



SUSTAINABLE
MENSTRUAL
SOLUTIONS
ዘላቂ የወር ክበብ መፋት-ቴዎዎች



FINAL DRAFT ENDLINE REPORT

PROJECT: PROMOTING MENSTRUAL HYGIENE AND
HEALTH AMONG SOMALI ADOLESCENT GIRLS IN LIBEN
ZONE, SOMALI REGION, ETHIOPIA

August, 2022



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

**Swiss Agency for Development
and Cooperation SDC**

Executive Summary

The endline study of the project “Promoting menstrual hygiene and health among Somali adolescent girls in Liben Zone, Somali Region, Ethiopia” was conducted in the two woredas of the intervention: Filtu and Dekashuftu in Liben zone in April 2022. The project was implemented by MELA FOR HER in partnership with the local NGO Pastoralist Concern (PC) from November 2020 to April 2022.

This endline study included the same research targets and followed the same methodology (with some small adaptations given the reduced time and resources available) as the Baseline study conducted in February 2021.

The Overall Objective of this study was to assess changes in the menstrual health and menstrual practices of adolescent girls produced by the project at the targeted areas.

The study combined both quantitative and qualitative methods. The quantitative approach employed a cross-sectional design using Individual Interviews for adolescent girls. The sample of the baseline included 5 out of the 30 beneficiary schools in the project. A total of 76 female students between 12 and 16 years participated in the survey and 80 students contributed through the FGDs (40 females and 40 males). Two male principals, five female teachers, two religious leaders, two education officers, two women and children affairs officers and two health officers also participated in the KIIs. Lastly, four case studies with adolescent girls were gathered. In total, the study included 179 participants.

Findings of the endline study suggest that there has been a very positive impact of the project among the beneficiaries and particularly, among the adolescent girls. The girls have improved their menstrual practices by using reusable menstrual pads (distributed by the project) and by reducing the use of clothes and other non-hygienic products to the minimum. They have also improved their hygienic practices by washing their bodies more often and drying and safely storing their menstrual materials.

The level of knowledge on menstruation and menstrual health of all beneficiaries of the project has also significantly improved. Particularly, adolescent girls have benefited from the education sessions that have helped them in the adoption of healthier menstrual practices. The combination of different actions such as the provision of education sessions and the distribution of education materials and menstrual pads has reported to be effective.

The overall school environment and social support that girls have received after the project has significantly changed and both teachers and students report having changed their attitudes towards menstruation. However, it is important to note that the adolescent girls report that the project intervention has not been sufficient to eliminate all menstrual stigma and shame, which are deep-rooted in the Somali society.

Overall, the three areas evaluated by this study -knowledge transformation of adolescent girls, changes on menstrual practices and hygiene practices and progress in the awareness of boys, teachers, and other community members – have shown significant improvements. Given the on-going contextual challenges of the targeted areas (recurrent droughts and inter-ethnic conflicts), it is recommended a continuation and expansion of the project, so further impact and sustainability of these changes will be ensured.

Table of Contents

EXECUTIVE SUMMARY	2
<u>1. INTRODUCTION.....</u>	<u>4</u>
<u>2. METHODOLOGY</u>	<u>6</u>
2.1. ENDLINE REVIEW OBJECTIVES	6
2.2. ENDLINE REVIEW DESIGN	7
2.3. DATA COLLECTION TOOLS	8
2.4. SAMPLE SIZE	9
2.5. METHODOLOGICAL CHALLENGES	10
<u>3. FINDINGS.....</u>	<u>11</u>
3.1. AGE AND EDUCATION STATUS OF RESPONDENTS	11
3.2. MENSTRUAL KNOWLEDGE.....	11
3.3. USE OF MENSTRUAL MATERIALS	12
3.4. MENSTRUAL HYGIENE PRACTICES	14
3.5. MENSTRUAL PRACTICE NEEDS.....	17
3.6. SOCIAL SUPPORT	18
<u>4. CONCLUSIONS AND RECOMMENDATIONS</u>	<u>19</u>
<u>ANNEXES</u>	<u>21</u>

1. Introduction

The endline review of the project “Promoting menstrual hygiene and health among Somali adolescent girls in Liben Zone, Somali Region, Ethiopia” (hereby the Project) was conducted in the two woredas of the intervention: Filtu and Dekashuftu in the Liben zone of the Somali region¹ during April 2022. The project was implemented by MELA FOR HER in partnership with the local NGO Pastoralist Concern from November 2020 to December 2021 with a non-cost extension until April 2022.

The Liben Zone suffered from several crisis since the beginning of the Project (See summary in Box 1 below) that have put target populations under increase insecurities (including protection concerns and high food insecurity) and have forced them to migrate earlier than usual and/or move permanently in search for safety and food security. Regular assistance mechanisms have also been impacted and project activities had to be put on stand-by on a number of occasions because of instability and security concerns. Population daily activities have also been impacted and so, schooling regular schedule has been shortened. As a consequence, MHM kit distributions could not take place on the dates initially planned. The local MHM team and school administrations had to travel to the villages to engage with the girls as schools were prematurely closed. All these external factors have required an extra effort from the implementing partners, who in spite of the circumstances, have managed to implement all activities and achieve results and objectives.

Box 1. The Liben Zone, impacted by several crises.

1. **Drought and the desert locust plague.** Somalia was exposed to one of the worst droughts in the past years, worsening the already existing water scarcity and the poor sanitation conditions of houses and schools. Additionally, land has been affected by desert locust plague that devastated some of the remaining pasture resources by mid 2021. Shortage of water and pasture have debilitated the livestock -first source of food and income in this part of Somali region. Also, as a consequence of the drought, the prices of the cereals have significantly increased, and schools were closed earlier than the end of the school year in 2022.
2. **Ethnic conflicts.** The on-going armed conflict at the Oromia-Somali border, has put the lives of target populations at risk and has forced communities to migrate looking for safety. It has also blocked the transportation of goods from Addis to the project area.
3. **COVID-19 Pandemic.** The global pandemic did also affect the Liben Zone and limited the access to health and education of girls’ beneficiaries. Targeted schools opened later than usual for the 2020-2021 school year with a significant reduction in the number of enrolled girls.

The project initially targeted 3,000 adolescent girls from 12 to 16 years old, although 3,661 adolescent girls received a menstrual kit on the first week of April 2022 including: reusable pads (day and night pads), educational and information materials, laundry soap, carrying bags and underwear.

¹ The Baseline of the Project contains information on the socio-economic situation of the Liben Zone and targeted woredas. Please refer to the summary of the context review included under Section 4.

The present endline review aims at assessing changes produced by the Project at the targeted areas. Particularly, the endline review assessed the following:

- 1) Knowledge transformation regarding the menstrual health and hygiene practices of adolescent girls as well as their preferences, perceptions and experiences around menstruation.
- 2) Changes on menstrual practices and hygiene practices of targeted girls, including the management of their menses and use of menstrual products.
- 3) The progress in the awareness of boys, teachers and other key community members on menstruation, understanding the cultural taboos and myths on menstruation and menstruating girls.

The data collection for the assessment took place the last week of April 2022 in Filtu and Dekashoftu woredas in five schools, three from Filtu and two from Dekashoftu, named: Ayinle, Haji Abdi and Jayga schools in Filtu and Dheka and Hysuftu schools in Dhekasuftu woreda.

The present report includes information on the methods used during the endline review, main findings and recommendations for future interventions.

2. Methodology

2.1. Endline Review Objectives

The overall objective of this review is to assess the changes produced by the Project and document the menstrual health and hygiene knowledge and practices of adolescent girls after the Project intervention.

The review areas of research and research questions are based on those included in the Baseline. Due to reduced resources and time, it was not possible to replicate the multidimensional evaluation conducted during the Baseline research. The endline review extracted most relevant research questions and assessment tools to meet the endline objectives and present an accurate picture of the progress made by target population. The main themes and subthemes and research questions included under this review can be found in the table below:

Themes/Subthemes	Research Questions
<p>Menstrual Practices</p> <p>“All the actions undertaken to manage menstrual bleeding. This includes accessing, storing and transporting acceptable menstrual materials (e.g., pads, cloth), changing and disposing of used materials, washing and drying reusable materials, as well as cleaning the hands, genitals and body. In assessing menstrual practices, it is also important to capture the environments women may use to undertake these practices. That is, the spaces women use to change materials, dispose of them, and clean their bodies and materials” (Hennegan, et al, 2020a).</p>	<p>After the project...</p> <ol style="list-style-type: none"> 1. What are the types of menstrual materials most frequently used at home and at school among the beneficiaries? 2. What is the frequency of changing menstrual materials and preferences for changing (place and time) of beneficiaries? 3. What is the frequency of handwashing and genital washing when changing menstrual materials? 4. What are the most common practices for menstrual waste disposal? 5. What are the most common practices for materials storage? 6. What are the most common practices for washing the menstrual materials? 7. What are the most common practices for drying menstrual materials? 8. What are the sanitation behaviors when menstruating of the target population?
<p>Menstrual Experiences/Menstrual Perceptions</p> <p>“Individual experiences of menstrual practices and environments regardless of the actual menstrual practices.” Perceptions of menstrual practices, positive or negative, may reflect the practices themselves, but are also dictated by women’s personal perspectives and past experiences, their context and the expectations of others in their community” (Hennegan, et al, 2020b).</p>	<ol style="list-style-type: none"> 9. Are girls satisfied with their menstrual materials, preferred disposal and environment (spaces) they use to manage their menstruation? (had their needs met in their last period) 10. Are girls concerned about the quantity and quality of their menstrual materials (that they would leak, that they would run out of materials, or that materials would move out of place)? 11. Are girls concerned about their privacy and safety while managing their menstruation both at home and at school (worries that they would not be able to change or dispose of materials when they need to)? 12. When reusing materials, what are the concerns of girls around washing and drying the materials?

<p>Perceptions of comfort, satisfaction, adequacy, reliability as well as worries and concerns during the management of menstrual period are included.</p>	<p>13. When reusing materials, are girls satisfied (had their needs met) in relation to washing and drying materials? 14. What is their level of satisfaction with MELA MHM kit received? 15. What is their level of satisfaction with the project?</p>
<p>Menstrual Knowledge</p> <p>Knowledge on basic biology of menstruation, reproduction and the links between menstruation and pregnancy, practical management of menses and pain, and interpreting the accuracy of local taboos around menstruation (Hennegan, et al, 2019).</p>	<p>16. What is the knowledge of the beneficiaries on menstrual biology? 17. What is the knowledge of the beneficiaries on practical information on menses management (including basic hygiene practices and pain relief)? 18. What is the level of knowledge and awareness of the beneficiaries on taboos and culturally-based misinformation around menstruation?</p>
<p>Social Support</p> <p>Existence and type of support provided to schoolgirls by teachers, female peers and male students. Expression (or lack of) understanding and support provided to schoolgirls. Existence of teasing or harassment by female and male peers because of their menstrual status or even bullying behaviors.</p>	<p>19. What are teachers, female and male peer students' attitudes towards menstruation? 20. What are teachers, female and male peer students' behaviors towards menstruation and menstruating girls? 21. What have teachers, male students learned from the project?</p>

2.2. Endline Review Design

The design of the study included these different actions:

1. **Data collection preparation**, including:
 - a. Review design: development of the methodology plan, data collection tools and analysis framework.
 - b. Selection and contract of the data-collection team composed by four female health workers with experience in similar previous assignments. Three of them participated in the data collection of the Baseline research of the project.
 - c. Fieldwork preparation/organization of logistics for the data collection (including car rental, traveling arrangements, etc.), and preparation of the schools selected for the data collection, gathering school principal's agreements and finalizing the data collection workplan.
2. **Endline data collection**, including:
 - d. The training of data collectors took place in Filtu in the last week of April 2022. This intensive training of data collectors was given by MELA FOR HER in order to ensure that all data collectors were able to administer the questionnaires and focus groups properly. The training included approaches on how to collect valid

information in a sensitive and respectful way and comply with basic principles of child protection and gender equality.

- e. Data collection in the field with the support of PC took place during the last week of April, 2022.
3. **Baseline reporting**, including:
- f. The data collection has done manually through hard copies of questionnaires and FGD and KII's scripts. Transcripts from KIIs and FGDs were translated from Somali to English and were thematically coded for analysis.
 - g. Data Analysis. Both descriptive and inferential analysis techniques were used to scrutinize the variables under study. Triangulation of data was used as the main tool for analysis, utilizing both triangulation of sources and triangulation of methods. Content analysis techniques were used to examine the qualitative data whereas descriptive and inferential statistics methods including crosstab, tables, graphs and regression were used for the quantitative data analysis.
 - h. Report writing. Based on the data analysis, the present report was written and reviewed after internal and partners' feedback was collected.

2.3. Data collection tools

The review combined both quantitative and qualitative methods. The quantitative approach employed Individual Interviews for adolescent girls. Two qualitative tools supported and enriched the findings from the Key Informant Interviews (KII), Focus Group Discussion (FGD) and Case studies with adolescent girls.

Individual Interviews

The tool (see Annex 1) was used to assess the menstrual practices, perceptions and knowledge, of adolescent girls beneficiaries (girls from 12 to 16 years old). The questionnaire included three sets of questions to assess their level of knowledge, their menstrual practices and perceptions and their level of satisfaction with the project and the MHM kits received. The questionnaire included sections of the two questionnaires used during the baseline that were developed by Hennegan et al. (2020a, 2020b) on the menstrual practices and practice needs and one set of questions on the knowledge of the girls inspired by the Sol et al (2019) questionnaire. The tool was translated into the local language, Somali. A pilot testing of the questionnaire was carried out by trained data collectors who have acquaintance with the local culture and well versed with the local language during the baseline assessment. A total of 76 girls participated.

Focus Group Discussions (FGDs)

The FGD was used to gather qualitative information from groups of adolescents (both boys and girls from 12 to 16 years old.) beneficiaries of the Project. The information collected helped to better understand the quantitative findings from the questionnaires. FGD guidelines (See Annex 2) were developed in English and were translated to Somali. Data collectors took notes of the discussions in Somali language during the FGD. The notes were then translated from Somali to English for analysis. A total of 10 FGDs took place (5 with girls and 5 with boys).

Key Informant Interviews (KIIs)

The KIIs were based on semi-structured interview formats prepared to gather qualitative information from government authorities, teachers and school administrators involved in the project. They were inspired by the guiding questions proposed by Caruso et al (2015). A list of key informants was developed per woreda with the support of partner 's teams at the field. KII guidelines (See Annex 3) were developed in English and translated into Somali language. Data collectors took notes in Somali during interviews and then translated into English for analysis. A total of 18 KIIs took place in Liben Zone.

Case studies

Case studies were gathered through in-depth interviews with adolescent girl beneficiaries of the Project in order to better understand their personal experiences before, during and after the Project activities. Four case studies are included in the review (See Annex 6).

2.4. Sample Size

The endline review covered the targeted locations of the project in the two woredas of intervention: Filtu Woreda and Dekashuftu Woreda. (See table 1 below)

A total of 76 girls from 12 to 16 years old took place in the individual survey (49 from Filtu Woreda and 27 from Dekashuftu Woreda).

(See table below)

Table 1. Sample distribution

	Data collection tool	Schools		Participants		
		Filtu	Deka	Total /Filtu	Total /Deka	Subtotal
1	Individual Interviews	3 Schools 16 Students (Filtu)	2 Schools 14 Students (Deka)	48	28	76
2	Focus Group discussion	6 FGD (3 Boys/3 Girls)	4 (2 Boys/2 Girls)	48	32	80
3	Key Informant Interview (Teachers)	3 Prinicpals +3 Female Teachers	2 Prinicpals and 2 Female teachers	6	4	10
4	Key Informant Interview (Partners)	1 Religious leader +1 Education office + 1 women and children office + 1 Health office	1 Religious leader +1 Education office + 1 women and children office + 1 Health office	4	4	8
5	Case studies /Personal stories/Girls	3	2	3	2	5
	TOTAL	3	2	67	42	179

The selection of the adolescent girls participating in the endline was done randomly among those who had participated in the project. The sample of students belonged to 5 schools from Filtu (3) and Dekashuftu (2) woredas (16 students per school) included in the baseline.

2.5. Methodological challenges

The endline faced some methodological challenges mainly derived from the insecurity context in the area, the earlier closure of schools and the difficulty to access to some of the project areas. The team mitigated those challenges adapting the limited resources available to the current context and reducing the scope of the evaluation to those indicators that were critical for tracking the progress and results of the project.

- The Endline sample size corresponds to a quarter of the size interviewed for the Baseline survey (the baseline included 296 girls). However, the endline review included case studies and qualitative data is proportionally larger than during the baseline. This qualitative approach was preferred since deep knowledge on the impact of the Project required the use of qualitative tools over quantitative ones.
- Because of the difficulty of movement among kebeles, it was difficult to hire the same data collectors who already participated in the baseline study. One new data collector was included in the team and the training was adapted to their needs.
- The time elapsed since the distribution of the menstrual kits was too short to evaluate the long-term impact of the project. It is recommended that a deeper analysis of the long-term results of the project is conducted at least 6 months after the distribution of the kits.

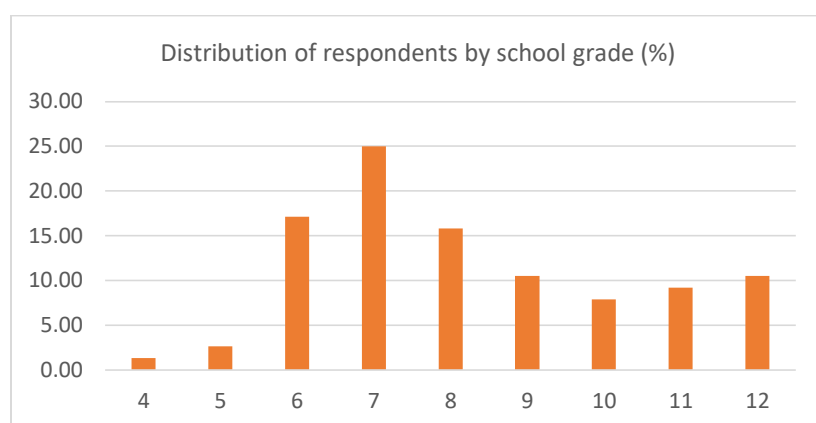
3. Findings

3.1. Age and education status of Respondents

Among the total of 76 adolescent girls surveyed, the mean age of the respondents is **16 years of age**, a slightly higher than the mean age during the baseline survey (15.18 years of age).

As for the education level, most of the respondents study **grades from 6th to 8th** (See Figure 1). This is a grade lower than the sample of the baseline were, despite of being younger in age, the respondents were distributed towards a higher grade at the beginning of the project. This finding could be influenced by the continuous interruptions that the schools have suffered since the onset of the project because of the COVID-19 pandemic restrictions and the drought/insecurity situation.

Figure 1. Distribution of respondents by School level (n=76)



3.2. Menstrual knowledge

Almost all girls were informed about menstruation (98.7%) with only one respondent reporting not having learned about it, and **100% of respondents reported having learned about menstrual hygiene**. This finding is expected since all participants in the survey had participated in the Project and contrasts with results of the baseline where only 65% of the respondents were informed about menstruation.

Concerning the level of knowledge, also as expected, the **majority of the respondents proved to have sufficient knowledge about menstruation** (76% of the respondents answered 5 or 6 out of 6 questions correctly). As shown in Figure 2 below, only 22% of the respondent are considered to have "Limited knowledge" and only one respondent failed to answer correctly at least half of the questions² about menstruation. In total, as observed on the comparative table below, there has been a significant improvement on the knowledge of adolescent girls after the Project activities.

² "Sufficient knowledge" indicates that 5 or 6 questions (out of a total of 6) have been answered correctly; "Limited knowledge" indicates that 3 or 4 questions (out of a total of 6) have been answered correctly and: "Insufficient knowledge" indicates that 1 or 2 questions (out of a total of 6) have been answered correctly only.

Figure 2. Comparative table: distribution of three levels of knowledge at Baseline and Endline.

	Insufficient Knowledge		Limited Knowledge		Sufficient Knowledge		TOTAL
Endline	1	0.1%	17	22%	58	76%	76
Baseline	81	27%	194	66%	21	7%	296

However, when asked about “what is menstrual hygiene” and despite of the fact that 100% of respondents reported having learned about it, only 55% of them knows how to respond correctly. This highlights the fact that, **despite of important improvements on the adolescent girls’ knowledge on menstruation and MHM, there is still room for improvement and girls have expressed their willingness to continue learning about it.**

Although almost all adolescent girls report having enough information on how to manage the pain during their periods and have enough information on how to manage their periods in general, **78% of the girls report that they would like to learn more** about what is menstruation and how to manage it.

One important finding from this review is the fact that girls have found **the use of the Menstrual Calendar extremely useful.** They enjoy the fact that by using the calendar they can predict when their menstruation will happen and be prepared for that.

“Previously we don’t have confident to attend classes while menstruation but now we can predict when it will come and confidently attend classes by using the pads.” Girl, Ayinle Primary & Secondary school. Filtu.

“There is a great change now, I am very happy with the menstrual hygiene management products that were provided for us. I am using them and I learned how to manage them. I have my calendar and I know when my menstruation will come and I can prepare for it. I also know how to manage the reusable materials hygienically thanks to this project” Girl, Jayad School, Filtu.

Finally, the **level of knowledge has also increased among teachers.** According to all testimonies gathered through KIIs, teachers appreciate the training received and are committed to continue educating adolescent boys and girls.

“I was benefited from menstrual hygiene management training through this project and also have been supporting girls in the school so far according to the way I learned in the training and my experience. I am ready to support students on Menstrual Hygiene Management education even if the project has phased out” Female teacher, Haysuftu Secondary School, Dhekashuftu

3.3. Use of menstrual materials

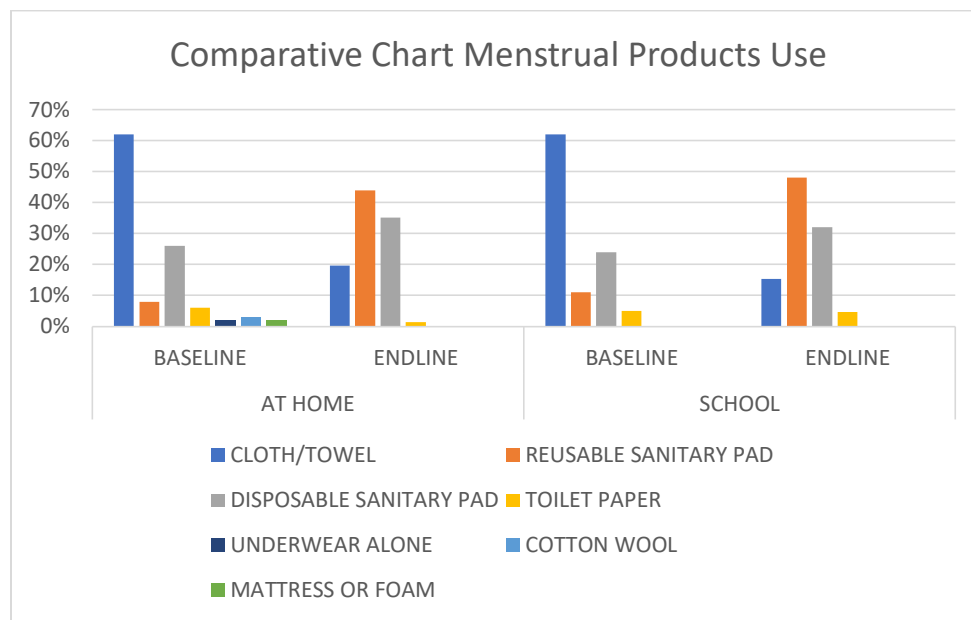
The **main material that is used by the respondents to manage their periods at home is the reusable sanitary pads (MELA pads)**, with 44% of the girls using it as compared to the baseline where the main material used was the home-made cloth/towel (62% of baseline respondents). As shown in Figure 3 below, **the situation at school is quite similar:** 48% of

the respondents reported that they are using reusable sanitary pad (MELA pad) as compared to the 11% of girls who reported using reusable pads at the baseline.

Both at home and at school, among those using reusable pads, one quarter of them (25%) use exclusively MELA pads and the others combine its use with other products such as cloth and/or disposable sanitary pads. Also, the use of disposable sanitary pads has slightly increased from 26% to 35% at home and from 24% to 32% at school.

It is to highlight that the use of toilet paper has been significantly reduced from 6% to 1% when girls are at home and other non-hygienic materials such as cotton wool, underwear alone or foam have not been reported at all compared to the baseline, where there were a small percentage of girls reporting its use (from 2% to 3%).

Figure 3. Comparative Chart Baseline/endline: Most used type of menstrual material at home and at school



Overall, the **use of non-hygienic menstrual materials by the adolescent girls has been significantly reduced and sanitary pads, particularly reusable pads (MELA pads) are now the most common type of material used at home and at school**, which girls still combine with other materials such as disposable pads and clothes.

There are numerous testimonies from teachers and students about how the Project has not only facilitated girls' access to quality menstrual products but it has also changed the way adolescent girls consume menstrual products and thus, there is a shift from previously used non-hygienic material, to safer menstrual products. This is due to the Project's holistic intervention that includes distribution of menstrual kits, but also education, training and awareness raising with numerous actors, advocacy, etc.

"There is a great change since this project started. Previously, girls did not take the menstrual protection materials such modern pads such as Always even if they were freely distributed because of their feelings of shame about taking these product from the school distribution place. Thanks to Allah now after continuous awareness creation and provision of quality full set

*of menstrual hygiene management products, girls are looking forward to take the products".
School teacher. Dheka Secondary. Dheka Shuftu*

"Previously girls didn't take the modes provided by different NGOs but after teachers, girls and boys took training and parents were given awareness, girls students directly take kits from school." Head teacher, Ayinle, Filtu

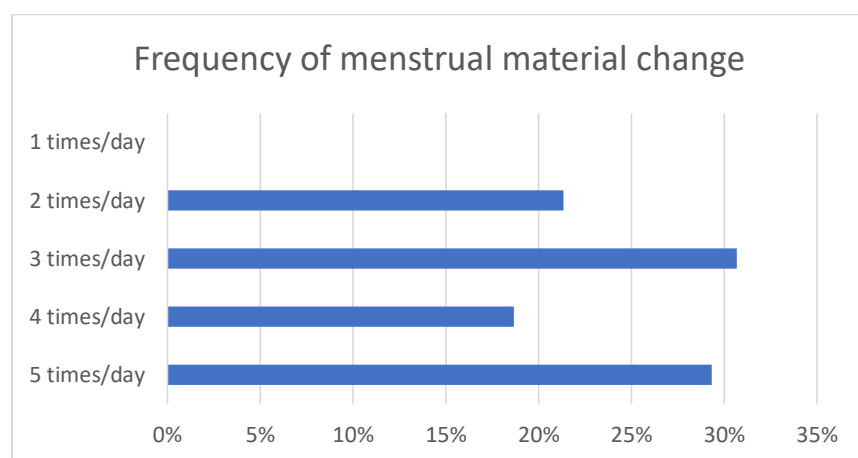
Finally, adolescent girls requested for the **products included in the menstrual kits distributed to be available in the market since one-time distribution is not the solution for them in the long term.**

"The availability of the kits in the market rather than free distribution in schools for the future should be improved" adolescent girl, Jaygaad Secondary school, Filtu

3.4. Menstrual Hygiene Practices

The majority of the girls reported **changing their menstrual materials from 2 times to 3 times a day (21% and 31% respectively) and even 29% of them reported that they change 5 times a day and 19% four times a day** as shown in Figure 4. The results show an increase from the baseline data when most of the girls reported changing their menstrual materials from 1 to 3 times a day when at home³

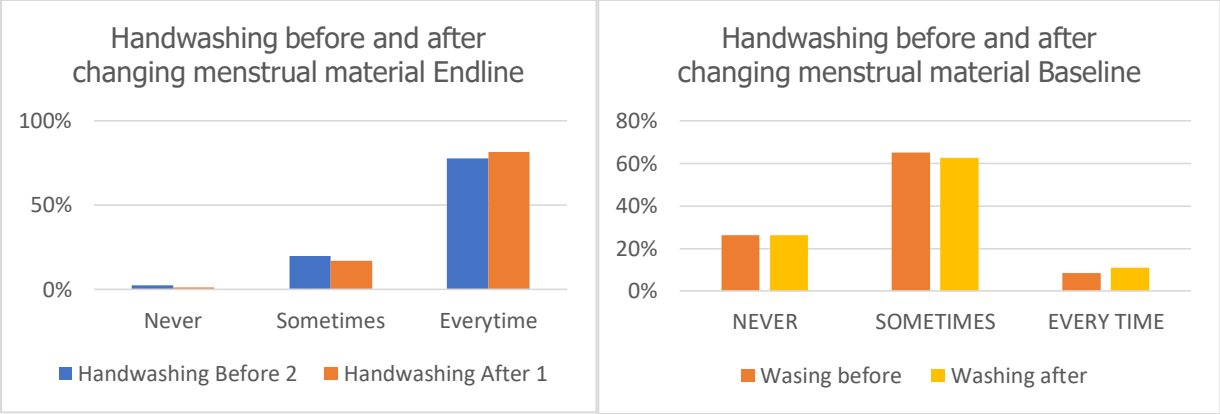
Figure 4. Frequency of menstrual hygiene change



Regarding the hygiene management, the **vast majority of the girls reported washing their hands before (78%) and after (82%) changing their menstrual materials "every time"**. Compared to the 29% of respondents who reported having washed or reused their menstrual materials in their last period.

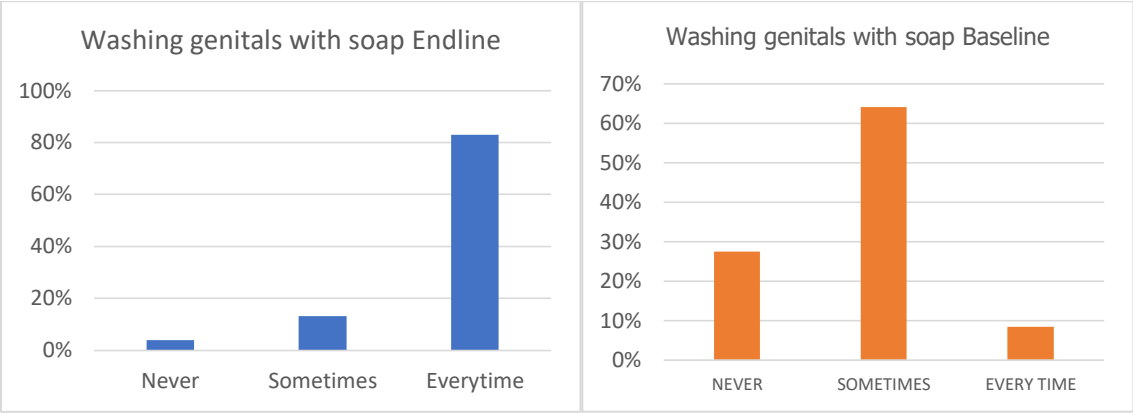
Figure 5: Handwashing before and after changing materials at Endline and Baseline

³ It is not possible to compare numeric results since Endline survey did not distinguish between material-change at home or at school.



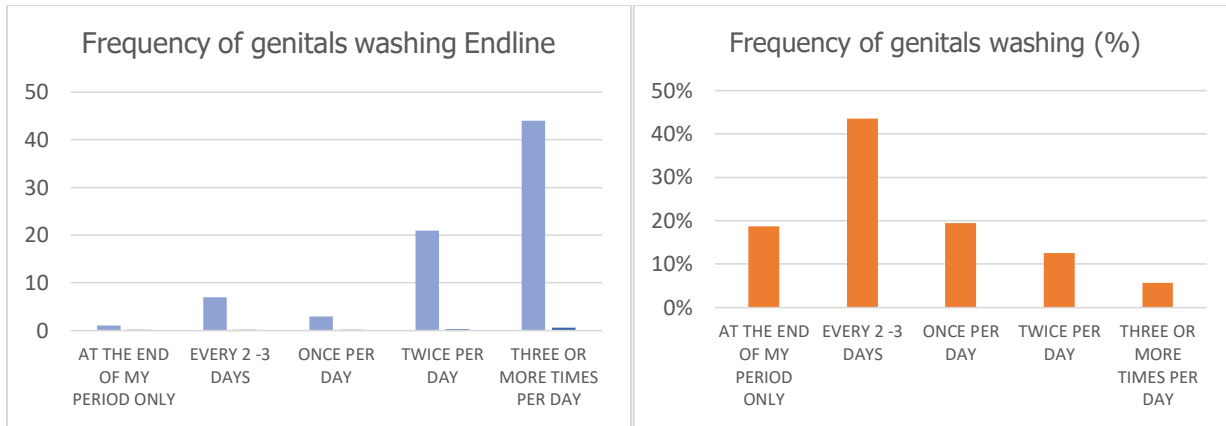
Related to the genital washing, an important improvement compared to the baseline levels is observed as well. During the endline survey, respondents reported that **they wash their genitals with soap every time (83%) compared to the 8% of girls at Baseline.**

Figure 6: Washing genitals with soap at Endline and Baseline



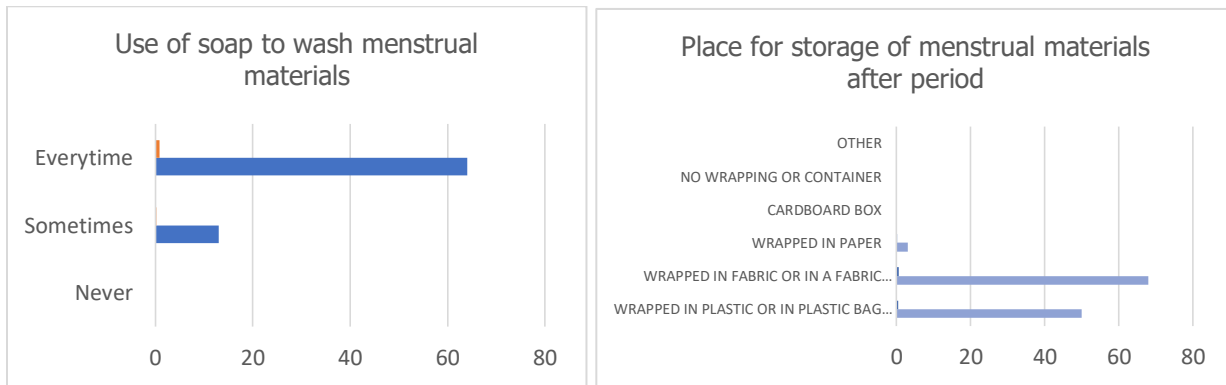
As for the frequency of genitals washing, it also significantly increased compared the baseline level. As shown in Figure 7, **58% of girls at the endline survey reported washing their genitals three or more times per day during their last period** whereas at baseline, the majority of the girls reported washing every 2-3 days (44%)

Figure 7: Frequency of washing genitals at Endline and Baseline



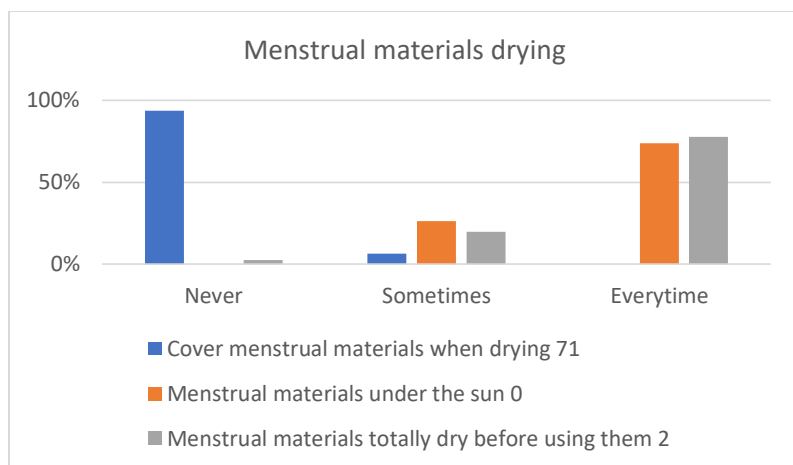
Soap is also used to wash menstrual materials by 84% of the respondents as shown in Figure 8 below. The majority of the girls reported placing the menstrual materials for storage in a fabric or cloth (56%). Although, an important number of girls still report the use of plastic materials to store the materials (41%), which is considered to be a bad hygienic practice.

Figure 8: Washing and storing menstrual materials



The majority of the adolescent girls (71%) reported drying their menstrual materials hanging outside their homes followed by hanging but hidden (17%). This is an important improvement from the baseline where most of the girls reported hiding the menstrual materials (52%). The drying practices in general have improved. As shown in Figure 9, 93% report never covering their drying materials (as compared to 87% of respondents during baseline) and the majority of the girls report drying materials under the sun and allowing them to be totally dry before they use them again (74% and 78% of respondents respectively).

Figure 9: Menstrual materials drying practices



Overall, there has been a significant improvement in the personal and materials washing, drying and storing of adolescent girls after the Project.

3.5. Menstrual Practice needs

Adolescent girls reported that their material needs were better covered as the majority of them (97%) responded positively to the questions related with their perception on how comfortable the menstrual materials are, the quantity of menstrual materials available and their availability. They also reported that they felt comfortable storing the menstrual products after their periods and/or disposing them. They were also positive about their capacities and knowledge to wash their menstrual materials as desired.

Concerning their needs related to transporting their materials and using them at school, adolescent girls are in general positive about it. However, 25% and 9% of girls report that they did not feel comfortable carrying spare menstrual materials outside their home and to the place where they change them respectively. This suggests that social stigma and cultural taboos on menstruation are still influencing the social practices of girls.

As for their materials reliability concerns, more than **85% of the respondents feel that their menstrual materials are reliable (will not leak or move) and are available for them.**

However, **more than half of the girls (61%) worry about where to dispose their menstrual materials and if others will see their disposed materials (67%).** They are also worried that others will see them when they wash (67%) or dry (64%) their menstrual materials. As a consequence, some girls will still wear their materials when they are not totally dried. This is a sign that menstrual stigma is still very much present in society.

In general, girls are still suffering from the **lack of appropriate sanitation structures in the school and shortages of water and soap both at home and school.** Water and sanitation difficulties are still the main challenges faced by the girls as mentioned in numerous interviews by them.

"Finally, I would like to say thank you and, in case the project continues, WASH facilities improvement will add value to the project such as roto tankers, latrines construction etc."
School admin, Haji Abdi School, Filtu.

"Although we have seen improvement after this project and girls are using products, there are still absentees due to poor latrine conditions" Female teacher, Haji Abdi Primary & Secondary, Dheka shuftu

3.6. Social support

In general, **girls report the level of support from their school mates and teachers have improved.** Both male and female students have provided with testimonies expressing their level of satisfaction on this regards.

"I participated in two project activities, I enjoyed most the one with boys and girls together because we shared different experiences" Girl, Jaygaad, Secondary school, Filtu

"What I benefited most is that I used to believe that menstrual blood was something bad or curse but after the training I realized this is a natural human developmental body happening to all girls as happening to boys in other ways" Male student, Jayga Ad secondary school, Filtu

"At least we will help girls by not laughing at them in case such cases happen and confronting those laughing at them" Male student, Haysuftu primary & secondary school, Dheka

Moreover, the fact that **teachers have now increased their awareness has been key for them to feel more supported and protected** whenever they face problems to change their menstrual materials at school or whenever boys molest or make fun of them.

"Thanks to project, I have changed my attitude and perception towards menstruation and students also have changed their behavior due to the training. I identify the needs of girls and assigned female teacher to give the kits provided by PC/MELA FOR HER. Now the students are taking their kits without fears" Head teacher, Ayinle, Filtu

However, it is also recognized by both teachers and students that **efforts need to continue and intensify to keep on challenging old believes and menstrual shame that are deeply rooted in the culture and societal norms of the local communities.**

"We planned to intensify and double what we have learned from this project as our community is pastoralist and do not accept new changes easily" Head teacher, Jayga Cad, Filtu

4. Conclusions and recommendations

The project has positively impacted the lives of the adolescent girls who have participated in it. The endline findings show significant improvements in different areas:

- The **use of safer menstrual materials has significantly increased in the areas of intervention.** The preferred menstrual material for adolescent girls are reusable sanitary pads followed by disposable sanitary pads, whereas the use of unsafe and non-hygienic materials has been reduced. This is one of the greatest impacts of the project that has contributed to the overall improvement of the menstrual health of the girls.
- Likewise, **all markers evaluated on the menstrual hygiene practices of girls (personal hygiene, and materials washing, drying and storing) show significant changes from the baseline levels.** The distribution of menstrual kits that included soap, bucket and other materials have helped the girls to adopt the new hygienic practices despite of the ongoing drought and the poor sanitation conditions of the schools' facilities.
- Adolescent girls did receive not only the materials to use for their hygienic practices (materials included in the menstrual kits), but most importantly, education and information on how to take care of themselves and how to manage healthy menstruations. In general, **adolescent girls have proven to be well-informed and have increased their knowledge on menstruation and menstrual health practices.** Consequently, they have increased their confidence and their fears and anxieties around menstruation have decreased.
- It is to highlight the importance of the **holistic and multi-layered approach taken by the project.** As reported by several informants, one of the keys for the success of the project is the fact that the distribution of menstrual materials was supported by previous relevant activities such as the capacity building of teachers, awareness raising of communities and students and education of adolescent girls, among others. The combination of all these interventions, facilitated the integration of the use of reusable pads and the adoption of more hygienic practices by adolescent girls.

However, adolescent girls have reported that some of their needs are still unmet in relation to their capacity to change their menstrual materials at school and fears of disposing/been seen when washing their menstrual materials. This indicates that **menstrual shame and menstrual stigma are still present in their communities.** Despite of the improved social support provided by both teachers and adolescent boys because of their change in attitudes after project activities, girls still feel insecure to a certain extend.

Overall, adolescent girls and boys have kicked off their journey on menstrual health education and it has been proven to be key for the improvement of menstrual management and challenging the menstrual taboos and old cultural restrictions. However, **education sessions need to be compounded and frequent** so students can progress on their knowledge and better put in practice concepts learned in the classroom.

Lastly, the progress and very positive results of the project will be maintained to a certain extend through the commitment expressed by local authorities and teachers that are willing to continue educating and raising awareness of students and communities. However, **given the**

scope of the needs evaluated during the baseline, and the challenging context with constant water shortages and schools' closures, the sustainability of the project is contingent to the implementation of future interventions that reinforces activities and strategies incorporated by the project, and expands actions through the Liben territory.

ANNEXES

Annex 1. Individual Survey questionnaire for adolescent girls

Annex 2. Focus group discussion questions for boys

Annex 3. Focus group discussion questions for boys

Annex 4. Key informants interview Guide for Government officials

Annex 5. Key informants interview Guide for teachers and school administrators

Annex 6. Case Studies

Annex 7. Data collection photos