonly used pieces of cloth for padding. 52% use disposable pads, 32% use pieces of cloth, 6% reusable pads, 5% cotton wool, 3% used toilet paper, while 2% use other materials
- Eight (8) districts representing 57% of those sampled for the study indicated providing emergency pads. Of the 152 girls interviewed, 43 of them reported having emergency pads at school while 109 (71%) of the girls had none in their schools.

## **Access to information**

65% of women and girls have access to basic MHM information, with the major source of information being schools for (61%); mainly for teachers, school going boys and girls. Other major sources of information included; peers reported by 45% of respondents, workmates (37%) and CSOs/ NGOs (27%).

## **Absenteeism**

In the same study, it is established that the increase in school absenteeism among girls is partly attributed to starting their periods. Research from the 2020 situational analysis report by the Ministry of Education and Sports, further indicated that more than half of girls that enroll in primary one drop out before sitting their Primary Leaving Examinations mainly because of menstrual challenges such as inability to afford sanitary products such as pads, - 77% of girls miss 2 – 3 days of school due to menstrual-related challenges.

## **Access to water**

59% have regular access to water at school and in communities, 93% of schools do not have latrines for children living with disabilities, less than 50% of schools have washrooms while less than 10% have the washrooms in good conditions. In Uganda, the majority of women and girls lack access to appropriate sanitation facilities. Government and a small handful of NGOs at the national and regional level offer programs to support improved sanitation in schools; however, few of these programs have an MHM component. There is growing interest and intention to address MHM through governmental action, as demonstrated by Policy.

## **Waste disposal**

80% of female respondents in the MHM situation analysis reported disposing off their pads in latrines, and similarly, 80% of public schools do not have incinerators.

## **Access to other sanitation facilities**

86% have separate toilet facilities for boys, girls and teachers.

## **Access to clinical care**

Girls get inadequate clinical care when they experience menstrual health problems such as premenstrual syndrome, painful menstrual periods, irregular menstrual periods and excessive bleeding. This affects girls in their well-being, including their confidence, shame, stigma and self-esteem thus Psychological distress resulting from stigma and bullying

## **VAT on Products**

# 0%

since 2018



# MHH POLICY LANDSCAPE

## MHM policies

The Draft National Strategic Plan for Menstrual Health and Hygiene 2021 - 2025. The strategic plan is still in draft form and awaiting validation process. Once finalized, it will guide program integration by sector actors. An evidence continuous gathering surrounding menstrual health and hygiene practices in communities will lead to a discussion about MHH policy development in the future.

The Ministry of Education and Sports, Gender Equity, and Budgeting Unit coordinates the Menstrual Health Coalition. This consists of the Ministry of Education and Sports, Ministry of Health, Ministry of Water and Environment, Private sector, and non-state actors-like civil society organizations.

## Policies including MHM

- MoES & UNICEF: Standards for WASH in schools (and) incorporated a strong component of MHM, in particular female-friendly toilets.
- National Water and Sanitation Strategy (2019), Thematic area 6: Menstrual Hygiene Management; To increase sustained access to quality and appropriate menstrual hygiene services through practices, facilities, and awareness.
- National Water and Sanitation Strategy (2019), Thematic area 6: Menstrual Hygiene Management; To increase sustained access to quality and appropriate menstrual hygiene services through practices, facilities, and awareness

## National Tools

- **MHH training manual 2016**
- **Menstrual hygiene management charter**
- **Guidelines on Management of Senior Women and Men Teachers**
- **Circular on Provision of Menstrual Hygiene Management Facilities for Girls and Female Teachers in Primary and Secondary Schools**

## AUTHORS & KEY CONTRIBUTORS

*The majority of this information was provided by members of the Government of Uganda*

Rosette Nyanzi, Technical Advisor,  
Ministry of Education and Sports, Gender and Equity Budgeting Unit,

Angella Nansubuga, Finance/Programme Associate,  
Ministry of Education and Sports, Gender and Equity Budgeting Unit

Agnes Ssebowa, Senior Technical Health Officer,  
Ministry of Health, School and Adolescent Health Division

## CITATIONS

- 1) The World Bank. (n.d.). Population, female (% of total population) - UGANDA. The World Bank | Data. <https://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS?locations=UG>
- 2) ACPF (2020). The African Report on Child Wellbeing 2020: How friendly are African governments towards girls? Addis Ababa: African Child Policy Forum (ACPF).

FOR COMPLETE REFERENCES AND ADDITIONAL RESOURCES, CLICK [HERE](#)

