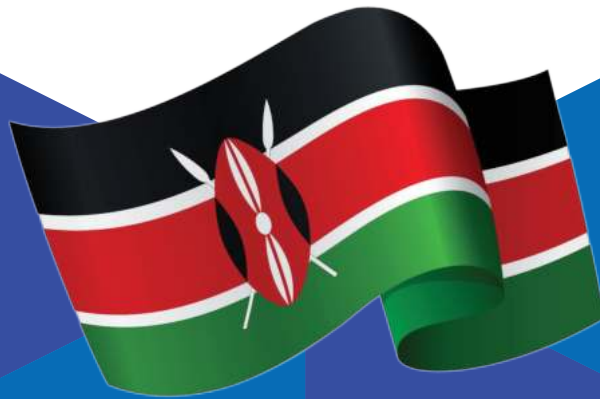


REPUBLIC OF KENYA



MINISTRY OF HEALTH

MENSTRUAL HYGIENE MANAGEMENT STRATEGY



2019-2024

REPUBLIC OF KENYA



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Foreword

The Constitution of Kenya 2010 under article 43 recognizes that the access to water and sanitation is a basic human right. It aims to preserve the dignity of individuals and communities through the promotion of social justice.

Kenya vision 2030 envisages that in order to achieve a just and cohesive society that enjoys equitable social development, there is need to ensure favorable health and education outcomes for its citizens are realized in a clean and secure environment. This is in line with ensuring the universal access to adequate water and sanitation targets of the Sustainable Development Goals (SDGs).

Menstruating in dignity is part of the fundamental right of girls and women, half of the country's population. Girls' ability to manage their menstruation is influenced by broader gender inequities across Kenya and can be hindered by the presence of discriminatory social norms. There may be opportunities to leverage Menstrual Hygiene Management as an entry point to sensitive sexual, early childhood marriages, female genital mutilation (FGM) and reproductive health topics, such as reproductive rights, transactional sex, and teenage pregnancy prevention.

Menstrual Hygiene Management (MHM) is a far-reaching and complex issue that needs to be addressed from various sectors: water, sanitation and hygiene, education, health, protection and social and economic aspects. In Kenya, the Kenya Health Policy (2012-2030), the Kenya Environmental Sanitation and Hygiene Policy and Strategy (2016 – 2030), the National Reproductive Health Policy (2007), the Gender Policy in Education (2007) and the National Adolescent Sexual and Reproductive Health Policy (2015) all contain aspects of MHM.

Despite the mainstreaming of the MHM issues in existing national policies in different sectors, there has been lack of strategic framework for the policy implementation and clarification of roles and responsibilities of different stakeholders. The Kenya Menstrual Hygiene Management (MHM) Strategy 2019-2024 provides a medium-term framework for both state and non-state actors at National and County levels to implement the Kenya Menstrual Hygiene Policy. It sets out strategic focus areas with the aim of mainstreaming MHM, strengthening partnerships and coordination, development and maintenance of Water sanitation and Hygiene (WASH) infrastructure, strengthening MHM education and awareness, promoting advocacy and resource mobilization, and establishing effective Monitoring and Evaluation systems for MHM.

The vision of the strategy is to ensure that women and girls have access to improved Menstrual Hygiene, where safe hygienic behaviour during menstruation is the norm, and where comprehensive menstrual waste management is widely practiced, leading to improved well-being and full realization of life. The strategy is an outcome of recommendations made by the Joint Monitoring Programme (JMP) and one of the priorities of Kenya Environmental Sanitation and Hygiene Policy 2016-2030. The Strategy takes full cognizance of the devolution of most sanitation functions and services to County Governments.

This comprehensive strategy enables stakeholders to collectively and effectively improve the situation around MHM in Kenya, thereby ensuring the wellbeing of girls and women, as well as implications for the environment and ultimate gender equality in the country.



Sicily K. Kariuki (Mrs.), EGH
Cabinet Secretary
Ministry of Health

Preface

The Kenya Menstrual Hygiene Management (MHM) Strategy marks a milestone in the Country's movement towards universal access to adequate sanitation and hygiene and a clean and healthy environment in the wake of the new Constitution of Kenya 2010 and the Sustainable Development Goals (SDGs). The Government through the Constitution 2010 and the Kenya Vision 2030, has created an enabling environment for all stakeholders to make their contributions towards our collective aspiration where every Kenyan, including women and girls enjoy high quality of life in a clean, secure and healthy environment.

The goal of this Strategy is to address the needs of girls and women and to provide a vehicle to transform the MHM in Kenya, in line with the MHM policy. The Strategy provides both guidelines and an action plan where all the women and girls of Kenya will have access to better MHM options which if widely practiced will lead to a better life for all the women and girls in Kenya.

As the issue of MHM requires the investment and partnership from multiple sectors, this Strategy forms the basis of a Sector Wide Approach for MHM where all the stakeholders collectively commit and tackle the current poor MHM and sanitation situation in the country. It also clarifies the roles and responsibilities of different leading stakeholders to deliver results.

The Strategy outlines the five strategic focus areas and key interventions to achieve the following five key objectives in the MHM Policy:

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 Strategy.



Susan N. Mochache, CBS

Principal Secretary
Ministry of Health

Acknowledgement

This Kenya Menstrual Hygiene Management (MHM) Strategy 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 Strategy 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 Strategy.

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.

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

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



Kepha Ombacho, PhD, FAIPH, MBS

Director Public Health

Ministry of Health

Executive Summary

Menstrual Hygiene Management (MHM) is a multi-dimensional, critical component of sanitation, education, and health. There exists an array of barriers to high-quality Menstrual hygiene management (MHM) across Kenya. It remains particularly challenging for low-income women and girls. Situation analysis reports shows that girls face monthly challenges, with 58% of girls in rural and 53% of girls in urban areas in Kenya unable to afford sanitary pads. An average of 22% of school aged girls reported that they purchase their own sanitary products, which begs the question of who provides the money and what they have exchanged for it. Another study alerting that some impoverished young adolescent girls needed boyfriends to pay for their pads. only 30% of the schools provide sanitary pads for their students and in most instances, these are only for emergencies. Just 36% of rural schools had adequate and private toilets for girls, which could aid in changing their menstrual product. Evidence in Kenya has illustrated the problem girls face, causing them shame and avoidance of school activities. Evidence on the impact of poor menstrual health, on critical outcomes is accruing, showing provision of improved MHM education, infrastructure, and products will improve girls lives. Research studies in Kenya have illustrated safe and effective use of menstrual products, with a reduction in infections and increased ability to engage in school- life. Girls' ability to manage their menstruation is influenced by broader gender inequities across Kenya and can be hindered by the presence of discriminatory social norms. There may be opportunity to leverage MHM as an entry point to sensitive sexual, early childhood marriages, female genital mutilation (FGM) and reproductive health topics, such as reproductive rights, transactional sex, and teenage pregnancy prevention. Guidance is also required to support the issues and needs of menstruating women in the workplace.

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.

Chapter One: Introduction

Background

Systematic studies as well as focus on Menstrual Hygiene Management (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 (MDGs) and spearheaded by Non-Governmental Organizations (NGOs) together with the private sector in Low- and Middle-Income Countries (LMICs), especially in sub-Saharan Africa. Research evidence is building to support policies and strategies to deal with MHM in a systematic manner. Kenya is a signatory to several international and regional human rights treaties and declarations. These include 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 MDGs 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.

It 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 enshrined in Kenya Vision 2030 blueprint.

Nationally, the Constitution of Kenya 2010 recognizes the protection of human rights and aims to preserve the dignity of individuals and communities through the promotion of social justice. In addition, the National Reproductive Health Policy (2007), the Gender Policy in Education (2007), the Kenya Health Policy (2012-2030), the National Adolescent Sexual and Reproductive Health Policy (2015) and the Kenya Environmental Sanitation and Hygiene Policy and Strategy (2016 – 2030) all contain aspects of Menstrual Hygiene Management.

MHM is a far-reaching and complex issue that can be addressed from various aspects: hygiene, sanitation, education, social and economic. A comprehensive strategy usable by actors in policy implementation will ensure the wellbeing of half of the country's population, as well as implications for the environment and ultimate gender equality in the country.

Rationale of the MHM Strategy

The basic level of access to better menstrual hygiene management practices in Kenya, although higher in terms of coverage than many other sub-Saharan nations, is generally of poor standards. This situation is further contributed by low levels of hygienic behavior, poor and inadequate sanitation facilities as well as skewed access to recommended sanitary products. This has resulted in high levels of hygiene related infections. In urban centers, the inability to properly dispose of sanitary waste has resulted in a constant eyesore and health hazard. Levels of sanitation at schools leave much to be desired ranging from the perspective of maintenance and availability of facilities to generally poor level of health and hygiene education in the curriculum.

The water and sanitation sector is key in implementing menstrual hygiene management activities. However, efforts to invest adequately in Menstrual Hygiene Management in the Sanitation sector have been frustrated by lack of a strategic framework. There is also ambiguity over roles and responsibilities in the sector, and a disconnect between existing policies and legal instruments that deal with sanitation and menstrual hygiene management in passing.

Key stakeholders in the sector do not feel obliged to provide the required Menstrual Hygiene Management services because there is inadequate capacity at all levels to plan, design and implement Menstrual Hygiene Management Programmes that integrate infrastructure development and hygiene education, while addressing other cross-cutting issues such as gender as well as the access to affordable recommended menstrual hygiene management products.

The development of the Kenya Menstrual Hygiene Management Strategy was one of the priority areas that the Joint Monitoring Program (JMP) recommended for immediate action. The immediate development of a NMHM strategy is also consistent with the prioritization of Kenya Environmental Sanitation and Hygiene Policy 2016 – 2030.

Purpose and Aim of the MHM Strategy

The purpose and aim of the Kenya Menstrual Hygiene Management Strategy is to answer the needs outlined above and to provide a vehicle to transform the Menstrual Hygiene Management in Kenya. As the vision points out below, it is to provide both guidelines and an action plan where all the women and girls of Kenya will have access to better menstrual hygiene management options which if widely practiced will lead to a better life for all the women and girls in Kenya.

The strategy by providing guidelines and an action plan, will form the basis of a Sector Wide Approach (SWAP) for MHM. Partners committed in making significant contributions to the development of the country can commit funds and other resources to tackle the current poor menstrual hygiene management and sanitation situation in Kenya.

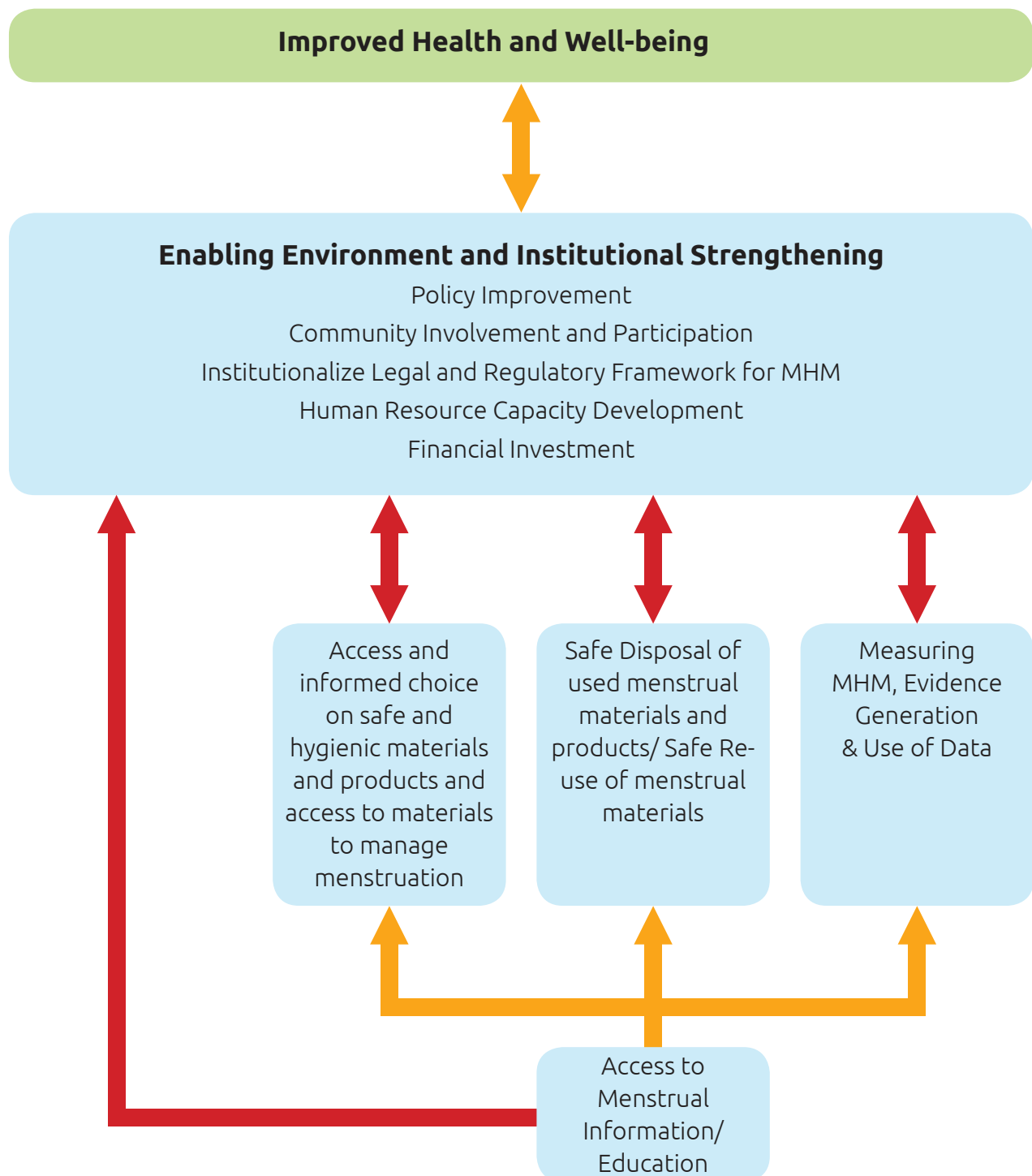
Strategy Development Process

Stakeholders Consultation in the Development of the Strategy

The development of this strategy involved a variety of participatory methods and a wider consultative process. It encompassed intensive task coordination and management through a MHM-led Working Group, established under the framework of the Environmental Sanitation and Hygiene Interagency Coordinating committee. In addition, it provided an in-depth review of the national and international references. Stakeholder consultations were carried out with relevant government agencies, non-governmental organizations, and research organizations. Situation analysis to inform development of this strategy was conducted in various geographical locations and cultural contexts in Kenya. and focus group discussions (FGDs) were held with Primary and Secondary school children (boys and girls), whereas Key Informant Interviews (KIIs) were held for the teachers, Officials of Division of Environmental Health at the Ministry of health and NGOs in water hygiene and sanitation sector in country.

The Menstrual Hygiene Management Framework

The Menstrual Hygiene Management Strategy for Kenya has been developed on the basis of Menstrual Hygiene Management Framework with four components listed as follows: Access to hardware, Hygiene promotion, Access to affordable menstrual hygiene management products and an Enabling environment. An integrated program with all four components is the ideal for Menstrual Hygiene Management.



Framework for Improvement of Menstrual Hygiene Management

Policy and Strategy Guidelines

This strategy has close linkage to the following policies, strategies and action plans and implementation of this will lead to significant gains in those interventions and activities highlighted in these documents:

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 ensuring 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”¹. 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 other sectors of the economy.

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).”

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

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”².

Kenya School Health Policy 2018

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”³.

The school health policy outlines clear action points, indicators and objectives to achieve comprehensive MHM across schools in Kenya.

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 MHM Strategy 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).

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

3 Kenya School Health Policy 2018, p.17

Sustainable Development Goals

While menstrual hygiene management 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.”⁵

The Convention on the Rights of Persons with Disabilities (CRPD)⁶

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.

5 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

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.⁷

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 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;

⁷ https://www.un.org/en/africa/osaa/pdf/au/protocol_rights_women_africa_2003.pdf

- 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 Action⁸

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)⁹

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 63rd 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 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."

8 https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf

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

Chapter Two: **Situation Analysis**

Current Situation

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.

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.

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 reusable 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 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 be able to 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.

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 facing 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 suboptimal WASH conditions in schools may hinder girls' ability to concentrate in class, attend school when menstruating, or at worst drop-out 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 usage of toilets while travelling, marketing or at work.

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 set -ups. 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.

Analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT)

Introduction

The SWOT analytical framework provides a critical scan of areas of strengths within the MHM sector in which actors and sector players can take best advantage of and focus to consolidate gains, weaknesses that require addressing as well as potential opportunities and threats posed within the operating environment. The MHM SWOT analysis has provided the basis of coming up with the MHM policy and strategy and also developing the key strategic areas and priority actions. The SWOT analyses the MHM policy, legal and regulatory situation, enabling environment, coordination, effect of devolution on MHM Programming and forging of partnerships for implementation of the MHM Strategy. The SWOT analysis also looks at the cross-cutting issues such as finance, equity and inclusivity, capacity development and research for evidence creation.

Strengths

- Strong coordination mechanism of MHM actors
- Presence of County Officers trained on MHM
- Developed MHM training materials and tools
- Partnerships building on MHM
- Global trends making MHM gain traction
- MHM anchored in some government policies
- Free sanitary pads distribution program in public schools in Kenya
- Presence of MHM champion to promote MHM advocacy
- Political goodwill on MHM

Opportunities

- Existing MHM training tools
- MHM mentioned in some policies and guidelines developed by the national and some county governments
- Existing MHM champions that promote advocacy on MHM issues
- Existing MHM trainers at both the National and County levels
- Dearth of data on MHM in Kenya
- Leveraging on the international Menstrual Hygiene (MH) Day for MHM advocacy
- Existing programmes, projects and activities to integrate MHM into
- Existing Partnerships for MHM support and implementation
- Private sector involvement in MHM

Weaknesses

- Low prioritization of MHM at both the National and County levels
- A number of policy frameworks with inclusion of MHM are yet to be operationalized thus hampering delivery of services
- Inadequate funding for MHM activities
- Inadequate MHM advocacy
- Limited involvement of the private sector in MHM
- Inadequate guidelines and standards on MHM
- Limited capacity and information of technologies and innovations for disposal of menstrual materials and products
- Inadequate access to affordable menstrual management materials

Threats

- Deep rooted cultural inhibitions that have promoted stigma and exclusion on menstruation
- Low prioritization of MHM in Kenya
- Lack of clear MHM action plans at both the national and County levels
- Exclusion of some key players in the MHM integrated implementation
- Poor inter-ministerial coordination to promote the MHM agenda
- Conflicting Ministry mandates impeding and slowing down on holistic MHM implementation
- Weak MHM monitoring and evaluations systems

Political, Economic, Social, Technology, Environmental and Legal (PESTEL) Analysis

Introduction

During the development of the MHM Strategy, the Political, Economic, Social, Technology and Environmental (PESTEL) tool was used to identify the factors that may affect the implementation of MHM activities in Kenya. The analysis was meant to focus on the environment, in which MHM will be implemented hence, appreciate both factors supporting and hindering the implementation of the MHM Strategy. The table below shows a summary of the results of the PESTEL analysis:

Category	Issue	Description
Political	Constitution of Kenya 2010	Chapter Four of the Constitution of Kenya is an ambitious aspiration that is meant to promote equality, equity, inclusion and non-discrimination based on gender, race, ethnicity etc. The Constitution of Kenya has also adopted and come up with various quota systems that are meant to promote and propagate girls and women issues.
	Kenya Vision 2030	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 other sectors of the economy.
	The Basic Education (Amendment) Act No. 17 of 2017	This 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

Category	Issue	Description
	Policies Landscape	There are various policies that have been developed in Kenya that will support entrenching of MHM Programme. These include: Kenya Health Policy 2014- 2030; Kenya Environmental Sanitation and Hygiene Policy 2016 – 2030; Kenya School Health Policy (2018). 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).
	Political Goodwill	There already exists a pool of champions who will aptly promote issues of MHM in the Country. There are County First Ladies who have been trained on MHM and are implementing an MHM programme in their counties. Two Governors (from Makueni and Kwale) have also been crowned as MHM Champions.
	Regional and International Commitments	Globally and regionally, MHM is exponentially gaining traction. UN Bodies, Development Partners, Governments, Donors and private sector players are championing issues of MHM.
Economic	Goodwill from development partners	Kenya is likely to continue enjoying goodwill from all its development partners consequently, this might mean increase in funding for various activities.
	Social protection resources	Increase in resources and devolving the resources at the Counties present an opportunity for protecting the vulnerable in the society both at the National and County levels.
	Budgetary constraints	Low prioritization of MHM has translated to low funding of MHM activities thus impeding MHM Programme implementation.

Category	Issue	Description
Social	Gender Inequality and Discrimination	Negative gender-based practices continue to be prevalent in some communities that limit access to education and other opportunities for young men and women, limiting their participation in development initiatives.
	Awareness on MHM	There is increased awareness on menstruation due to advocacy efforts in the mainstream media, social media and the internet.
	Cultural Beliefs and Inhibitions	Deep rooted negative beliefs are an impediment to girls and women management of menstruation with pride and dignity. This has also created a negative perception due to lack of reliable and factual information on menstruation.
Technological	Access to Information and Communications Technologies (ICTs).	There is a great opportunity for leveraging on ICTs in improving uptake of MHM activities.
Legal	Legal provisions	Need for harmonization of legal framework for levies and fees for traders operating across counties
Environmental	Disposal of used menstrual materials and products	There is a push to have sustainable, accessible, acceptable, safe and affordable varied options to dispose of used menstrual materials and products.

Chapter Three: Goals, Objectives and Strategies

Vision of the MHM Strategy

The vision of the Kenya menstrual hygiene management Strategy is of a transformed country where all the women and girls have access to improved Menstrual Hygiene, where safe hygienic behaviour during menstruation is the norm, and where proper and sound menstrual waste management is widely practiced, leading to improved well-being and full realisation of life.

Mission of the MHM Strategy

The mission is to turn the vision of the Kenya Menstrual Hygiene policy into reality in all areas of the Country through a nationwide effort of; Health promotion to improve hygiene, Knowledge and practices, Construction of improved sanitation facilities at household and institutional level and Promotion of safe disposal of used menstrual waste.

Guiding Principles for Implementing the MHM Strategy

- 1. Menstruation as a human right** – The MHM Strategy 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 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 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.

Overall Goal of the MHM Strategy

The strategy seeks to contribute to better Menstrual Hygiene Management for women and girls through health research and education and service delivery. It also seeks to raise the level of equality in women and girls capacity for freedom of choice on menstrual management materials enabling them to pursue their goals in life unimpeded.

Specific Objectives

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

Strategic Focus Areas

The Kenya Menstrual Hygiene Management Strategy 2019 - 2024 provides a medium-term framework for action for both state and non-state actors at national and county levels. The framework sets out strategic focus areas aimed at mainstreaming MHM, strengthening partnerships and coordination, development and maintenance of WASH infrastructure, Strengthening MHM education and awareness, promoting advocacy and resource mobilization, establishing, and strengthening effective monitoring and evaluation systems for MHM.

The Menstrual Hygiene Management strategic focus areas are as follows:

Strategic focus area 1: Creating an enabling environment for MHM

Strategic focus area 2: Breaking the Silence on menstruation

Strategic focus area 3: Safe and hygienic management of menstruation

Strategic focus area 4: Safe disposal of menstrual waste

Strategic focus area 5: Monitoring and Evaluation Systems for Accountability and Learning

Strategic Focus Area 1: Creating an Enabling Environment for MHM

Good menstrual hygiene and health practices are integral to empowerment of women and girls through removing barriers and restrictions that impede their full potential and participation. It is incumbent upon the government to create and enhance girls and women ability to manage their menstrual periods with dignity and pride thereby promoting well-being and health. Both the National and County governments should create an enabling environment that will promote implementation of various Menstrual Hygiene Management Programmes as human rights issue. This will entail creation of awareness on menstruation, strengthening institutions and agencies mandated to improve MHM program implementation, integration and mainstreaming MHM, capacity building and promoting investments and funding for MHM activities.

Key Strategic Objective: To establish an enabling legal and regulatory framework for MHM at National and County levels

Key Results:

- Improved coordination of MHM activities at the National and County levels
- MHM integrated into various programs, plans and policies at both the National and County Levels
- MHM Training materials, operational manuals and Policy guidelines developed and disseminated to all the counties in Kenya
- MHM Task Force established at both the National and County levels

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
<ul style="list-style-type: none"> Promote the integration/ mainstreaming of menstrual health and hygiene into workplace policies, plans and programmes Sensitize WASH and health practitioners on Menstrual Hygiene Management to promote good menstrual management practices at all levels Establish a national menstrual sanitary commodity supply chain system and program 	Develop MHM policy guidelines, operational manuals and training materials.	Ministry of Health and County Departments of Health
	Prepare enabling legislation to provide for the implementation of the National Menstrual Hygiene Management program.	Ministry of Health and County Departments of Health
	Strong leadership and coordination at all levels to build and sustain governance for sanitation and hygiene across MHM related sectors.	Ministry of Health, County Departments of Health
	Coordinate inter sectoral initiatives and directives for the implementation of MHM nationally	Ministry of Health, County Departments of Health and MHM Task Force
	Strengthen partnerships on MHM	Ministry of Health, County Departments of Health
	Enhance Institutional linkages to include organizations concerned with civic education, as well as the private sector	Ministry of Health, County Departments of Health and MHM Task Force
	Establish an MHM Task Force at the national and County levels	Ministry of Health, County Departments of Health
	Develop a costed annual MHM plan at the National and County level.	Ministry of Health, County Departments of Health and MHM Task Force
	Develop and implement a national and County MHM resource mobilisation strategy	Ministry of Health, County Departments of Health and MHM Task Force
	Establish a mechanism to support vulnerable girls and women in special circumstances such as disaster and emergency situations including internally displaced persons camps to have access to appropriate menstrual management materials.	Ministry of Health, County Departments of Health, Ministry of Planning and Devolution, Ministry of Interior, MHM Task Force Private sector and partners e.g. Kenya Red Cross
	Ensure integration of menstrual health and hygiene issues into various sector and workplace policies, plans and programmes.	Ministry of Health, County Departments of Health, Ministry of Labour and MHM Task Force

Strategic Focus Area 2: Breaking the Silence on Menstruation

Menstruation has been a taboo topic that is shrouded in mystery and silence. The silence has been worsened by existing gender and social norms, societal restrictions, predominant patriarchy, power relations and gender inequality. Menstruation is a natural process and an indicator of health and vitality for girls and women. Awareness on menstruation should be created so that girls and women are able to manage their periods safely and boys and men to support them as they have their menstrual periods. Provision of factual, reliable, pragmatic and age-specific information on menstruation is the only way to break the negative taboos, beliefs and myths and ensure that people are able to talk about menstruation.

Key Strategic Objective: To ensure that menstruation can be discussed without shame and discrimination and women and girls have access to information and services based on their individual contexts and specific needs.

Key Results:

- Improved knowledge on menstruation and MHM in Kenya
- MHM integrated into reproductive health and hygiene, School Health and Adolescent Policy
- MHM included in school curriculum
- A sustainable and effective MHM media and advocacy campaign in place
- MHM Communication and Media Strategy and MHM IEC materials developed

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
<ul style="list-style-type: none"> ● Inclusion of MHM into reproductive health and hygiene education training materials, education, school health policy, adolescent policy, community health strategy ● Develop MHM communication and media strategy, media advocacy and awareness campaign and MHM IEC materials ● Include MHM in the school curriculum ● Identify and work with MHM champions to create awareness on menstruation and MHM 	<p>Advocate for the inclusion and integration of information related to MHM into general, reproductive health and hygiene education materials, school health and adolescent policy</p>	<p>Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces</p>

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
	Advocate for the revision of curriculum materials used in Life Skills Education in schools to include specific topics on MHM.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Develop an MHM communication strategy that will take into consideration the persons with disabilities and various cultural and geographical settings.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Develop Information, Education and Communication (IEC) materials on MHM such as posters, fliers and leaflets.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Recognize and work with MHM champions in the communities to provide awareness during community dialogue days and International Menstrual Hygiene day.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Integrate MHM in other global advocacy days such as Global Hand Washing Day, World Toilet Day, World Water Day, International Day for Girl, Day of the African Child, World Aids Day, International Women's Day etc	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Carry out social mobilization and sensitization on MHM in all settings.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Promote male involvement in MHM activities.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Promote MHM as a rights-based intervention for girls and women in hard to reach areas and for people with disabilities.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
	Undertake collaborative initiatives with the private sector for promoting MHM hygienic behaviour	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Align and mainstream MHM education within the school curriculum	Ministry of Health, County Departments of Health, Kenya Institute of Curriculum Development and National and Counties' MHM Task Forces
	Mainstream MHM awareness with the community Health strategy and school hygiene education.	Ministry of Health, County Departments of Health, Community Health Strategy at National and County levels and National and Counties' MHM Task Forces
	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.	Ministry of Health, County Departments of Health and National, Counties' MHM Task Forces, media personalities and media stations
	Develop an effective MHM advocacy initiative that targets influential persons within the society and develop MHM champions to advocate for good menstrual management practices.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces

Strategic Focus Area 3: Safe and Hygienic Management of MHM

Safe management of menstruation entails access to safe menstrual management materials that can absorb and collect blood and access to facilities that provide and ensure privacy that girls and women can use to change menstrual materials and soap and water to wash themselves during their menstrual periods. Access and use of menstrual materials to manage periods and sanitation facilities to wash themselves will promote dignity of women and girls as they have their menstrual periods. Availing information on all the available menstrual management materials (disposable pads, reusable menstrual materials and re-usable (menstrual cups) will ensure that girls and women make informed choices on the options that they would want to use.

Key Strategic Objective: To ensure that all women and girls have access to services and products required to manage menstruation

Key Results:

- Access to safe and affordable menstrual management materials for women and girls increased by at least 30% by 2020
- 100% of public schools with girls regularly supplied with sanitary towels/pads
- Improved school attendance rates and performance levels for girls
- Fully functioning national menstrual sanitary commodities supply chain system established

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
<ul style="list-style-type: none"> • Promote access to safe and affordable menstrual management materials • Provide guidelines on construction of MHM friendly facilities • Promote Private sector involvement in provision of safe and affordable menstrual materials, products and WASH facilities • Establish a national menstrual sanitary commodity supply chain system and program 	Develop and enforce systems for construction and maintenance of standardized WASH facilities and waste disposal facilities in schools and households	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Develop and review standards for menstrual management products and materials	Ministry of Health and Kenya Bureau of Standards (KEBS)
	Promote innovative and affordable interventions for MHM with vulnerable and marginalized females as specific targets for these interventions.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Support and strengthen the participation of local communities for improving Menstrual Hygiene Management through water, sanitation, hygiene and environmental management	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Promote MHM as a rights-based intervention for girls and women in hard to reach areas and for people with disabilities.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Undertake interventions on MHM within the context of, and in line with the principles of basic health care in Kenya	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
	Enforce relevant laws to maintain standards of WASH/MHM facilities	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Ensure that women and girls have access to a range of menstrual hygiene management products that are acceptable, safe and affordable	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Facilitate and encourage research, innovation and standards to ensure the development of appropriate menstrual hygiene products.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Create an enabling environment for investments in the sector to produce low cost menstrual hygiene products.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Promote provision of WASH facilities in all households, learning institutions, public places, health care facilities, workplaces and correctional facilities	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces

Strategic Focus Area 4: Safe Disposal of Menstrual Waste

Women and girls need to know and use the various safe disposal methods for disposing their menstrual waste. Cultural inhibitions and restrictions and lack of information on available and safe disposal methods have exacerbated the menstrual waste problem. To realise the use of safe and hygienic options for menstrual management, safe management of menstrual waste must be part of programmatic and policy dialogues. The voices of girls and women, as well as of waste collectors need to be incorporated to ensure that appropriate solutions are implemented. Menstrual waste management need to be part and parcel of the greater solid waste management. Innovations and various technologies should be harnessed and be made context specific.

Key Strategic Objective: Promote sustainable MHM waste management practices and ensure a clean healthy environment for all Kenyans

Key Results:

- Increased private sector participation in Menstrual waste disposal
- Standards for menstrual waste management have been developed
- Various menstrual waste innovations and approaches have been documented and regularly updated

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
<ul style="list-style-type: none"> ● Promote public-private participation in menstrual waste management ● Document various menstrual waste innovations and approaches ● Develop standards for menstrual waste management including menstrual waste minimisation ● Encourage and promote research into menstrual waste management ● Review the Healthcare Waste Management Policy, Strategy and Guidelines to include Menstrual waste management 	Promote research, standard development and appropriate incubation of programmes for development of effective menstrual waste management systems for storage, collection, transportation, treatment and disposal	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Promote Public Private partnerships (PPP) for increased investments in menstrual waste management	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Recommend all public spaces to have MHM waste receptacles	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Develop standards for menstrual waste management process: storage, collection, transportation, treatment and disposal	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Review of healthcare waste management policy, strategy, guidelines and standard operating procedures to in-cooperate Menstrual Hygiene Management wastes and procedures connected thereto.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	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).	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
	Document various menstrual waste management innovations.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces

Strategic Focus Area 5: Monitoring and Evaluation Systems for Accountability and Learning

All strategic focus areas require continuous monitoring. Evaluating outcomes, trends and impacts of interventions is critical in the assessment of collective efforts by MHM stakeholders. Continuous measurement of progress and impact of the implementation of MHM strategies, is essential to achieving the planned interventions. In addition, M&E systems are vital for effective and sustainable program implementation.

Key Strategic Objective: To ensure effective monitoring and evaluation of Menstrual hygiene Management interventions

Key Results:

- MHM indicators developed
- MHM activities routinely measured and reported
- Fully operational and vibrant National and County MHM data and information sharing platforms
- MHM indicators included in the DHIS reporting system

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
<ul style="list-style-type: none"> ● Develop MHM specific indicators ● Promote routine reporting of MHM activities at the National and County levels ● Include MHM indicators in the DHIS reporting system ● Encourage and promote MHM research within the country ● Mobilise funding for MHM M&E and research 	Institute effective M&E systems at all levels to ensure coordinated and sustained improvement of MHM.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Develop MHM specific indicators -and integrate them into all levels of reporting systems	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	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.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces

Key Interventions	Recommended/ Proposed Actions	Responsible Agency
	Develop and promote adherence to the MHM protocols by all actors in the MHM	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Develop MHM specific and sensitive indicators -and integrate them into all levels of reporting systems	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Establish mechanisms for the collection and reporting of disaggregated data for decision making in MHM.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Encourage key stakeholders to conduct operational researches to establish effective and sustainable sanitation systems in the country.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Establish effective Monitoring and evaluation (M & E) systems to monitor inputs, processes and outputs.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Develop standardize MHM M&E tools and specific indicators and integrate them into DHIS at all levels.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Research into the adoption of environmentally friendly menstrual hygiene materials and products followed by the accreditation of production facilities in partnership with the private sector.	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces
	Establish Intra- County, Inter-County and National MHM data review and information sharing platforms	Ministry of Health, County Departments of Health and National and Counties' MHM Task Forces

Chapter Four: **MHM Strategy Implementation Arrangement**

Introduction

Kenya has adopted a three-pronged approach to Menstrual Hygiene Management (MHM). This entails:

- i. Breaking the Silence on menstruation
- ii. Safe and hygienic management of menstruation
- iii. Safe disposal of used menstrual materials/Safe re-use of menstrual materials

i. Breaking the Silence on menstruation

Menstruation is shrouded in mystery, secrecy and silence. It is a taboo topic that should not be discussed openly and rather in secrecy. Due to this, communities have come up with various beliefs, myths and taboos surrounding menstruation. This has largely been caused by lack of reliable, pragmatic and factual information on menstruation. When having their first period (menarche), girls have gone through embarrassment, shame, disgust and confusion simply because they never knew what was happening to their bodies. There is need to provide girls with factual information on menstruation and management of menstruation before they have their menarche. Provision of reliable information will also help to dispel and break the various negative myths and taboos around menstruation hence, girls and women will in turn go through their menstrual periods with dignity and pride.

ii. Safe and hygienic management of menstruation

Girls and women need to have information on the various options available to manage their menstrual flow. It is important to provide information on the various menstrual products and materials (disposable, reusable sanitary pads) that are used to manage menstruation for girls to make informed choice on the option that they would prefer. Girls and women also need facilities that will provide privacy for changing sanitary pads and washrooms with water and sanitary pads disposable bins. Girls' and women's life should not be impeded simply because they are having their menstrual periods.

iii. Safe disposal of used menstrual materials/Safe re-use of menstrual materials

Menstrual waste, just like other wastes, should be disposed of in a safe manner. The disposal method should be environmentally friendly, acceptable, accessible, available and affordable to the users. Lack of information on the recommended and good disposable methods has led to crude dumping and indiscriminate burning of used sanitary pads and other menstrual materials. There are also reusable menstrual materials that girls and women need to know how to re-use them safely. Their safe use will entail how to wash them and dry them and store.

In order to effectively implement the aforementioned strategic action points, the following set of actions are required at leadership and operational levels.

Leadership Alignment to Oversee Implementation of the MHM Policy

MHM implementation will demand a multi-sectoral approach that will include varied stakeholders under the leadership of the Ministry of Health. The following will have to be done to appropriately develop consensus on MHM implementation:

- a) Orientation on the guidelines: Convene a session with the executive leaders at the Ministry of Health to create buy-in of the leadership for achieving the objectives and action points.
- b) Orientation of the Heads of Department (HODs) on the content of this document and its application in converging health sector M&E investments.
- c) At the National level, convene an orientation meeting bringing together National MOH officials, HODs, heads of divisions and units, related ministries, Semi-Autonomous Government Agencies (SAGAs), development partners and top county health officials.
- d) County level buy-in will be continuous process facilitated through the Hygiene Promotion Technical Working Group (TWG) of the National Environmental Sanitation and Hygiene Inter-Agency Coordinating Committee, which will assume the responsibility for mobilizing the leadership in each county to support the MHM reform agenda.

Dissemination of the MHM Strategy

- a) Develop dissemination materials such as annotated diagrams, PowerPoint presentations and infographics that enable simplified communication with stakeholders at different levels.
- b) MHM Documents and guides and other hyperlinked documents will be made available to all stakeholders.
- c) Dissemination will be done through pre-arranged forums and meetings to raise awareness of the strategy to all stakeholders.
- d) At the County level, dissemination meetings will be held in each County and will bring together County health officials, sub county health management teams and implementing partners.
- e) At the sub County level, there will be meetings for the sub County health officials, Community Health Workers (CHWs), Village Health committees and implementing partners. CHWs will be expected to disseminate the strategy through the routine village dialogue platforms and adopt them as a best practice.
- f) A popular version of the MHM Policy and Strategy will be developed and be added as an accompanying document to both the documents.

Implement Formative Technical Interventions on MHM

Formative activities to roll out this strategy will include:

- Conducting sector-wide MHM capacity assessment to develop capacity building programs that address the most critical challenges associated with MHM. This should be accompanied by a change management action plan, which is informed by the findings of the MHM capacity assessment.
- Provide support to Counties, Environmental health programs and other organizations to develop and periodically review MHM and sanitation plans.
- Support the establishment of MHM task forces at the national and county level.

In order to ensure sustainability for MHM implementation in the health sector, there is a need to invest in strong and vibrant technical coordination platforms that can sustain the agenda for change at all times and at all levels. Using the platform of the Inter Agency Coordinating Committee and its TWGs for engaging leadership at MOH and at the County level, advocacy should commence through a stakeholders' roundtable meeting on MHM, which will also be used to develop an annual capacity improvement plan with full resource commitment by different partners and stakeholders. At the National level, the MHM TWG should convene development partners around the MHM roadmap for MHM strengthening within the framework of the collaboration.

Implementation of The Basic Education Ammendment Act

The Act mandates the Cabinet Secretary in charge of basic education and training to provide free, sufficient and quality sanitary towels to every girl registered and enrolled in public basic education institution who has reached puberty and, provide a safe and an environmentally sound mechanism for disposal of the sanitary towels. The Ministry of Education shall be responsible for the distribution of menstrual management products to girls who have attained puberty age in all primary schools. The Ministry of Education shall develop distribution guidelines to ensure that the process is seamless, above board and the menstrual materials distributed are safe and of good quality.

The Ministry of Education shall ensure that all schools receiving the menstrual management materials have standardised self-closing bins that the girls will use to dispose the menstrual waste. Ministry of Education shall construct incinerators in some schools within the Country and neighbouring schools can transport their menstrual waste to the incinerators. Schools that are near health facilities that have incinerators shall be expected to transport the menstrual bins to the health facilities for incineration. The Ministry of Education through the allocated budget provision shall construct airtight pits that will be used to hold the disposed menstrual waste.

The Ministry of Health shall ensure the safety of the menstrual management materials, the bins, pits and incinerators and safety of the persons involved in the disposal, containment, transportation and incineration of the waste. The National Environment Management Authority (NEMA) shall ensure compliance of the incinerators and pits to environmentally sound structures and regulations. The Ministry of Education shall be expected to provide data and quarterly reports to the Cabinet on the implementation of the Basic Education Amendment Act.

Strengthen Coordination for MHM at the National and County Levels

In order to sustain the momentum for reforms, it is important to create a sense of urgency among existing platforms for MHM advocacy and oversight. The Technical Working Groups under the Ministry of Health, will be critical platforms for mobilizing support for sector-wide MHM priorities. When fully functional, they will provide mechanisms for mutual accountability among stakeholders implementing different components of the MHM system. The Ministry of Health under the aegis of the Hygiene Promotion TWG will spearhead the formation of the MHM task force at both the National and County levels. The MHM task force shall draw membership from various Departments and Divisions within the MoH, interrelated ministries,

UN agencies, Development partners, NGOs, the private Sector and other related government bodies. The MHM task force shall comprise the following:

1. Ministry of Health

- a) Department of Environmental Health – Water Safety and Sanitation Unit (Convener)
- b) Division of Family Health–Neonatal, child and adolescent health unit, Reproductive and maternal health unit

2. Related Ministries

- a) Ministry of Water, Sanitation and Irrigation
- b) Ministry of Environment and Forestry
- c) Ministry of Devolution and Planning
- d) Ministry of Education
- e) Ministry of Public Service, Youth and Gender Affairs (Form the State Department of Gender overseeing the free Sanitary pad distribution programme in schools)
- f) Office of the Attorney General
- g) Ministry of Labour and Social Protection
- h) National Treasury

3. Semi-autonomous Government Agencies

- a) National Environment Management Authority (NEMA)
- b) Kenya Bureau of Standards
- c) Kenya Industrial Research Development Institute (KIRDI)

4. UN Agencies

5. Development Partners

6. NGOs

7. Private Sector

8. Representative from academia and/or research institution

The task force shall be expected to meet at least once a quarter and will oversee the implementation of the MHM programme under the guidance of the Hygiene Promotion TWG. The MHM task force shall perform the following functions:

- i. Coordinate MHM stakeholders Nationally and in the Counties
- ii. Develop and review national policies, strategies, regulations and guidelines relevant to the MHM and collaboration with partners
- iii. Develop National MHM action plan cascaded to the Counties

- iv. Oversee the implementation of MHM activities Nationally and in the Counties
- v. Provide effective strategic multi-sectoral leadership on MHM
- vi. Coordinate MHM advocacy work and information and knowledge management
- vii. Provide MHM technical support and capacity building to Counties
- viii. Explore new and innovative approaches to MHM interventions and achievement of the MHM Strategy results
- ix. Coordinate with partners to develop MHM research agenda and identify, conceptualize and articulate areas for research and knowledge building
- x. Ensure effective communication and co-operation between different agencies involved in environmental sanitation, within the context of a coherent national ESH strategy
- xi. Coordinate, monitor and evaluate MHM performance and report on the activities
- xii. Develop guidelines for the free sanitary pad distribution programme

Design and Roll Out a Comprehensive Capacity Development Plan Targeting Actors at all Levels.

Once the strategy is endorsed and adopted by the Government, consensus will be needed on the costed MHM Action plan. This plan will become the basis for advocacy and engagement with the government at the national and County levels to increase allocations and direct investments to Menstrual Hygiene Management capacity strengthening.

MHM Integration into Various Sectors Programmes and Activities

For successful implementation of MHM, apart from having a National MHM Programme, emphasis need to be laid on integration of MHM into already existing programmes and activities in various sectors. MHM permeates across various aspects of life and integration will strengthen MHM uptake and efficiency in programming. It will also promote access to information at scale and eventually for various actors to view MHM as a right. For effective implementation of the MHM Strategy, the following programmes and activities can be considered:

Sector Interventions	Rationale for Integration
Maternal and Child Health Programmes	Beyond Zero Programme run by the First Lady of Kenya and the Counties that seeks to prevent maternal and child deaths provides an avenue to disseminate information about menstruation, menstrual hygiene and health to the mothers.

Sector Interventions	Rationale for Integration
Family Planning Programmes	Some women have viewed the menstrual changes associated with contraceptive use, especially increased or irregular bleeding, as a negative or undesirable side effect. However, recent evidence suggests that decreased bleeding, and amenorrhea in particular, is acceptable to women and is even considered an important side benefit. Surveys have shown that teens and young women are especially interested in limiting or controlling the timing of menstruation through the use of hormonal contraceptives. For young women in developing countries, where access to menstrual hygiene supplies and safe places to manage their menses are sometimes limited, the advantage of contraceptive-induced menstrual control could be especially important. Youth-focused family planning initiatives are critical and could create a bridge between the MHM and family planning fields. Such linkages could focus on helping young women who are ready to use contraception learn how different family planning methods may affect their menstruation. ⁷
Sexual and Reproductive Health (and Rights)	MHM has become a health concern due to the associations between poor MHM and adverse health effects. Among the negative health effects are Reproductive Tract Infections (RTIs) which are common and predominantly found in developing countries. ⁸ Poor MHM is mainly associated with the RTIs called 'endogenous infections', including bacterial vaginal infections (causing vaginal odor, discharge, and pain) and Vulva Vaginal Candidiasis (or vaginal thrush, an infection of the vagina's mucous membrane, causing itching, abnormal vaginal discharge and making sexual intercourse and urination painful). ⁹
Female Genital Mutilation (FGM)	A study conducted by UN Women and WSSCC in Senegal to determine the link between MHM and FGM found out that women who have gone through FGM have less appropriate knowledge in MHM than non-mutilated women. Furthermore, they use disposable or single-use sanitary protection more than non-mutilated women do and they are at a higher risk than non-mutilated women of health problems during their periods. ¹⁰

7 Callahan, R., Rademacher, K. & Wilson, L. (2015) Common Cause: Linking Menstrual Hygiene Management and Long-acting Contraception to Improve Youth Reproductive Health. <https://www.twigh.org/twigh-blog-archives/2015/5/28/common-cause-linking-menstrual-hygiene-management-and-long-acting-contraception-to-improve-youth-reproductive-health>

8 Rheinländer, T. and Wachira, M. (2015) Menstrual Hygiene: An ancient - but ignored Global Health problem of all women. <http://www.globalhealthminders.dk/wp-content/uploads/2015/03/GHM-MenstrualHygiene-Brief.pdf>

9 Sumpter, C., Torondel, B. (2013). A systematic review of the Health and Social Effects of Menstrual Hygiene Management, PLOS ONE, April 2013: 8:4. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0062004>

10 WSSCC & UN Women (2018) Menstrual Hygiene Management and Female Genital Mutilation: Case Studies in Senegal https://www.wsscc.org/wp-content/uploads/2018/01/20171227_Policy-GHM-Senegal-EN-WEB-1.pdf

Sector Interventions	Rationale for Integration
Gender Based Violence	Girls and women are highly vulnerable to gender-based violence, including harassment, physical assault, and/or rape; this vulnerability is exacerbated by limited access to WASH facilities. Some girls' and women's have reported experiences of rape when using toilets, taking a bath, or collecting water, as well as when they leave their communities at night to defecate in private—a common socio-cultural norm. It follows that girls and women are at increased risk of gender-based violence while menstruating, due to the need for increased access to WASH facilities, desire to hide evidence of menstruation, and lack of sanitation in homes. Risk of gender-based violence during menstruation may be particularly high for adolescent girls, who experience sexually threatening behavior from their male classmates and teachers, as well as from family members and family friends. Moreover, girls and women in humanitarian relief environments may also be at particular risk of violence. The limited infrastructure means women and girls may have to travel far from home at odd hours to privately change and wash their menstrual materials. ¹¹
HIV/AIDS Campaigns	With the increased availability of HIV treatment and adherence support, more women and girls living with HIV are now healthy and returning to having periods. HIV has a limited lifespan outside the body, but handling fresh blood does carry a risk, if someone has open cuts on their hands. Care should be taken when disposing of freshly used pads, or washing an AIDS patient who is having a period.
Adolescent Health Interventions and Programmes	Menstrual Hygiene Management (MHM) is a problem for adolescent girls in low- and middle-income countries (LMICs), particularly when attending school. Poor water, sanitation and hygiene (WASH) facilities in schools, inadequate puberty education and lack of hygienic MHM items (absorbents) cause girls to experience menstruation as shameful and uncomfortable. ¹²

11 PATH (2016) Girls' and women's right to menstrual health: Evidence and opportunities https://path.azureedge.net/media/documents/RH_outlook_mh_022016.pdf

12 van Eijk AM, Sivakami M, Thakkar MB, et al Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis *Open* 2016;6:e010290. doi: 10.1136/bmjopen-2015-010290

Sector Interventions	Rationale for Integration
Psychosocial Well-being and Mental Health	Research has linked poor MHM to negative consequences for women's dignity, health, education, work, and psychosocial wellbeing. ¹³ Availability of peer and other Social support mechanisms, inhibitions and restrictions during menstrual periods, promotion of self-esteem and confidence through good menstrual management practices are factors that will have a direct effect on a girl's psychosocial well being and limit or increase her productivity in life.
Education Programmes	Menstrual Hygiene Management (MHM) is a major health issue affecting women and girls of reproductive age worldwide. The transition into reproductive age for some girls is often met with fear and anxiety due to a lack of knowledge about menstruation and a lack of resources about the changes that are occurring in their bodies. School-aged girls, especially in marginalised communities, face the largest barriers to MHM, as many schools do not have the necessary facilities, supplies, knowledge, and understanding to appropriately support girls during menstruation. This negatively impacts their education and ability to stay in school. Furthermore, schools often have inadequate water and sanitation available, making menstrual hygiene almost impossible to maintain, causing stress and embarrassment for female students. Communities often hold local cultural beliefs or taboos related to menstruation that can threaten a girl's physical and/or emotional well-being. ¹⁴
Gender Awareness Campaigns	Promotion of gender parity and equality has gained momentum and traction. MHM education should be included in breakdown of negative gender norms that promote discrimination and inequality. Menstruation is shrouded in mystery, taboos, stigma and silence. This is largely due to power relations, gender stereotyping and gender roles and expectations. MHM can be used as an entry point to discuss some of these key gender concepts.
Campaigns to end child marriages	Child marriages are normally initiated with the onset of menstruation. Girls who begin having their periods are deemed as 'women' and hence ready for marriage. Menstruation is a landmark change in girls and should be viewed as natural biological process. Girl and proponent of early child marriages should be included in MHM discourse.

13 Hennegan, J. (2016) Women and water: Menstrual hygiene management and current evidence for interventions. Global Water Forum. <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0146985&type=printable>

14 World Vision International (2016). Menstrual Hygiene Management. Available online: <https://www.wvcentral.org/community/wash/Pages/Menstrual-Hygiene-Management.aspx>

MHM STRATEGY IMPLEMENTATION FRAMEWORK

Strategic Focus Area 1: Creating and enabling Environment for MHM

Key Strategic Objective: To establish an enabling legal and regulatory framework for MHM at National and County levels

Expected Outcomes:

- Improved coordination of MH activities at the National and County levels
- MHM integrated into various programs, plans and policies at both the national and County Levels
- MHM Training materials, operational manuals and Policy guidelines developed and disseminated to all the counties in Kenya
- MHM Task Force established at both the National and County levels

Key Interventions	Activity	Measurement of Success/ Indicators	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
Promote integration/ mainstreaming of menstrual health and hygiene into workplace policies, plans and programmes	Develop MHM policy guideline	Presence of Policy Guidelines	Ministry of Health, County Departments of Health and MHM Task Force		X				6M
Establish MHM Task forces at both the National and Counties' level to coordinate MHM activities	Develop MHM training materials	Presence of developed training materials	Ministry of Health, County Departments of Health and MHM Task Force	X					4M
Develop MHM Policy Guidelines, MHM legislation and MHM Training Materials	Prepare enabling legislation to provide for the implementation of the National Menstrual Hygiene Management program.	Presence of MHM legislation passed by relevant body	Ministry of Health, County Departments of Health and MHM Task Force		X				5M
	Establish an MHM Task Force at the national and County levels	Functional MHM Taskforce at the National level	Ministry of Health and County Departments of Health	X					5M
		No. of counties with actively running MHM Task force	Ministry of Health, County Departments of Health and MHM Task Force	X					4M

Key Interventions	Activity	Measurement of Success/ Indicators	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
	Develop a costed annual MHM plan at the national and County level.	Presence of National MHM Annual plan	Ministry of Health, County Departments of Health and MHM Task Force	X					6M
		No. of Counties that have domesticated the National MHM annual Plan	Ministry of Health, County Departments of Health and MHM Task Force	X					2M
	Develop and implement a national and County MHM resource mobilisation strategy	Presence of National MHM Resource Mobilization Strategy	Ministry of Health, County Departments of Health and MHM Task Force		X				
		No. of Counties that have developed and are implementing County MHM Resource Mobilization Strategy	Ministry of Health, County Departments of Health and MHM Task Force		X				6M
	Enhance Institutional linkages to include organizations concerned with civic education, as well as the private sector	No. of organizations and private sector players collaborating with MoH to undertake MHM activities	Ministry of Health, County Departments of Health and MHM Task Force	X					6M

Key Interventions	Activity	Measurement of Success/ Indicators	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
	Establish a mechanism to support vulnerable girls and women in special circumstances such as disaster and emergency situations including internally displaced persons camps to have access to appropriate sanitary towels	No. of vulnerable girls and women reporting increased access to menstrual management materials as a result of established MHM support mechanism	Ministry of Health, County Departments of Health and MHM Task Force		X				10M
	Ensure integration of menstrual health and hygiene issues into various sector and workplace policies, plans and programmes	Number and list of programmes that have integrated MHM	Ministry of Health, County Departments of Health and MHM Task Force	X					10M

Strategic Focus Area 2: Breaking the Silence on Menstruation

Key Strategic Objective: To ensure that menstruation can be discussed without shame and discrimination and women and girls have access to information and services based on their individual contexts and specific needs.

Expected Outcomes:

- Improved knowledge on menstruation and MHM in Kenya
- MHM integrated into reproductive health and hygiene, School Health, Adolescent Policy and Communication Strategy
- MHM included in school curriculum
- A running, sustainable and effective MHM media and advocacy campaign
- MHM Communication and Media Strategy and MHM IEC materials developed

Key Interventions	Activity	Measurement of Success/ Indicator	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
Inclusion of MHM into reproductive health and hygiene education training materials, education, school health policy, adolescent policy, community health strategy	Advocate for the inclusion and integration of information related to MHM into general, reproductive health and hygiene education materials, school health and adolescent policy	Number and list of Policies that have a mention of MHM	Ministry of Health, County Departments of Health and MHM Task Force		X				10M
Develop MHM communication and media strategy, media advocacy and awareness campaign and MHM IEC materials	Develop an MHM communication strategy that will take into consideration the persons with disabilities and various cultural and geographical settings.	Presence of MHM Communication Strategy with specific mention of the various vulnerabilities	Ministry of Health, County Departments of Health and MHM Task Force		X				10M
	Develop a media advocacy and awareness campaign	Fully running and sustainable media campaign			X				
		No. of people reporting reached with MHM messages through the media							3M

Key Interventions	Activity	Measurement of Success/ Indicators	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
Include MHM in the school curriculum	Develop Information, Education and Communication (IEC) materials on MHM such as posters, fliers and leaflets.	No. of MHM IEC materials developed	Ministry of Health, County Departments of Health and MHM Task Force	X					
		No. of people (segregated by gender, disability, vulnerability) reached with MHM IEC materials							5M
Identify and work with MHM champions to create awareness on menstruation and MHM	Recognize and work with MHM champions in the communities to provide awareness during community dialogue days and International Menstrual Hygiene day.	No. of MHM Champions actively engaging in MHM activities	Ministry of Health, County Departments of Health and MHM Task Force	X	X	X	X		
		MHM included as apart of the school curriculum			X				
Integrate MHM in other global advocacy days such as Global Handwashing Day, World Toilet Day, World Water Day, International Day for Girl, Day of the African Child, World Aids Day, International Women's Day etc		MHM integrated into other global advocacy days	Ministry of Health, County Departments of Health and MHM Task Force	X	X	X	X		10M

Key Interventions	Activity	Measurement of Success/ Indicators	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
	Carry out social mobilization and sensitization on MHM in all settings.	No. of social mobilization and sensitization meetings undertaken	Ministry of Health, County Departments of Health and MHM Task Force	X	X				
		No.of people reached in social mobilization and sensitization meetings	Ministry of Health, County Departments of Health and MHM Task Force						
	Promote male involvement in MHM activities.	No.of males reached with MHM messages	Ministry of Health, County Departments of Health and MHM Task Force	X	X	X	X		
		No.of males reporting active involvement in MHM activities	Ministry of Health, County Departments of Health and MHM Task Force						5M
	Undertake collaborative initiatives with the private sector for promoting MHM hygienic behaviour	Number and list of private sector players undertaking holistic MHM activities	Ministry of Health, County Departments of Health and MHM Task Force	X	X	X	X		10M
	Mainstream MHM awareness with the community Health strategy and school hygiene education.	MHM mainstreamed into the Community Health Strategy	Ministry of Health, County Departments of Health and MHM Task Force			X			5M

Strategic Focus Area 3: Safe and hygienic management of menstruation

Key Strategic Objective: To ensure that all women and girls have access to services and products required to manage menstruation

Expected Outcome:

- Access to safe and affordable menstrual management materials for women and girls increased by at least 30% by 2020
- 100% of public schools with girls regularly supplied with menstrual management materials
- Improved school attendance rates and performance levels for girls
- Fully functioning national menstrual sanitary commodities supply chain system established

Key Interventions	Activity	Measurement of Success/ Indicator	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
Promote access to safe and affordable menstrual management materials	Develop and enforce systems for construction and maintenance of standardized WASH facilities and waste disposal facilities	Presence of standards for WASH facilities	Ministry of Health and County Departments of Health	X					5M
Provide guidelines on construction of MHM friendly facilities	Develop and review standards for menstrual management products and materials	Presence of standards for menstrual management materials	Ministry of Health and County Departments of Health	X					5M
Promote Private sector involvement in provision of safe and affordable menstrual materials, products and WASH facilities	Promote innovative and affordable interventions for MHM with vulnerable and marginalized females as specific targets for these interventions.	Documented MHM innovations for vulnerable and marginalized women and girls	Ministry of Health and County Departments of Health	X	X	X	X	X	5M
Establish a national menstrual sanitary commodity supply chain system and program	Support and strengthen the participation of local communities for improving Menstrual Hygiene Management through water, sanitation, hygiene and environmental management	No. local communities members participating on initiatives to strengthen MHM	Ministry of Health and County Departments of Health	X	X	X	X	X	

Key Interventions	Activity	Measurement of Success/ Indicators	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
	Ensure that women and girls have access to a range of menstrual hygiene management products that are acceptable, safe and affordable	Proportion of women and girls accessing acceptable, safe and affordable menstrual management materials	Ministry of Health and County Departments of Health	X	X	X	X	X	10M

Strategic Focus Area 4: Safe Disposal of menstrual waste

Key Strategic Objective: Promote sustainable MHM waste management practices and ensure a clean healthy environment for all Kenyans

Expected Outcomes:

- Increased private sector participation in Menstrual waste disposal
- Standards for menstrual waste management have been developed
- Various menstrual waste innovations and approaches have been documented and regularly updated

Key Interventions	Activity	Measurement of Success/ Indicator	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
Promote public-private participation in menstrual waste management	Promote research, standard development and appropriate incubation of programmes for development of effective menstrual waste management systems for storage, collection, transportation, treatment and disposal.	No. of researches conducted on menstrual waste disposal	Ministry of Health, Ministry of Environment, NEMA and County Departments of Health	X					10M
Document various menstrual waste innovations and approaches	Promote Public Private partnerships (PPP) for increased investments in menstrual waste management	Percentage of MHM funds/ investment realised through PPPs	Ministry of Health, Ministry of Environment, NEMA and County Departments of Health	X	X	X	X	X	5M
Develop standards for menstrual waste management including menstrual waste minimisation	Recommend all public spaces to have MHM waste receptacles	No. of receptacles constructed for disposal of Menstrual waste in public spaces	Ministry of Health, Ministry of Environment, NEMA and County Departments of Health	X	X	X	X	X	10M

Key Interventions	Activity	Measurement of Success/ Indicators	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
	Develop standards for menstrual waste management process: storage, collection, transportation, treatment and disposal	Available standards for menstrual waste management	Ministry of Health, Ministry of Environment, NEMA and County Departments of Health			X			5M
Encourage and promote research into menstrual waste management	Review of healthcare waste management policy, strategy, guidelines and standard operating procedures to in-cooperate Menstrual Hygiene Management wastes and procedures connected thereto.	Healthcare waste management policy, strategy and standard operating procedures reviewed to include menstrual waste management	Ministry of Health, Ministry of Environment, NEMA and County Departments of Health			X			5M
Review the Healthcare Waste Management Policy, Strategy and Guidelines to include Menstrual waste management	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).	No. of studies conducted on classified and segmented volumes of waste	Ministry of Health, Ministry of Environment, NEMA and County Departments of Health			X			6M
	Document various menstrual waste management innovations.	Presence of document showing the various menstrual waste management innovations and technologies	Ministry of Health, Ministry of Environment, NEMA and County Departments of Health	X	X	X	X	X	5M

Strategic Focus Area 5: Monitoring and Evaluation for Accountability and Learning

Key Strategic Objective: To ensure effective monitoring and evaluation of Menstrual hygiene management interventions

Expected Outcomes:

- MHM indicators developed
- MHM activities routinely measured and reported
- Fully operational and vibrant National and County MHM data and information sharing platforms
- MHM indicators included in the DHIS reporting system

Key Interventions	Activity	Measurement of Success/ Indicator	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
Develop MHM specific indicators	Institute effective M&E systems at all levels to ensure coordinated and sustained improvement of MHM.	M&E system operationalised	Ministry of Health and County Departments of Health	X					2M
Promote routine reporting of MHM activities at the National and County levels	Develop MHM specific indicators -and integrate them into all levels of reporting systems	Indicators developed and operationalised	Ministry of Health and County Departments of Health	X					2M
Include MHM indicators in the DHIS reporting system	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.	No. of national and Counties' staff trained on use of the MHM M&E tools	Ministry of Health and County Departments of Health	X					5M
Encourage and promote MHM research within the country	Establish mechanisms for the collection and reporting of disaggregated data for decision making in MHM.		Ministry of Health and County Departments of Health	X					5M

Key Interventions	Activity	Measurement of Success/ Indicators	Responsible	Year 1	Year 2	Year 3	Year 4	Year 5	Budget (KSHS)
Mobilise funding for MHM M&E and research	Encourage key stakeholders to conduct operational researches to establish effective and sustainable sanitation systems in the country.	No. of MHM operational researches conducted	Ministry of Health and County Departments of Health and partners	X	X	X	X	X	10M
	Establish effective Monitoring and evaluation (M & E) systems to monitor inputs, processes and outputs.	Fully running MHM system for reporting inputs, outputs and processes	Ministry of Health and County Departments of Health	X					2M
	Establish Intra-County, Inter-County and National MHM data review and information sharing platforms	No. of MHM data sharing platforms established	Ministry of Health and County Departments of Health	X					5M

Roles and Responsibilities of Various Sectors on MHM

Menstrual hygiene issues cut across a number of different development sectors and sub-sectors. The table below sets out the relevance of menstrual hygiene to different sectors and highlights potential key areas of responsibility. The table also identifies some of the factors that need to be considered for effective coordination and collaboration between (and within) these sectors.

Sector	Responsible institutions	Link With Menstrual Hygiene	Key Responsibility
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> ● Ministry of Health ● Ministry of Water and Sanitation ● Ministry of Education ● Ministry of Environment ● Development partners ● Private sector 	<p>Menstrual hygiene requires access to:</p> <ul style="list-style-type: none"> ● Clean water and soap for washing hands, body and reusable menstrual cloths. ● Private and hygienic sanitation facilities for changing and disposing of sanitary protection materials, and for bathing ● Hygiene information ● Menstrual waste management for disposal of cloths and pads 	<p>Incorporate menstrual hygiene:</p> <ul style="list-style-type: none"> ● At different levels, including service delivery, menstrual hygiene promotion, capacity development and policy. ● Within approaches to WASH – e.g. community-led total sanitation, social marketing, WASH in schools, community health strategy, participatory hygiene and sanitation transformation.
Health	<ul style="list-style-type: none"> ● Ministry of health ● Ministry of Education ● Development Partners ● Private Sector 	<ul style="list-style-type: none"> ● There are health risks associated with poor menstrual hygiene management that can have health implications as a result, such as Urinary and Reproductive Tract Infections (UTIs/RTIs) ● Women and girls who have menstrual disorders and other medical conditions may have additional needs for menstrual hygiene 	<ul style="list-style-type: none"> ● Provide accurate and user-friendly information on the biological facts about menstruation and menstrual health and hygiene. ● Provide affordable and easy to access healthcare for menstrual health issues, including those caused by poor menstrual hygiene and those linked with other diseases

Sector	Responsible institutions	Link With Menstrual Hygiene	Key Responsibility
Education and training	<ul style="list-style-type: none"> ● Ministry of Health ● Ministry of Education ● Ministry of Public Services, Youth Affairs and Gender ● Development Partners 	<p>Due to challenges associated with MHM in learning institutions:</p> <ul style="list-style-type: none"> ● The rate of absenteeism of girls may increase, ● Cases of school drop out may increase ● Girls may experience challenges in concentration, which may influence their performance due to stress and discomfort ● If menstrual hygiene knowledge is to be mainstreamed, it needs to become a standard part of the education and training of Professionals in relevant sectors. ● There are many myths, taboos and misinformation associated with menstruation. 	<ul style="list-style-type: none"> ● Incorporate reproductive health and menstrual hygiene into the curriculum in professional training institutions for relevant sectors (e.g. WASH, protection, health, community development) ● To provide adequate access to MHM products, services and facilities in learning institutions.
Community development	<ul style="list-style-type: none"> ● Development Partners ● Private sector ● Foreign donors ● Investors ● Relevant line ministries at the county level 	<ul style="list-style-type: none"> ● Community development actors have linkages at the local level across sectors that can support menstrual hygiene activities. ● Community development Programmes may provide support to small enterprises for producing and distributing low cost menstrual hygiene products. 	<ul style="list-style-type: none"> ● Facilitate linkages with different development actors at the local level to address menstrual hygiene holistically. ● Support community enterprises to provide low-cost menstrual hygiene products. ● Provide menstrual hygiene information to community organizations.

Sector	Responsible institutions	Link With Menstrual Hygiene	Key Responsibility
Social protection	<ul style="list-style-type: none"> ● Humanitarian organizations ● Development Partners ● Ministry of Public Services, Youth and Gender Affairs 	<p>Women and girls in vulnerable contexts are likely to face additional challenges in managing menstruation. This includes:</p> <ul style="list-style-type: none"> ● a lack of access to products, services and facilities ● an unsafe environment in which to manage menstruation ● forced undesirable behavior to gain access to menstrual hygiene products and services (i.e. through transactional sex). 	<ul style="list-style-type: none"> ● Ensure that women and girls in the most vulnerable situations are supported to manage their menstrual hygiene. ● Support those providing menstrual hygiene interventions from other sectors to identify and reach women and girls in vulnerable situations.
Gender	<p>This is a cross cutting issue that needs to be addressed by all stakeholders.</p>	<p>Gender power inequalities in decision-making, roles, and access to and control over resources can result in women and girls' menstrual hygiene needs being overlooked or neglected.</p>	<p>Gender advisers shall:</p> <ul style="list-style-type: none"> ● Provide support to empower women and girls, so that their voices are heard and their menstrual hygiene needs are taken into account. ● Engage with a range of programmes and monitor the inclusion of menstrual hygiene across sectors, promoting it where necessary <p>Advocate for MHM to create gender equality</p>

Sector	Responsible institutions	Link With Menstrual Hygiene	Key Responsibility
Private sector entrepreneurs and businesses	<ul style="list-style-type: none"> ● Private Sector ● KEBS ● Ministry of Health ● Ministry of Water and Sanitation ● Ministry of Education 	<p>Menstrual hygiene requires appropriate, affordable, acceptable and accessible:</p> <ul style="list-style-type: none"> ● menstrual hygiene products ● facilities for MHM and disposal ● services <p>These should be accompanied by educational materials for correct, safe and comfortable use.</p>	<p>Relevant stakeholders should:</p> <ul style="list-style-type: none"> ● Strive to Produce and distribute affordable and appropriate MHM products and services ● Develop, monitor and control quality and safety standards for all menstrual hygiene products and disposal facilities
Employers and labor departments	<ul style="list-style-type: none"> ● Ministry of Labour ● Employers ● Workers associations 	<p>Women require access to menstrual hygiene products, services and facilities at work.</p>	<p>Employers to ensure a menstrual hygiene-friendly environment in the workplace.</p> <ul style="list-style-type: none"> ● Advocate for adequate menstrual hygiene-friendly working environment ● Create a guideline of minimum requirements for MHM in the workplace ● Incorporate MHM in the Occupational Safety and Health Act.

Chapter Five: **Monitoring and Evaluation of the MHM Programme**

Monitoring and evaluation (M&E) is integral for assessing the success of result-based programme. Stakeholders are able to learn from reported experiences, improve planning, programme implementation, define and determine allocation of resources, promote accountability, learning and basis for programme improvement. For successful implementation of this strategy, an M&E framework will be developed as an integral component to ensure the strategy objectives are achieved in a cost effective, coordinated and harmonized approach at both the national and county levels.

The MHM Strategy will cover a five-year period from and will be monitored and evaluated as follows:

- i. The Ministry of Health, together with the MHM Task Force shall spearhead the development of MHM M&E Framework within six months of the MHM Strategy launch. The M&E framework is expected to be consistent with the tenets of the MoH Health Reporting System and have clear terms of reference for relevant stakeholders in data collection and reporting at all levels. The MHM M&E Framework shall clearly show the interplay of the MHM indicators in promoting the desired results and objectives of the MHM programme.
- ii. Monitoring: The National MHM Task Force shall conduct quarterly performance monitoring meetings to review progress of implementation against the results and targets, address implementation bottlenecks and if need be, recommend changes to the MHM programme. Quarterly coordination meetings will be held to review implementation and address bottlenecks.
- iii. Mid-Term Review: A mid-term review of the MHM Strategy shall be undertaken two years after the launch of the MHM Strategy. The mid-term review will also review performance against targets, address any constraints to implementation and refocus activities if needed.
- iv. Annual Review: There will be an Annual Review Report (ARR) on implementation of the strategy that will be presented to the Cabinet Secretary for Health and all the relevant stakeholders. The strategy will be reviewed periodically to address the sector challenges and emerging issues. All the relevant stakeholders will hold an annual meeting to review the progress on MHM implementation and set priorities for the coming year.
- v. Reporting and Feedback: The MHM reports from the Counties shall be received by the Division of Environmental Health, who are the conveners of the MHM Task Force. The reports will be presented to the MHM Task Force for analysis and consolidation to form part of the Kenya MHM quarterly report. It is expected that Counties shall send their monthly reports before the 5th day of every month. The MHM Task Force will be expected to give feedback to the counties after the analysis of the reports. The feedback will be sent to the Counties before the 15th day of every month.

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