

Dialogues on Menstrual Hygiene Management

Supporting the Sanitary Dignity Campaign for Women and Girls



Published by

Water Research Commission (WRC)
Private Bag X03
Gezina
Pretoria 0001
Telephone: +27-12-330-0340
Fax: +27-12-331-2565
E-Mail: info@wrc.org.za
www.wrc.org.za
www.win-sa.org.za

Water Research Commission Contacts

Dr. Inga Jacobs (PhD, MA)
Research Manager, Key Strategic Area 5: Knowledge Management
Private Bag X03, Gezina, 0031, South Africa
Email: ingaj@wrc.org.za
Tel: +27 12 330 9014
Fax: +27 12 331 2565

Juliet Mwale (Ms)
Water Information Network - South Africa
Tel: 012 330 0340
Fax: 012-331-2565
www.win-sa.org.za

Papers Prepared for the WRC by Imelda Diouf
Development Planner: Gender, Disability, Youth, Children ID Development Consultancy
(W) Phone & Fax: +27 (012) 3627143
Mobile: +27 (0)82 339 6070
Co-ordinator and Associate of the Capacity Development Network

In partnership with

The Department for Women, Children and People with Disabilities
Stockholm Environment Institute
Water Information Network South Africa

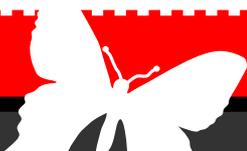


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Abbreviations and Acronyms

DWCPD	Department for Women, Children, People with Disability
EcoSanRes	Ecological Sanitation Research
MDGs	Millennium Development Goals
MHM	Menstrual Health Management
SEI	Stockholm Environment Institute
WIN-SA	Water Information Network - South Africa
WRC	Water Research Commission

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Water Research Commission (WRC)

Private Bag X03, Pretoria 0001

Tel: +27 (012)

Fax: +27 (012)

www.wrc.org.za

www.win-sa.org.za

www.afrisan.org

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INTRODUCTION AND BACKGROUND TO THE DIALOGUES ON MENSTRUAL HYGIENE MANAGEMENT

Background

The Water Research Commission (WRC), in their mission to support water research and development as well as the building of a sustainable water research capacity in South Africa, have sought to address the research challenge of how Menstrual Health Management (MHM) (also referred to as Menstrual Hygiene Management) can be integrated into the water and sanitation sector. In this regard, the WRC funded and coordinated two stakeholder consultations on 19 April 2011 and 28 February 2012 to address the issue of MHM within the context of water and sanitation. This theme supported the government's commitment and efforts towards 'Supporting the Sanitary Dignity Campaign', and thus brought together key stakeholders who have played a role in addressing MHM as a gender equality commitment.

The dialogues were collaboratively hosted by the Water Information Network- South Africa (WIN-SA), the Department for Women, Children and People with Disability (DWCPD) and other stakeholders, with the aim of advancing women's empowerment and gender equality in the area of MHM in South Africa.

The need for a dialogue series of this nature stemmed from several primary factors. Firstly, it has become widely recognised that the existing literature on gender mainstreaming in the water and sanitation sector is silent on MHM, and particularly, the adequacy of water for washing and bathing, availability of hygienic materials and solid waste management of disposables. When work is conducted in this area, initiatives are often restricted to very small pilots, with poor follow-up and poor dissemination of results. And while there is a clear causal relationship between poor sanitation and absenteeism and drop-out of girls in developing countries, efforts in school sanitation to address this issue have ignored menstrual management in latrine design and construction.

Why

Dialogues on MHM?

Recent research and surveys undertaken suggests that approximately 30% of girls do not attend school during menstruation; these girls are in the main from poorer communities where access to sanitary resources is difficult. For many of these poverty stricken families, the purchase of sanitary pads are simply too expensive, and thus receives less priority when compared to other household needs such as food. The resultant absenteeism during menstruation leads to a critical loss of learning time. On average, about 4 days per month can be lost, which can add up to 528 days of schooling across the years that a girl should be in school.

According to research, 60% of women and girls in South Africa do not have access to traditional sanitary ware (pads and tampons). And as an "alternative" to pads and tampons, they have no option but to use rags, toilet paper, newspaper, leaves, "recycled" tampons / pads and disposable nappies. This raises concern regarding the experiences of women and girls in terms of health and hygiene, productivity, as well as dignity and confidence to be active members of a society.

During the ANC's National General Council held in KwaZulu Natal in 2010, the issue of the distribution of sanitary towels to women and girls came out strongly, which is a clear indication of the extent of the problem. With the high level unemployment and poverty being experienced in many communities, the issue of menstrual hygiene management (MHM) is not merely an economic issue, but should also be considered from the social, health and productivity perspectives. There is a need to understand the broader societal responsibility for addressing MHM, as well as to consider ways in which women and girls can be assisted with MHM.

Government departments, the business sector and civil society organisations have responded to President Jacob Zuma's recent address, during which he said, "We will promote the provision of sanitary towels to women on the indigent list of municipalities". The support mechanisms currently range from awareness raising and distribution of sanitary towels, research into local and indigenous practice around MHM, sharing good practice models and a scaling up of MHM support initiatives. Many of these interventions are however not well known, poorly resourced, adhoc and uncoordinated; undertaking discussions and engagement on the issues of MHM, creates an opportunity to explore ways of improving services to women and girls through coordinated action.

Broader and related issues such as privacy, water availability and awareness-raising amongst boys and men, still remain largely unexplored by development initiatives.

Research and development projects that have been conducted on hygiene promotion in this domain have focused mainly on software aspects i.e. telling girls and women about correct practices. These efforts do not currently target men and adolescent boys, nor do they systematically inform infrastructure design.

Additionally, minimal effort has gone into the production and social marketing of low-cost napkins, reusable materials, and research into the use and distribution of bio-degradable products. Research and development efforts have also been limited to commercial ventures that even today are unable to market products that are affordable for the poorest of the poor.

The issue of washing of soiled materials and environmentally friendly disposal of napkins is still to a large extent absent from waste management training, infrastructure design and impact evaluation. In short, MHM is missing from the water and sanitation literature whether it is manuals to sensitize engineers to gender needs or technical manuals on latrine designs; sanitation for secondary schools; solid waste issues such as composting, the use of bio-degradable materials or even simple training modules for health and sanitary workers.

MHM in the South African Context

From the South African perspective, national research and surveys undertaken suggest that approximately 30% of girls do not attend school during menstruation; these girls are in the main from poorer communities where access to sanitary resources is difficult.

For many of these poverty stricken families, the purchase of sanitary pads are simply too expensive, and thus receive less priority when compared to other household needs such as food. The resultant absenteeism during menstruation leads to a critical loss of learning time. On average, about 4 days per month can be lost, which can add up to 528 days of schooling across the years that a girl should be in

school.

According to research, 60% of women and girls in South Africa do not have access to traditional sanitary products. Oftentimes, as an "alternative" to pads and tampons, they have no option but to use rags, toilet paper, newspaper, leaves, "recycled" tampons / pads and disposable nappies. This raises concern regarding the experiences of women and girls in terms of health and hygiene, productivity, as well as dignity and confidence to be active members of society.

During ongoing discussions among role-players, the issue of the distribution of sanitary towels to women and girls featured strongly, a clear indication of the extent of the problem. With the high level of unemployment and poverty being experienced in many communities, the issue of MHM is not merely an economic issue, but should also be considered from the social, health and productivity perspectives. There is a need to understand the broader societal responsibility in addressing MHM, as well as to consider ways in which women and girls can be assisted with MHM.

“ From the South African perspective, national research and surveys undertaken suggests that approximately 30% of girls do not attend school during menstruation; these girls are in the main from poorer communities where access to sanitary resources is difficult. ”



BREAKING THE SILENCE ON MHM IN SOUTH AFRICA: PROCEEDINGS OF DIALOGUE 1

Objectives

Facilitated by Project Leader, Ms. Imelda Diouf, the first multi-stakeholder dialogue, held on 19 April 2011 was initiated to:

To break the silence on MHM by:

- Creating awareness on the topic and the impact it has on women and girls;
- Exploring and sharing lessons of the management aspects;
- Promoting integration of MHM in health and hygiene/life orientation strategies.

To discuss ways of supporting the Sanitary Dignity Campaign for Women and Girls, including:

- Ways of increasing women's access throughout their life cycle to appropriate, descent, affordable and quality health care, information and related services;
- Strengthening preventive programmes that promote women's sanitary health;
- Undertaking gender sensitive initiatives that address women rights and empowerment issues, increase resources and monitor follow up on MHM.

SUMMARY OF DISCUSSION ON PRESENTATIONS

The presentations raised a number of issues, which are summarised in the following section.

Planning and Budgeting

- The Department of Human Settlements is currently revising the sanitation policy; yet MHM has not been included. The department has noted the issue and it would be taken forward to the team handling the sanitation policy revision.
- A sustainability plan is required by any programme that focuses on sanitary towel distribution.
- MHM is an important issue in all provinces e.g. blocked sewers at schools, thus how can engineering and design address this? Population growth has put pressure on reticulation systems. Where there are shared reticulation systems, it takes one household flushing the wrong items, to block everyone else's systems.
- Regarding backyard dwellers, municipalities' need to find a way of providing services to these people.
- Too much work is conducted in silos; sanitation cannot be dealt with in totality if there is no integration of efforts between all partners and stakeholders.

Awareness Raising, Advocacy and Implementation

- There is a need to look at a gender and empowerment perspective when addressing water and sanitation issues.
- Regarding MHM in rural schools, there is a need to encourage the use of re-washable cloths, which

was done in the past before disposables were utilised.

- There is a critical need to teach kids from an early age that MHM is important, through such programs such as WASH United. We can also draw from lessons learned in other programmes e.g. WASH United Lesotho.
- Mother/father/parents-to-child talk on MHM is critical to the success of dealing with the issues. Continued dialogue will not only address issues of MHM, but also address issues such as sex and sexuality, HIV/AIDS etc.

Research and Development

- There is need to research lessons on MHM.
- Current research in SA links absenteeism of girls from school to the lack of sanitation facilities.

KEY THEMATIC AREAS

The opening session provided a platform from which presenters could contextualize the MHM issues from perspectives of gender equality, health, water and sanitation, and how these impact on women and girls.

1. The need for an integrated and holistic approach

In her opening remarks, the former CEO of the WRC, **Dr Rivkar Kfir** emphasised that MHM should be addressed in an holistic manner as it involves and borders on many other aspects like health, gender and technical considerations. She also stressed that the dialogue discussions would help achieve a knowledge based approach to MHM in the future and identify new areas of research as there is currently limited research on the subject.

2. The role and responsibility of government

Ms Ranji Reddy, Director of the DWCPD Women's Branch, delivered a speech on behalf of Ms Lulu Xingwana, Minister for Women, Children and People with Disability. The speech highlighted a number of key issues summarised below:

- Though South Africa has made significant progress towards universal access to education, in line with the MDGs, access to sanitary towels for girls is a challenge as without these the girls are forced to miss some days of schooling every month.
- The issue of sanitary health has been taken up by government; President Jacob Zuma, during the State of the Nation Address, committed government to the provision of sanitary pads to

indigent women and girls.

- Government is therefore in the process of mobilising support from partners including the private sector and development agencies.
- Dialogue is a perfect example of gender mainstreaming, as it encourages discussion and raising awareness of issues which can then be resolved through planning and budgeting. The success of the dialogue will be determined by the extent to which dignity is brought to women and girls.

3. Emphasis on the enabling environment

Ms Ethne Davey, former chairperson and current member of the Gender and Water Alliance, applauded the DWCPD for recognising sanitary towels as a necessity for the disadvantaged women and girls. She asked dialogue delegates to consider a number of issues that include:

- The need for sanitary towel accessibility for learners to become a key issue within the water and sanitation agenda;
- MHM should be discussed within the broad context of water and sanitation, with associated issues of waste management, health, hygiene education, etc;
- An enabling environment has to be created to provide school girls with an hygienic and private space to manage their menstrual health;
- The issue of girls dropping out of school because of the inability to manage menstrual issues, requires an integrated approach;
- In South Africa we have to find a way of coupling the lack of sanitary towels with sanitation problems; this will ensure that South Africa does not continue contributing to million plus school



girls that drop out every year in the developing world and who are being deprived of a basic education.

4. MHM in the international context

Ms Madeleine Fodge, Programme Director for the EcosanRES programme, Stockholm Environment Institute, brought an international perspective to the proceedings by asking crucial questions that link MHM and water and sanitation. She stressed the importance of:

- An agreed definition of sustainable sanitation and the holistic approach required in meeting the sustainable sanitation;
- A continued focus on the interrelations between sanitation and MHM; with a clear focus on the degree to which MHM is considered in planning sustainable sanitation for the unserved and the underserved.
- Some key work is being planned and implemented in a joint partnership between the SEI and the eThekweni Metro, with the project being funded by the Bill Gates Foundation.
- The presentation further highlighted statistics from Ghana that detailed the impact of inadequate MHM on daily activities of school girls. This includes missing school and learning opportunities, being unable to play with other children, shame and lack of confidence during menstruation.

5. MHM from the engineering perspective

Ms Nicky Naidoo, an independent consultant from the Nema Consulting, shared research information in the area of water and sanitation from the perspectives of both engineers and women. Even though some of her current research did not have a particular focus on sanitary health of women, the findings have huge implications for MHM.

Research findings show that:

3. Menstruating women use more water, yet there was not necessarily more access for this use; and
4. Menstruating women in informal settlements are requested not to use communal toilets and water, for fear of spreading HIV/AIDS. She stressed the importance of awareness raising and education of communities, with a focus on:

- a. Health and hygiene education beyond merely hand washing;
- b. MHM means the availability of water for personal hygiene and for washing re-usable sanitary towels;
- c. In rural areas, where it is known that some girls take herbs to stop menstruation, because of a lack adequate toilet facilities in schools, MHM means better planning of infrastructure.

6. The need for planning and budgeting at the local level

Following on the practical approach to MHM that had been raised during the previous presentations, **Mr Neil Macleod**, Head of Water and Sanitation, City of eThekweni, reminded delegates that MHM at the local government level had practical implications that required planning and budgeting within broader municipal decision making processes. He shared the MHM initiatives that are currently being undertaken by the City of eThekweni which is being funded by the Bill Gates Foundation to conduct research on MHM. This will include the impact of the use of menstrual cups and re-usable sanitary towels.



 Neil Macleod Head of Water and Sanitation, City of eThekweni

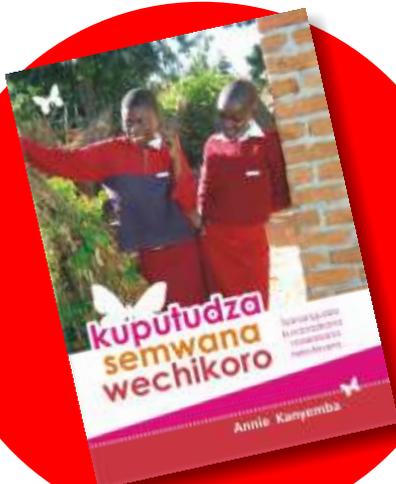
WHY MHM MATTERS AND SUPPORTING MHM INITIATIVES

A panel discussion on why MHM matters and how stakeholders could support MHM initiatives helped deepen the level of engagement by asking delegates to focus on an holistic approach towards addressing the challenges, emerging issues, as well as global, regional and national level initiatives. The following initiatives were highlighted as African examples of effective and sustainable MHM.

Aquamore, Zimbabwe

Ms Annie Shangwa, representative of Aquamore, Zimbabwe, highlighted the plight of school girls in Zimbabwe and shared with delegates research based on practical ways of dealing with MHM, which included:

- Aquarmor has produced a guide to menstrual management for school girls. The booklet is based on the previous work by Marni Sommer of Columbia University (USA). Sommer has produced a simple booklet to help school girls in Tanzania to understand and manage their menstrual management problems.
- The Zimbabwean version of the booklet covers real stories by girl children on how they manage their menses.
- The booklet will be translated into Shona and will continue to be tested with the target audience .
- The booklet can be made available to a South African market; the WRC will follow up on this possibility.



MPOWER Cup, South Africa

Ms Glenda Tutt, MPOWER cup owner, Cape Town SA and the Founder of the Karabo initiative, shared with dialogue delegates a vision to supply sustainable sanitary ware to the mass market of women who do not have access to commercially available products because of economic constraints.

- The project aims to provide women, who do not have access to traditional sanitary ware in a way that is accessible and cost effective;
- The MPOWER Cup is a sustainable solution in terms of accessibility, cost and waste management;
- The solution requires that women are able to move away from the traditional approach of sanitary pads and tampons towards a single product that can be used for many years; and
- The goal is to provide more than one million women with a sustainable sanitary ware solution by 2015.



Small Foundation Projects, South Africa

Dr Paul Cromhout, representing the Small Foundation Projects, Eastern Cape Province, shared a practical approach that is currently being undertaken by the organisation in dealing with MHM at the school level.

- The Eastern Cape project is being implemented in partnership with Procter and Gamble and is known as the Protecting Futures Programme. The project is looking at ways of keeping the girl child in school.
- The programme thus seeks to empower young girls to secure their futures by providing them with

appropriate knowledge on puberty and sexual reproductive health, thereby inspiring them to make informed decisions and to develop a healthy self esteem.

- Girls are encouraged to stay in school by providing them with information that gives a meaningful context for them to understand their bodies and helps them deal comfortably with menstruation related challenges.
- The good lessons of the programme are being shared with interested stakeholders who might want to look at how the programme can be extended beyond the province.

Red Cross, South Africa

Ms Winnie Ndebele, programme director, Red Cross, South Africa, shared perspectives that focused on the situation of women and girls in dealing with MHM in South Africa and the Southern African region by raising a number of issues, including:

- The importance of proper infrastructure including working toilets, access to water and waste management disposal facilities when dealing with MHM; an holistic approach is required.
- An economic approach needs to be undertaken that will ensure access to and affordability of sanitary towels for all women.
- There are a number of challenges to dealing with MHM influenced by factors such as culture, religion, access to education and poverty. These issues must be addressed simultaneously.
- Urged the DWCPD to come up with a holistic approach in view of the fact that MHM is a basic need. MHM is relevant to the MDGs as it touches on 7 MDGs.
- The use of media in positioning MHM and lobbying for regulation (i.e. zero VAT) and political will should be considered.

Ngwedi Manufacturer, South Africa

Dr Lindiwe Ringane, Ngwedi Manufacturer of synthetic and re-usable sanitary pads in South Africa, discussed the use of sanitary ware from the perspective of health, economics and waste management.

- The management of health and hygiene should contribute to the empowerment of women through entrepreneurship. Women need to be in a position to make choices; but this will only happen

through knowledge and economic empowerment.

- It is vital that when one considers the scaling up plan, that products that are made available are part of a sustainable approach.
- The programme currently has three factories in Limpopo, Free State and Gauteng provinces that focus on economic development and the empowerment of women. This links with the need to build communities that are able to solve their own problems
- Sanitary towels (the use of, disposal of, etc) could be integrated as part of the school curriculum; ongoing awareness raising is a vital part of MHM.



Example of products produced by Ngwedi

Ms Noma Nesen, Director at the Institute of Water and Sanitation, Zimbabwe, highlighted key challenges that are faced by the African girl child with regard to MHM.

- Solutions require an holistic approach that should address issues such as technology, choice, design and implementation, environmental degradation, safety, privacy and dignity of women and children.
- Currently there are a number of knowledge gaps among the female and male teachers who are equally unclear about MHM.
- There are real challenges of sanitary cost and accessibility in many communities. In some communities/schools the girls use mealie cobs,

leaves, blankets and old rags to manage their periods and this has implications for their general reproductive health.

There is a need to rethink sanitation and introducing the girl friendly latrines. To date the most important lesson learnt is the need for an integrated approach to the management of menstruation, as it has clear linkages with the MDG targets on reproductive health, gender equality, sustainable environment and poverty eradication.

7. Awareness Raising, Advocacy and Implementation

The panel discussion on 'Why MHM Matters and Supporting MHM Initiatives' also raised a number of key issues pertaining to awareness raising, advocacy and implementation. These are summarised below:

1. MHM is also a psychological issue. The free supply of sanitary towels is only one way of dealing with MHM. There is a need to educate children about a clean environment and self love. Infrastructure should enable and promote the respect for oneself and the facilities provided. It is important for women and girls to know and understand their own bodies.
2. The Department of Human Settlement tabled a proposal to celebrate menstruation day as part of the WASH campaign.
3. More information is required on the use of the menstrual cup, (i) the appropriate age for using the cup, (ii) what happens in case of rape? (iii) how does one go about inserting and handling the cup when removing?
4. Stakeholders must consider starting a lobbying campaign to bring down the cost of sanitary towels, including (i) how can the group pressurise government to regulate the sector, (ii) ensure the transfer of knowledge from schools to the households.
5. A proposal was tabled to lobby government to make sanitary towels available in the same manner that condoms are available at clinics.
6. The delegates also expressed that when dealing with MHM, it is vital for such campaigns to integrate all stakeholders. As yet, current initiatives have not yet managed to include the boy child, and this will continue to perpetuate the gender and menstrual management stereotypes. The DWCPD and other key role players must also explore the issue of MHM from the perspective of Child Headed Households.
7. South Africans should move from the self entitlement mentality of expecting government to provide everything including cleaning and maintaining our environments. Donations result in people not valuing that which is given to them.



RECOMMENDATIONS OF THE FIRST DIALOGUE

The following recommendations have been put forward by dialogue delegates.

Research and Development

- 1 Comprehensive research in South Africa should be conducted concerning the effect of MHM on women and girls.
- 2 Data needs to be collected and shared on the distribution of sanitary towels, ensuring that the most needy women and girls are adequately assisted.

Monitoring and Compliance

- 3 Improved oversight and compliance of implementation of policies, in particular hygiene, to ensure that OSHE standards are adhered to. There should be punitive measures for transgressors.
- 4 An MOU should be drawn up and signed by DG's/CEOs to ensure commitment.

Raising Awareness and Partnerships

- 5 The MHM dialogue should continue with clear milestones and deliverables linked to implementation.
- 6 Partnerships with other stakeholders should be developed e.g. the media for positive messaging.
- 7 Religious and traditional leaders and other relevant stakeholders should be brought into the dialogue on MHM.
- 8 There should be another level of dialogue that includes groups who are not represented in this dialogue. Consider taking the dialogue to the provincial level.
- 9 The promotion of and inclusion of MHM as part of health and hygiene curriculum should be advanced in the sanitation sector.

Implementation

- 10 Draw up clear guidelines on municipalities' readiness to respond to the president's call on MHM, especially in rural areas.
- 11 Sanitation as a dignity issue rather than just a campaign should be promoted, this will support governments integrated approach through collaboration with other departments.
- 12 Accessibility and affordability of sanitary pads to women and girls, especially in the rural areas.
- 13 Resources: money is needed to carry this task forward. DWCPD as a champion has to ensure that relevant stakeholders participate in a comprehensive dialogue and plan and budget for interventions.
- 14 Ensure women empowerment, socially and economically, through the dialogue, taking into consideration the issue of sustainability.

ADDRESSING THE POLICY GAP: PROCEEDINGS OF DIALOGUE 2

The second dialogue, facilitated by WRC Research Manager, **Dr. Inga Jacobs**, was informed by the research gap or lack of information on issues of sanitary dignity and the broader menstrual hygiene for girls and women. The previous dialogue included shared experiences, giving context to various perspectives on menstrual hygiene and raising awareness on the issue. However more work had to be undertaken that focussed on key policy issues including the area of access and cost of menstrual health to individuals and the environment.

OBJECTIVES

The purpose of the second dialogue was therefore to identify and develop policy guidelines as well as share lessons of the management aspect of MHM. The second MHM Dialogue had the following objectives:

- To address the current policy gaps facing South African women and girls and to propose policy guidelines and actions regarding MHM.
- To develop policy considerations to elevate the challenges and opportunities of the MHM and Sanitary Dignity Campaign to the national /ministerial level in the following manner:
 - To provide recommendations for the inclusion of MHM in indigent policies;
 - To explore various options that would help reduce the personal costs of MHM to individuals;
 - To explore appropriate alternative options for disposal; and
 - To explore the opportunities of supporting cooperatives that help alleviate environmental costs.

KEY THEMATIC AREAS

Key discussions included the high costs of sanitary products on individuals (particularly the burden on girls and women) making affordability of these products especially difficult for the indigent households. Other

issues that were explored included the challenge of sustainable donations, the production of *sanitary pads* by cooperatives as an alternative, as well as the option of advocating for a zero VAT on *sanitary products* and the use of menstrual cups.

The group discussions dealt with many pertinent issues; including the limited focus of the Sanitary Dignity Campaign on sanitary pads rather than the broader category of sanitary products in order to give girls and women choices beyond just sanitary pads. The dialogue was clear that other alternatives to sanitary pads are to be explored and promoted such as the menstrual cups, as they are proven to be cost effective and friendly to the environment. Discussion also went into areas of further research needed on the methods of safe disposal of sanitary products that take into account the circumstances of women and girls, as well as the impact on the environment.

The responsibility of menstrual health is more cross cutting than imagined and all stakeholders need to find their critical contribution. The dialogue came out with some key policy considerations however all stakeholders have to identify their contribution to ensuring effective MHM. The DWCPD as the champion has to coordinate these efforts and guide on key policy areas for consideration by all stakeholders including the private sector.

1. MHM: Affordability, Accessibility, Good Practice

Project Leader, **Imelda Diouf**, an independent consultant and development planner, presented a paper on MHM: Affordability, Accessibility, Good Practice. The discussion paper was tabled and policy considerations and actions for the way forward were proposed in order to improve the focus of the Sanitary Dignity Campaign. In order for the policy considerations to be successful, several needs were expressed in the ensuing plenary discussion.





STATEMENT 1:

There is a cost to menstrual health, a cost that is unfairly carried by women and girls.
POLICY CONSIDERATION NO 1: ZERO VAT SANITARY PADS

Actions for the way forward:

- Raise awareness of the cost of menstrual health and the unfair burden of the cost on women and girls.
- Lobby National Treasury to zero VAT sanitary pads.

Expressed need:

- The reduction in price has a direct benefit to women and girls who will be the beneficiaries. However, a 14% reduction in price is a minimal reduction in the personal cost, particularly for indigent households. There is a combined need for the establishment of public-private partnerships to negotiate better terms for beneficiaries.



STATEMENT 2:

The cost of MHM is an added burden to indigent families and this impacts significantly on the girl child school attendance and women's productivity.
POLICY CONSIDERATION NO 2: THE INDIGENT POLICY OF LOCAL GOVERNMENT MUST INCLUDE SANITARY HEALTH SUPPORT.

Actions for the way forward:

- Raise awareness of the impact of sanitary health on women and girls.
- Lobby local government / municipalities to include sanitary health support as part of the indigent policy.

Expressed need:

- There is also a need for statistical information at the local level i.e. how many indigent women and girls are there in municipalities? How many have access to sanitary products? In which geographical areas is the supply of sanitary products concentrated.
- There is a need for the creation of awareness raising programmes for municipal managers/workers.
- MHM is EVERYONE's responsibility. But HOW do we get people to think in this integrated manner?



STATEMENT 3:

The cost of MHM must be linked to the environmental cost of sanitary waste.
POLICY CONSIDERATION NO 3: THE WASTE MANAGEMENT POLICY OF LOCAL GOVERNMENT MUST INCLUDE ENVIRONMENTALLY AND HEALTHY WAYS OF DISPOSING OF SANITARY PRODUCTS

Actions for the way forward:

- Raise awareness of the disposing of sanitary products among community members, including at schools and clinics
- Lobby local government / municipalities to plan and budget for the disposal of sanitary products as part of the IDP

Expressed need:

- There is a need for an integrated approach; disposal at different levels.
- Life skills should be introduced in lower grades.
- THERE IS AN URGENT NEED TO PROMOTE AWARENESS AROUND DISPOSAL!

STATEMENT 4:

There are a range of products on the market that are environmentally friendly and at a cheaper cost than the traditional products.

POLICY CONSIDERATION NO 4: NATIONALLY LOBBY FOR THE USE OF ECO-FRIENDLY, SOUTH AFRICAN MANUFACTURED PRODUCTS

Actions for the way forward:

- Raise awareness of the alternative sanitary products available
- Lobby for women to use alternative products
- Support and fund women's cooperatives to participate in industries that can provide alternative products.

Expressed need:

- There is a need for greater bottom-up awareness raising programmes by teachers, community elders, community health workers, community development workers, youth workers, and the media.
- There is a need to move the MHM public debate from a focus on sanitary products to the exploration of available options and alternatives.
- There is a need to target top-down planning and budgeting processes.
- There is a need to lobby several other governmental departments such as the Department of Trade and Industry (DTI) and the National Treasury in order to help make South African products competitive. This will provide new industry opportunities as well as help to support small business.
- There is a need to engage in an informed manner with the private sector already operating in these areas to get involved in training and awareness raising programmes.

STATEMENT 5:

Infrastructure planning and design of water management systems needs to ensure that the issues of MHM are taken into account.

POLICY CONSIDERATION 5: MENSTRUAL MANAGEMENT IN INFRASTRUCTURE DESIGN (LATRINE DESIGN AND CONSTRUCTION)

Actions for the way forward:

- Sensitise engineers, planners and water managers with regard to infrastructural design that supports MHM.

Expressed need:

- MHM is a long-term goal and water is a basic need. There is a critical need to include the state of water supply in any and all discussions relating to the distribution of alternative products, since many alternatives presume regular access to water.
- There is a need for more education on hygiene and disposal behaviour, particularly in schools.
- More research is needed on the dynamics of disposal, and particularly, the impact of blood on the effectiveness of alternative sanitation technology, such as (dry) toilets or urine diversions.

2. Sanitary Dignity Campaign: Production, Distribution And Waste Management

Dineo Too, from the DWCPD, Children's Branch, shared a presentation on the Sanitary Dignity Campaign: Production, Distribution And Waste Management, which focused on the coordination of the campaign and work undertaken to date by the department. The campaign gives affirmation to the pronouncement made by President Zuma on the Sanitary Dignity Campaign in his state of the Nations Address (February 2011). He stated: "Given our emphasis on women's health, we will broaden the scope of reproductive health rights and provide services related to amongst others, contraception, sexually transmitted infections, teenage pregnancy and sanitary towels for the indigent."

The objectives of the campaign are:

- To distribute sanitary towels to girls and indigent women who are unable to purchase for own use.
- To mobilise government departments, individuals, the business sector, and non-governmental organisations, to donate and contribute to the Campaign.
- To improve access to education for school-going girls by keeping them at school even when they are in their monthly periods.
- To increase women's access to appropriate, descent, affordable and quality health care, information and related services.
- To improve the level of hygienic practices aimed at increasing the knowledge on healthy life-styles.
- To undertake gender sensitive initiatives that address women's rights and empowerment issues within the economic sphere by ensuring that women participate in economically viable initiatives.

The DWCPD is the Department responsible for the coordination of all programmes and activities relating to the Sanitary Dignity Campaign. The Department therefore coordinates inter-departmental interventions in this regard. There are various national activities where distribution has been undertaken including:

- A partnership between government departments and with the private sector where school girls are benefitting, and
- The distribution of sanitary pads to patients and female inmates.

In terms of the way forward, the DWCPD is in the process of identifying short-term goals to procure and collect sanitary towels and take to the distribution points, as conducted by the Department of Basic Education (DBE) as well as the Department of Rural Development and Land Reform (DRDLR); to solicit relevant information on production, distribution and disposal of sanitary towels; and to learn lessons from African countries that are making strides to address the MHM challenge such as Angola and Kenya. Long term goals include the need to elevate the Sanitary Dignity Campaign to a national programme and to economically empower women to produce, distribute and dispose of sanitary towels.

3. Policy Implications of MHM for the Water Sector

Nicky Naidoo of Nemai Consulting provided some insights on Policy Implications of MHM for the Water Sector. MHM has implications for a range of policies, including sanitation policies, waste management policies, environmental policies and HIV & AIDS policy, among others. A policy cannot address everything but needs to be well defined so that when policy is translated to a strategy and operations, then the implementers are guided clearly. Thus the existing policies should be flexible enough to deal with MHM.

Currently, gaps and areas of constraints on policies in relation to MHM include the following:

- Alignment of current policies;
- MHM is a cross cutting issue which is not factored into current policy development;
- The silo approach to policy development within the water sector;
- Raising the basic level of services does not include the implications of MHM; and
- No recognition in the indigent policies, thus the package of indigent programme needs to be flexible and include MHM.



Opportunities for the way forward need to:

- Review the Water Services Act and analyse the degree to which it addresses MHM.
- Include MHM in the Water for Growth and Development Programme.
- Assess the impact of MHM on the Green Economy.
- Advocate for innovative and indigenous practices to address MHM.
- Develop an integrated approach to address water management.

Workshop participants also raised a number of issues that impact on the policy process:

- Learners are not educated on how to dispose of sanitary products. Disposal is not so much the issue but rather, how it is being disposed.

- Water supply is high in schools and the tariff for quintile 1-3 schools should be lowered. There is a need to lobby for free access to water in schools from historically disadvantaged areas. Similarly, schools also need to learn ways of preserving water and maintaining the system.
- The silo approach of management inherent in the water sector affects most of the work in departments at the expense of communities, especially indigents. An integrated approach is to be applied.

CONCLUDING DISCUSSION

In the group discussions that followed workshop participants deepened the debate and discussed the issues that are to be put forward as policy considerations to the Honourable Ms Lulu Xingwana, Minister for Women, Children and People with Disability, to guide the stakeholders working with the issues of MHM and the Sanitary Dignity Campaign.

These policy considerations were further consolidated by Dr Inga Jacobs, Research Manager at the WRC into the key areas which she reiterated in her concluding remarks. The dialogue participants believe that the focus on policy is not only about government but should also be about the inclusion of all stakeholders including the private sector and civil society organisations. The stakeholder group must therefore ensure that the debate is developed beyond the distribution of sanitary products. This requires a holistic approach to MHM where all the issues are well thought-out, including production, distribution and waste management.

The WRC will thus continue its engagement with the DWCPD and the Honourable Ms Lulu Xingwana, Minister of Women, Children and People with Disability in taking forward the following policy considerations. In order to facilitate this, the following Ministerial Brief was drafted that summarises the proceedings of the WRC's MHM Dialogue Series and articulated the policy gaps and considerations as tabled and agreed upon in this forum.



MINISTERIAL BRIEF ON MENSTRUAL HEALTH MANAGEMENT (MHM): SUPPORTING THE SANITARY DIGNITY CAMPAIGN FOR WOMEN AND GIRLS

Background to Menstrual Health Management

It is widely recognised that gender mainstreaming in the water and sanitation sector is silent on Menstrual Health Management (MHM) (also referred to as Menstrual Hygiene Management), particularly, as it relates to the access and appropriate quality and supply of water for washing and bathing; the availability of hygienic materials; and solid waste management of disposable sanitary products. When they are addressed, initiatives in this area are restricted to very small pilots, with poor follow-up and poor dissemination of results. Additionally, while the challenges of absenteeism and the drop-out rate of girls in developing countries are closely related to a lack of adequate sanitation facilities in schools, efforts to address these issues have ignored MHM in latrine design and construction. Broader but related considerations such as privacy, water availability and awareness-raising amongst boys and men still remain largely unexplored by development initiatives. Equally infrequent is the attention given to the production and social marketing of low-cost napkins, reusable materials, research into bio-degradables, with research and development efforts focusing more on commercial ventures that even today are unable to market products that are affordable for the poorest of the poor.

The literature on gender mainstreaming in the water and sanitation sector, is silent on Menstrual Health Management.

Sowmyaa Bharadwaj and Archana Patkar, 2004

poverty stricken families, the purchase of sanitary pads is simply too expensive, and thus receives less priority when compared to other household needs such as food. The resultant absenteeism during menstruation leads to a critical loss of learning time. On average, about 4 days per month can be lost, which can add up to 528 days of schooling across the years that a girl should be in school.

Further studies show that 60% of women and girls in South Africa do not have access to traditional sanitary ware (pads and tampons). And as an "alternative" to pads and tampons, they have no option but to use rags, toilet paper, newspaper, leaves, "recycled" tampons / pads and disposable nappies. This raises concern regarding the experiences of women and girls in terms of health and hygiene, productivity, as well as dignity and confidence to be active members of a society.

During ongoing discussions among role-players, the issue of the distribution of sanitary towels to women and girls, featured strongly. With the high level unemployment and poverty being experienced in many communities, the issue of MHM is not merely an economic issue, but should also be considered from social, health, productivity and waste management perspectives. There is a need to understand the broader societal responsibility in addressing MHM, as well as to consider ways in which women and girls can be assisted with MHM.

MHM in the South African Context

From the South African perspective, national research and surveys undertaken suggests that approximately 30% of girls do not attend school during menstruation (also confirmed in the WRC's Dialogue Series); these girls are largely from poorer communities where access to sanitary resources is difficult. For many of these

Government departments, the business sector and civil society organisations have responded to the call for Sanitary Dignity. Support mechanisms currently range from awareness raising and distribution of sanitary towels, research into local and indigenous practice around MHM, sharing good practice models and a scaling up of MHM support initiatives. Many of these

interventions are however not well known, poorly resourced, ad hoc and uncoordinated. Undertaking discussions and engagement on the issues of MHM, creates an opportunity to explore ways of improving services to women and girls through coordinated action.

Overview of the Water Research Commission's Multi-stakeholder Dialogues on MHM.

The Water Research Commission (WRC), in their mission to support water research and development as well as the building of a sustainable water research capacity in South Africa, have sought to address the research challenge of how MHM can be integrated into the water and sanitation sector. In this regard, the WRC funded and coordinated two stakeholder consultations on 19 April 2011 and 28 February 2012 to address the issue of MHM within the context of water and sanitation. This theme supported government's commitment and efforts towards '*Supporting the Sanitary Dignity Campaign*', and thus brought together key stakeholders who play a role in addressing MHM as a gender equality commitment.

The stakeholder consultations have included representatives of national and provincial departments, donor and development agencies, academic institutions, trade unions, civil society organisations and the private sector.

The consultations provided a platform to raise issues with a view:

- To 'Break the Silence on Menstrual Hygiene Management (MHM)' by (i) creating awareness on the topic and the impact it has on women and girls, (ii) exploring and sharing lessons of the management aspects, (iii) promoting integration of MHM in health and hygiene/life orientation strategies.

- To discuss ways of supporting the Sanitary Dignity Campaign for Women and Girls, including (i) ways of increasing women's access throughout their life cycle to appropriate, descent, affordable and quality health care, information and related services, (ii) strengthening preventive programmes that promote women's sanitary health, (iii) undertaking gender sensitive initiatives that address women rights and empowerment issues, increase resources and monitor follow up on MHM.
- To address the current policy gaps facing South African women and girls and to propose policy guidelines and actions regarding MHM.
- ? To develop policy considerations to elevate the challenges and opportunities of the MHM and Sanitary Dignity Campaign to the national /ministerial level in the following manner: (i) to explore various options that would help reduce the personal costs of MHM to individuals; (ii) to explore appropriate alternative options for disposal; and (iii) to explore the opportunities of supporting cooperatives that help alleviate environmental costs.

In South Africa 30% of girls do not attend school during menstruation; these girls are in the main from poorer communities where access to sanitary resources is difficult.

Key Policy Considerations

As a result of the multi-faceted nature of MHM, an integrated and holistic approach is required. This includes the need for the development of appropriate platforms where stakeholders can engage on issues of production, distribution and waste management, and where champions can raise issues to the level of policy development and advocate for strategy interventions. The Honourable Ms Lulu Xingwana, in her role as Minister for Women, Children and People with Disability, is well placed to champion the cause of '*Menstrual Health Management supporting the Supporting the Sanitary Dignity Campaign*'.

Therefore the following policy considerations are put forward as strategic issues:





STATEMENT 1:

There is a cost to menstrual health, a cost that is unfairly carried by women and girls. A reduction in the price of menstrual products will be a direct benefit to women and girls who will be the beneficiaries. A 14% reduction in price of menstrual products, as well as liaising with the private sector to negotiate better prices for beneficiaries will support a national approach to the Sanitary Dignity Campaign.

POLICY CONSIDERATION NO 1: ZERO VAT SANITARY PADS

Actions for the way forward:

- Raise awareness of the cost of menstrual health and the unfair burden of the cost on women and girls.
- Lobby National Treasury to zero VAT sanitary pads.



STATEMENT 2:

The cost of MHM is an added burden to indigent families, and impacts significantly on the girl child's school attendance and women's productivity. As noted in the WRC's MHM Dialogue Series, up to 30% of South African school girls lose 528 days of schooling throughout their menstruating years because of an inability to access sanitary pads. An indigent household can utilise 4.4% of household income on sanitary products. However, 14% reduction in price is a minimal reduction in personal cost. As such, there is a combined need for the establishment of partnerships with the private sector to negotiate better terms for beneficiaries.

POLICY CONSIDERATION NO 2: THE INDIGENT POLICY OF LOCAL GOVERNMENT MUST INCLUDE SANITARY HEALTH SUPPORT

Actions for the way forward:

- Raise awareness of the impact of sanitary health on women and girls.
- Lobby local government / municipalities to include sanitary health support as part of the indigent policy.



STATEMENT 3:

The cost of menstrual health management must be linked to the environmental cost of sanitary waste. There is a need for an integrated approach; awareness raising of disposal of sanitary products at different levels of society e.g. household, institutions (like schools) and local government waste management.

POLICY CONSIDERATION NO 3: THE WASTE MANAGEMENT POLICY OF LOCAL GOVERNMENT MUST INCLUDE ENVIRONMENTALLY AND HEALTHY WAYS OF DISPOSING OF SANITARY PRODUCTS

Actions for the way forward:

- Raise awareness of the disposal of sanitary products at different levels including community members, and in schools and clinics.
- Lobby local government / municipalities to plan and budget for the disposal of sanitary products as part of the waste management operations of the Integrated Development Plan (IDP).



STATEMENT 4:

There are a range of sanitary products on the market that are environmentally friendly and at a cheaper cost than the traditional commercial products e.g. menstrual cups and reusable sanitary pads.

POLICY CONSIDERATION NO 4: NATIONALLY LOBBY FOR THE USE OF ECO-FRIENDLY, SOUTH AFRICAN MANUFACTURED PRODUCTS

Actions for the way forward:

- Raise awareness of the alternative sanitary products available and stress the availability of options.
- Support and fund women's cooperatives to participate in industries that can provide alternative products.
- Need to engage with the private sector already operating in these areas to get involved in training and awareness raising programmes.



STATEMENT 5:

Infrastructure planning and design of water management systems need to ensure that the issues of MHM are taken into account.

POLICY CONSIDERATION 5: MENSTRUAL MANAGEMENT IN INFRASTRUCTURE DESIGN (LATRINE DESIGN AND CONSTRUCTION)

Actions for the way forward:

Sensitise engineers, planners and water managers with regard to infrastructural design that supports MHM.

MHM is a long-term goal and water is a basic need. Water supply is therefore a primary factor in the uptake of particular alternative products, and behavioural change. There is a need to undertake research on the impact of sanitary products and human waste on the effectiveness of alternative sanitation technologies such as (dry) toilets or urine diversions.

Conclusion

It is important to note that the focus on policy considerations should not be equated with a focus on policy. There is a great demand to develop the MHM public debate beyond the distribution of sanitary products. This requires a holistic approach to MHM and how it affects multiple sectors such as health, water, and education.



WIN-SA: Address: 491 18th Avenue, Rietfontein, Pretoria, Postal Address: Private Bag X03, Gezina, 0031
Tel: (012) 330 0340, Fax: (012) 331 2565, E-mail: info@win-sa.org.za, Website: www.win-sa.org.za