1. **Information**
   a. Organization Name: Sustainable Health Enterprises (SHE)
   b. Project Name: SHE28
   c. Grant Amount: $46,947
   d. Contact Person: Melissa Driver Beard
   e. Address: 175 Varick Street, New York, NY 10014
2. **Outcomes the program was designed to achieve**

The program was designed to increase access to pads and knowledge around menstruation. Through the program, 503,000 go! pads will be distributed to ten public schools, ten kiosks, and other schools and institutions that serve youth such as youth villages, orphanages, and NGOs impacting over 3,000 girls’ ability to access affordable pads. The schools where we distribute pads will be able to provide double the amount of pads they can provide to girls because of our pads’ affordability. At the schools where we distribute pads, 50 targeted teachers/personnel have been trained in puberty education and menstrual hygiene management (MHM) in order to deliver MHM after-school program modules to girls and boys with confidence. Girls, boys, parents and teachers will receive MHM education resource materials.

3. **Changes in Funding for this Program**

There were no significant or unexpected changes in funding for this program.

4. **Changes in Organization or Program**

Nadia Hitimana, our Health and Hygiene Manager at the time of the application, has left SHE to pursue her Masters in Public Health at the London School of Hygiene and Tropical Medicine.
There have been two additions to the SHE team. Melissa Driver Beard has joined the organization as Executive Director and Jeanette Murekatete began work in November 2015 as our Health and Hygiene Manager. Jeanette has an MPH and 14 years of work experience in the WASH Sector. She has conducted trainings of both trainers and youth, including MHM education for girls in refugee camps.

5. Challenges

Our first challenge was overcoming teachers’ perceptions on MHM. Some of the participants strongly believed the myths around MHM. After analyzing the facts behind menstruation and comparing those facts with myths and beliefs attached to menstruation, the teachers came to realize that the myths and taboos around menstruation were restrictions on women and girls that were rooted in the cultural context rather than grounded in scientific fact.

Even with a science teacher in the cohort, the group at times did not fully grasp the anatomy and physiology of the female reproductive system. However, a personal exchange of information and experiences created an atmosphere in which all the teachers were highly engaged and helped some of the new teachers better understand the information presented. More time than planned was required for the trainers to resolve misconceptions. This resulted in less time being available for other subjects planned by the trainer, such as the menstrual cycle and choosing feminine care products.

We have faced another obstacle in conducting our monitoring & evaluation. We had planned to conduct our student knowledge and behavior change post-tests towards the end of the 2015 school year and believed that the school year ended in mid- to late November 2015. However, we learned on short
notice that the school year ended in mid-October 2015, with the remaining time serving as a reading and examination period. Convening the students during reading and exam period proved to be impossible. To that end, we will need to conduct the post-tests in January 2016 and will request an extension, to be discussed in Section 8 below. This change in schedule will enable us to ask more rigorous questions in the post-test, as we learned in the pre-test that some of our questions were not detailed enough.

On the production side, in order to increase our throughput and reach 250,000 or more girls by the end of 2017, we have kicked off a partnership with a multinational health company, which is designing machinery for us that will increase our throughput by tenfold. We have already implemented product improvements suggested by this partner, and will continue to do so.

6. Revision of objectives

In our proposal, we stated that SHE would provide 180,000 pads to 3,000 girls in 10 schools. In 2015-16, we will actually manufacture a total of over 2 million go! pads. 40,000 of these pads, rather than the estimated 180,000, will be provided for 3,000 Rwandan girls through the 10 schools mentioned in our proposal. Given 2015 budget allocations, this is both the maximum that schools can buy and double the amount of competitors’ pads that schools buy for girls at current prices. This provision will ensure that girls’ rooms are stocked with pads for girls to use in case of emergencies. Because we are committed to increasing girls’ access to pads, another 50,000 pads will be sold at kiosks near the 10 schools. Finally, 413,000 will be sold to other schools and institutions that serve youth such as youth villages, orphanages, and NGOs, which have the resources to supply girls with pads for regular use rather than only for emergencies. Taken as a whole, through these channels, we will increase access for 6,803 girls through school girls’ rooms and bulk purchasers. We think this makes for a more sustainable business model in the long term and ultimately increases girls’ access to pads.

We communicated this change to Dining for Women in February 2015, and this change was approved. Our objectives have not changed otherwise.

7. Progress towards achieving objectives

SHE has used the D4W grant for three main activities; teacher training (November 2014) and refresher training (March 2015), M&E with students (March 2015) and to collect teachers’ feedback on the MHM implementation with students (August 2015). As a follow up step, SHE will conduct feedback sessions with students to learn how their teachers and SHE could serve them better.
The training was conducted for 51 academicians (24 males and 27 females), from 10 schools in the Eastern province of Rwanda, Kayonza district. Among the team were 3 head teachers, 2 headmasters, 1 headmistress and 3 directors of studies. These teachers now conduct MHM trainings for students. The government of Rwanda has allocated a budget line of $35,000 for hygiene improvement in schools, including for $267 per school per year the purchase of sanitary pads. Participants were selected based on their influence on making the government after school program advance in their respective schools. Science teachers will be catalysts in helping understand the physiology and anatomy related to MHM.

The trainings were conducted from 10-13 November 2014 at the Midland Hotel in Kayonza district. The 51 teachers were split into two groups. Each group was allocated a total of 2 days for the whole training session, with approximately 13 hours of instruction for each group.

The purpose of the training was to increase teachers’ knowledge and skills on menstrual hygiene management (MHM) and, consequently, their confidence in training their students. Our main goal is to provide reliable information on MHM to teachers, students, and the Rwandan community. Further discussion will break the silence around the topic, thus keeping girls in schools and empowering women to participate and contribute to sustainable development. The language of instruction was Kinyarwanda, the local language.

i. General overview of the teacher training.

Training sessions went according to plan. Teachers appreciated the goal of this initiative because they were unfamiliar with how to address this critical topic. Among the subjects taught were Menstrual Cycle, Choosing Feminine Care Products, and Beliefs, Norms, Myths, and Taboos. One male teacher among the participants, after having attended the session on the menstrual cycle, said, “I now understand why my wife behaves this and that other way. I am so shameful for blaming her to not be
able to control our births, but know I see how critical this is. I can only imagine how confusing and stressful for a young girl during her menstruation.”

Another teacher expressed a belief in the myth that menstruating women could lower the yield of her family’s crops by walking through the field where they grow. This persistence of misinformation, even among teachers, shows how far we still have to go in dispelling myths on menstruation.

• Teachers liked the manual layout and teaching methodologies. The teachers agreed to go through the SHE MHM manual after the training and come back to the trainers for more clarifications and improvement suggestions where needed.

• Teachers demonstrated some knowledge of the physiology of menstruation, but many only had basic insight about the topic. In general, the faculty had not tackled the topic of MHM because they believed that it was a subject best left between girls and their mothers or other female family members. However, many women themselves do not know or are silent about MHM even within their families, and males often never learn about MHM.

ii. Immediate impact of the training

Based on the pre- and post-tests administered, MHM knowledge among teachers has increased. Pre-test grades ranged from 48% to 84%. Post-test grades ranged from 61%-96%. The average score in the pre test was 62.9%, increasing to 74.1% in the post-test. Additionally, the pre test median was at 66% and the post-test median at 78.5%. SHE’s objective of increasing teachers’ knowledge of MHM was achieved. Female academicians scored higher than their male counterparts. From our non-scored part of the test, more than 80% of participants said they were now confident about MHM as a subject.

iii. Recommendations

• Teachers indicated that two days of training were not sufficient to cover all the material
• Teachers suggested we highlight the modules on Menstrual Cycle, Choosing Feminine Care Products, and Beliefs, Norms, Myths & Taboos and spend less time on the Puberty & Adolescence, Care & Disposal of Menstrual Products, and Health Practices modules.
• Teachers suggested that modules be adjusted for the age of the students
• Teachers proposed that we have video instructional materials

iv. Steps Forward

• Both participants and trainers agreed that school visits will be carried out to follow up on the implementation plan for the students’ trainings and for WASH assessments.
• The Business development and production teams need to pay attention to the government school pads budget for it was reported from various teachers that this amount is not consistent.

b. The Teacher refresher trainings overview

The trainings happened from 30 January-5 February 2015. SHE staff re-trained the teachers on lessons they had misunderstood or forgotten, elaborated an implementation plan for students’ trainings and assessed the schools’ WASH facilities. Only one school failed to elaborate an implementation plan.

i. Repeated Lessons

All of the small groups wanted to repeat the lessons on Menstruation and Menstrual Cycle, and Choosing Feminine Care Products.

ii. Feedback and Recommendations

• Condense the manual content and rearrange the modules
• Couple our final manuals with instructional materials for students. Trainers suggested pelvic models or drawings on pieces of fabric, menstrual cups, and reusable pads.
• The final soft copy of the translated manual should be proofread by one of the teachers to ensure that the content and language appropriate to both students and teachers
• Develop booklets or other IEC materials for students
• Trainers will generate a data analysis of WASH facilities in the 10 schools

c. Teacher Training Evaluation In-Service

The final teacher training in-service took place from 10-14 August at the Midland Hotel in Kayonza District. 52 teachers and headmasters from 10 schools in Kayonza District – the same teachers who attended the first two training sessions and conducted student MHM trainings – attended. The purpose of this evaluation in-service was for the teachers to evaluate the teacher training manual and the effectiveness of the student trainings. Key findings include:
• Teachers found it easy to teach students about puberty, as students are already experiencing, and curious about, puberty-related changes in their own bodies. Teachers found it difficult to teach students about the menstrual cycle, especially the physiology around releasing of the egg, variable cycle lengths, and irregular cycles
• Teachers believe they are opening up a safe space to talk about sensitive topics that interest students.
• To effectively deliver student trainings, teachers need more color pictures in the manual and more visual materials such as charts and calendars for explaining and tracking menstrual cycles, exercises and case studies, samples of menstrual products, and videos. A biology teacher who has had MHM training should give input on the development of student IEC materials.
• Teachers also suggested using participatory, student-centered pedagogical methods, e.g. presentations, skits, role plays that students do themselves
• Teachers are more comfortable teaching students about MHM than they were before the training
• Teachers need to be prepared to understand the menstrual cycle, answer questions from students, talk openly about what had previously been considered a sensitive topic, help students break down taboos, and adjust content to be age-appropriate for students
• Teachers ranked the most important modules as: 1) Puberty; 2) menstruation and menstrual cycle; 3) menstrual hygiene; 4) challenges faced by girls and women; and 5) myths, beliefs, & taboos around menstruation
• Teachers suggested that all other modules be summarized and condensed
• Students need a booklet to follow along with the trainings
• Students had a good understanding of puberty but little understanding of the menstrual cycle and how to use different types of menstrual products

• Both boys and girls showed interest in and expressed curiosity about the topic, though girls were more comfortable asking questions in gender-segregated groups
• Boys are more supportive of menstruating girls after they go through the trainings
• Teachers are eager to teach MHM in nationally mandated after-school health clubs once those clubs are implemented.
• MHM teacher training needs to be replicated at the national level as untrained teachers don’t understand the importance of MHM
• School administrators should recognize the importance of MHM and encourage teachers to train their untrained colleagues
• It is critical to convey accurate knowledge around puberty, menstruation, and MHM to parents, and stress the importance of breaking the silence around these topics.

d. Baseline data report on students M&E

SHE conducted a pre-knowledge and pre-behavior change baseline assessment among male and female students in the 10 schools. The goal of this assessment was to determine the students’ knowledge, attitudes and skills as well as their behavior around MHM prior to the start of the MHM clubs. The assessments combined both qualitative and quantitative methods and were conducted from the 9th to the 20th March 2015. The total number of students reached was 657 using a variety of data collection methodologies to include: surveys, focus groups and diaries.

Key findings include:
• Across all schools, students (primary and secondary students with approximate ages of 10 to 15 years) were correct in their MHM knowledge 74% of the time, incorrect 18% of the time and not sure 8% of the time.
• Secondary school students were more likely to give correct answers than were primary school students (77% versus 71% of the time for primary)
• Girls were correct in their MHM knowledge 76% of the time versus boys 69% of the time.
• While 34% of boys admitted they were embarrassed to talk about menstruation, 86% of both boys and girls think that boys should be included in conversations about menstruation.
• 15% of girls and 21% of boys considered menstruating girls unclean.
• 42% of girls and 24% of boys believed that girls could participate in sports during their period.
• 12.6% of girls reported that they had missed a partial or full day of school during their most recent menstrual period.
• Of those girls who missed all or part of a day of school, menstrual pain was the reason for missing school 79% of the time; lack of product was the cause 8% of the time.
• 72% of girls reported using the pit latrine for pad disposal.
• 81.6% of girls who completed the behavior survey used disposable pads as their primary menstrual product during their most recent period.
• Ten of the 191 respondents (5.2%) reported using more than one product during their most recent menstrual cycle. 8 of those were a combination of disposable pad and cloth. 1 was a combination of cloth and cotton wool and 1 was a combination of nothing and clothing.
• Everytime 47% and Supa 44% were the most popular disposable pad brands.
• The majority of girls (48%) went 2-4 hours between changing products. Girls were more likely to stretch that to 4-6 hours and longer if wearing a pad than if they were using cloth.
• The vast majority of girls acquired the pads from the store (49%) or home (44%). Only 3% said they got them from school.
• 34% of girls had requested pads from school in the past and reported that they were available 97% of the time.
• When changing their menstrual product at school 45% change their product in the latrine, 37% changed their product in the girls room
• 14% of girls said they had felt ashamed at some point during their last period and 2% reported that they had been teased during their last period.

  e. Teacher feedback on MHM implementation in schools.

Feedback from our first cohort of teachers will help us deliver MHM teacher training in the most effective manner possible. This information will help us to modify the manual, and to better advocate for other teachers to be trained in this subject and consequently support and train students effectively.

  8. Pictures

See attached

  9. Message for donors & community

Thanks to your support, SHE trained over 50 teachers in 10 schools in Kayonza District, who then went on to train 657 students in MHM. We hope that you continue to support SHE28 and our work to keep girls in school, period.

  10. List of expenses incurred

See attached