

## Youth Excel Learning Brief: Locally led Implementation Research on School-based Menstrual Health and Hygiene Support



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## Overview:

This Learning Brief provides an interim summary of five (5) Youth Excel grantees' 'Research-to-Change' (Youth Excel's [Implementation Research Approach](#)) work in strengthening Menstrual Health and Hygiene (MHH) support for Girls' Education in Malawi and Zambia. This activity provides small grants (\$40,000-\$50,000) to local, youth-led and youth-serving organizations; in some cases these were the first USAID grants that these organizations received. Youth Excel provides tools and technical assistance to grantees so that they can conduct their own implementation research to strengthen their own programming priorities and ultimately embed research into their programming sustainably.

The grantees are testing and adapting solutions for MHH challenges in a regional context through youth-led implementation research approaches for positive youth development. This brief begins with a summary of the context and setting, and then describes Youth Excel's processes and technical assistance to grantees. It then presents implementation research stories for each grantee, including a snapshot of learning priorities, research methods, key findings, and immediate program adaptations made. It closes with a synthesis of key findings across all grantees' work and presents the grantees' learning goals for their next phase of Research-to-Change.

## Summary (setting context):

It is estimated that 1 in 10 girls in Sub-Saharan Africa miss school during menstruation ([UNESCO, 2014](#)). Zambia and Malawi menstruators face similar challenges related to Menstrual Health and Hygiene (MHH) including cultural and traditional beliefs, as well as access to products, information, and services. MHH is a critical aspect of addressing gender equality and women's and girls' empowerment, as it alleviates barriers to full and equal participation in education and public life.

## Supporting locally-led Implementation Research:

Youth Excel supports local organizations to lead implementation research and utilize the knowledge generated for their own decision-making. To do this, Youth Excel provides grantees with implementation research tools and technical assistance, helping them lead their learning and adaptation based on their own priorities. Throughout engagement with Youth Excel, grantees were accompanied by a locally-based consultant with topical expertise on MHH and a breadth of research methodological skills.

In order to promote locally-led implementation research, Youth Excel implemented support strategies informed by the evidence-based system for innovation support (EBSIS) model ([Wandersman, 2012](#)) and included: 1) interactive training sessions to support the development of research plans using Youth Excel-developed tools and templates; 2) individualized mentoring and coaching across research processes; 3) learning workshops to share and synthesize findings for intervention quality improvement. The key tool utilized for co-creating research plans with grantees was the Planning for Ethical and Effective Research (PEER) Workbook,





which can be found in Youth Excel's [Research-to-Change Toolkit](#). This interactive workbook served as a tool for transparent planning and monitoring of research plans for mitigation of safeguarding concerns.

To set a foundation for protection and research ethics, all grantees started their implementation research by completing an intersectional rapid gender and protection assessment (IRGPA). The IRGPA was focused on surfacing contextual considerations and recommendations for gender and social inclusion (GESI) and protection. As a mechanism for continued learning and accountability surrounding ethics and protection, we utilized an ethics accountability committee model to review and approve all ongoing implementation research plans. Youth Excel identified committee members as persons outside of the activity and selected based on the following criteria: 1.) ethics and safeguarding expertise, 2.) topical or contextual expertise, and/or 3.) research expertise. After selecting committee members, Youth Excel provided an orientation to the ethics review process and shared expectations. Youth Excel gathered, consolidated, and shared committee feedback on research plans with grantees to incorporate prior to being granted approval to start executing their research plans.

### Grantee Implementation Research Stories:

On January 12 2023, IREX organized the first learning workshop for the MHH grantees. The learning workshops are a platform for grantees to come together and share insights and receive feedback on implementation and research from their peers. During the learning workshops, grantees share information about their implemented activities, the process they took carrying out implementation research, key findings as well as the follow-up decisions that the organization will undertake to improve the delivery of their programming and activities. Below, we share stories of what each grantee learned from their implementation research.

#### Grantee: Amos Youth Centre- Zambia

The Amos Youth Centre (AYC) is dedicated to empowering Zambian youth to break the cycle of poverty in their communities through education and leadership development. AYC is currently implementing the Reproductive Health Access Initiative (RHA) project. The project provides girls and women ages 14-25 with a safe, friendly environment to access MHH training and education, free reusable menstrual products, and reproductive health education.

**Learning Goal:** To determine whether providing menstrual cups, training, and education to students' mothers in the Reproductive Health Access Initiative (RHA) program increases the uptake and use of menstrual cups among girls so that we may increase the number of mothers participating in the RHA program.

**Data collected through:**

Focus group discussions (FGDs) with:

**Key Findings:**

- In FGD 2, 75% of the mothers who received the menstrual cup and training

**Data-informed decisions:**

- AYC will facilitate more Menstrual hygiene classes in two local schools and



<ol style="list-style-type: none"> <li>1. Girls who received a menstrual cup (n=16)</li> <li>2. Mothers who received a menstrual cup (n=16)</li> <li>3. Mothers in the community with similar socio-economic status who have not received the menstrual cup (n=16)</li> <li>4. Girls from the community in the same age range as program participants who did not receive the menstrual cup (n=16)</li> </ol>	<p>are still not talking about menstrual health and hygiene to their girls even after the training.</p> <ul style="list-style-type: none"> <li>• In FGD 3 and 4, there is a lack of communication between mothers and daughters about menarche.</li> <li>• In FGD 4, all girls reported not hearing about the menstrual cup.</li> </ul>	<p>at the youth centre taking into account the incorporation of parents/guardians to promote dialogue between guardians and their wards.</p> <ul style="list-style-type: none"> <li>• To facilitate and encourage guardians to be open about menarche and also spread information about the cup, AYC will conduct more engagement and sensitization meetings on reusable cups and menstrual health hygiene with Girls and Women.</li> </ul>
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**Grantee: The Archdiocese of Lilongwe Catholic Health Commission (LLCHC)**

LLCHC is a registered faith-based organization implementing health programs and providing health/nutrition care services in hard-to-reach areas in Malawi. LLCHC is currently implementing the Lilongwe Orphans and Vulnerable Children (OVC) project. OVC is a 5-year PEPFAR-USAID HIV program that targets 10–17-year-old children and their caregivers in Lilongwe to mitigate the impact of HIV and prevent new infections. The program provides health including MHH, education, economic and child protection services at community and school. Below is a summary of the IR learning goal and the progress made towards the goal.

<p><b>Learning Goal:</b> We need to know if menstrual health education during HIV prevention program among girls age 10-17 has led to self-confidence and improved school enrollment and attendance of girls so that we can increase girl enrollment into the program.</p>		
<p><b>Data collected through:</b></p> <p>Quantitative survey with adolescent girls under the program, using the Girl's Kirkpatrick's Tools for Menstrual Health Education (MHE) questionnaire (n=84)</p> <p>Focus group discussions (FGDs) with:</p> <ol style="list-style-type: none"> <li>1. Girls aged 10 – 17 years in urban setting and participating in the program (3 FGDs, n=15)</li> </ol>	<p><b>Key Findings:</b></p> <ul style="list-style-type: none"> <li>• From the survey, LLCHC found that Menstrual Health Education has improved the confidence of girls to not skip school during menses. Few girls reported having missed school due to menses (5%).</li> <li>• From FGDs with girls in peri-urban settings, LLCHC found that girls make sure that boys are not aware of their situation.</li> </ul>	<p><b>Data-informed decisions:</b></p> <ul style="list-style-type: none"> <li>• Explore options for expanding the target group of girls eligible for MHE beyond 10 – 17 years to ensure that even the older girls do not skip school due to menses.</li> <li>• Enhance male involvement in MHH activities to reduce stigma from the boys.</li> <li>• Adjust the target age range of participants and hold sessions according to age groups to create safe spaces for discussions.</li> </ul>



<p>2. Girls aged 10 – 17 years in peri-urban setting and participating in the program (3 FGDs, n=15).</p> <p>Key informant interviews (KIIs) with:</p> <ul style="list-style-type: none"> <li>Community facilitators (n=2)</li> <li>Sexual, Health and Nutrition (SHN) teachers (n=2)</li> </ul>	<ul style="list-style-type: none"> <li>In FGDs with girls in peri-urban settings, participants recommended that during sessions, girls should be grouped according to age in order to accommodate older girls with some sensitive topics</li> <li>From the survey girls in urban settings, LLCHC found that there is an opportunity for introducing reusable sanitary pads as a more sustainable solution to handling menses</li> <li>From KII with community facilitators, LLCHC heard recommendations that parents should be approached on menstrual health education provision to their own children.</li> </ul>	<ul style="list-style-type: none"> <li>LLHC will orient girls on how to make reusable sanitary pads.</li> <li>Develop sessions for parents to encourage dialogue with their children on menstrual health education.</li> </ul>
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**Grantee: Copper Rose Zambia.**

Copper Rose Zambia (CRZ) works to deliver a world where adolescents’ sexual and reproductive health is made a priority. CRZ is a pioneering voice for menstrual health and hygiene in Zambia and is currently implementing the Candid Pride project. The project is funded under the Young Feminist Fund and it provides adolescents in schools with the knowledge and sanitary products to help them stay in school.

**Note:** At the time of the learning workshop, CRZ had not yet initiated their implementation research due to delayed project start-up but managed to catch up in their implementation research work.

<p><b>Learning Goal:</b> We need to know how effective once-off MHH outreaches are in knowledge addition, confidence building and improving school attendance compared to repeated sessions so that we can adapt the frequency of our intervention for meaningful behavioral change.</p>		
<p><b>Data collected through:</b></p> <p>Surveys with adolescents in participating schools (n=112)</p>	<p><b>Key Findings:</b></p> <p>Through KII and FGDs, CRZ found that learners lack adequate access to information on MHH.</p>	<p><b>Data-informed decisions:</b></p> <ul style="list-style-type: none"> <li>CRZ shall continue to conduct outreach sessions with the learners and sensitize</li> </ul>



<p>Focus Group Discussions (FGDs) with Adolescents in participating schools (8 FGDs, n=48)</p> <p>In-depth Interviews (IDIs) with adolescents in participating schools (n=20)</p> <p>Key Informant Interviews (KIIs) with teachers (n=8) in participating schools</p> <p>Observation checklists for 4 participating schools attendance registers observed per school selected.</p>	<p>From surveys with adolescents, CRZ found that there are still some myths and misconceptions about menstruation among the learners.</p> <p>From FGDs, IDIs, and KIIs, CRZ found that the learners prefer the repeated MHH outreach sessions as compared to once-off MHH outreach sessions for meaningful behavioral change.</p>	<p>them about MHH so as to help bridge the gap in knowledge about MHH.</p> <ul style="list-style-type: none"> <li>• During outreach sessions, CRZ shall endeavor to address the myths and misconceptions about MHH.</li> <li>• CRZ will adjust the frequency of the outreach sessions conducted at a school. Instead of having once off outreach sessions, CRZ will plan to have multiple outreach sessions with the schools per year.</li> </ul>
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**Grantee: Days for Girls Malawi**

Days For Girls (DfGs) Malawi works to shatter menstrual stigma and limitations so that women and girls are empowered with improved health, education, and livelihoods. DfGs is currently implementing the Community Voices for Menstrual Equity Project in Malawi. The project provides washable menstrual pad kits, delivers holistic menstrual health education, and advocates for supportive menstrual health programs and policies in 7 districts. The goal of the project is to equip girls and build support in the home, school, and community to manage menstruation with health, safety, and dignity. Below is the DfGs learning goal and some of the notable key findings from the IR.

<p><b>Learning Goal:</b> We need to know whether community interface meetings have contributed to positive changes in the beliefs that explain and motivate menstruation-related practices so that we can improve the facilitation of community interface meetings that assist stakeholders in abandoning practices that may be harmful to women and girls.</p>		
<p><b>Data collected through:</b></p> <ul style="list-style-type: none"> <li>• Focus Group Discussion (FGDs) with community leaders participating in the program<sup>1</sup> (2 FGDs, n=20)</li> </ul>	<p><b>Key Findings:</b></p> <ul style="list-style-type: none"> <li>• In FGDs with community leaders, DfGs found that community leaders perceived that existing cultural menstrual practices and beliefs contribute to the</li> </ul>	<p><b>Data-informed decisions:</b></p> <ul style="list-style-type: none"> <li>• DfGs will capacitate training of trainers on MHH for influential women (i.e. leaders in village banking spaces, and</li> </ul>

<sup>1</sup> Community leaders were considered to include the following: school leaders, mother board leaders, parent and teacher association leaders, religious leaders, junior chiefs and youth leaders.

<ul style="list-style-type: none"> <li>• Focus Group Discussions (FGDs) with Traditional Leaders<sup>2</sup> in the program (2 FGDs, n=10)</li> <li>• In - depth Interviews with school-aged girls participating in the program (n=13)</li> <li>• In - depth Interviews with adult women participating in the program (n=14)</li> </ul>	<p>increased dropout rates among girls and poor academic performance due to absenteeism.</p> <ul style="list-style-type: none"> <li>• Through the surveys with girls, DfGs found that girls perceived themselves and women in their communities as having limited access to information regarding MHH</li> <li>• Through surveys with girls, DfGs found that girls living with male single parents struggle a lot when it comes to accessing menstrual products and other utilities</li> <li>• Through IDIs with adult women, DfGs found that interface meetings are a good way of ending the harmful traditions and practices in the communities. Adult women perceived traditional leaders to be the gate keepers of tradition and essential for engagement. Adult women reported that when traditional leaders have been engaged in the community interface meetings, they have made changes to community bylaws to mitigate against harmful traditions and practices against women and girls surrounding MHH.</li> <li>• Through FDGs with community leaders, DfGs found that community leaders perceived that women feel less free to express themselves before men during community meetings due it being a Patrilineal community.</li> </ul>	<p>youth club leaders) in all the project sites.</p> <ul style="list-style-type: none"> <li>• As a way to increase dissemination of MHH Information, DfGs will utilize Theater for change methodology (i.e. entertainment through drama and performance) to attract people’s attention and participation.</li> <li>• DfGs will facilitate community interface meetings quarterly. This will ensure that the girls and women do not lose the concepts learnt during the meetings.</li> <li>• DfGs will take deliberate efforts to involve male single parents or guardians of girls in DfGs MHH training.</li> <li>• DfGs will strengthen relationship with traditional leaders, mother groups and community leaders through conducting education sessions on menstruation including the men as stakeholders in Menstrual Health and Hygiene.</li> <li>• DfGs will separate men from women during community interface meetings during initial meetings so that the women can freely express themselves.</li> </ul>
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**Grantee: He/R Liberty Malawi**

He/R Liberty is a youth-led organization that equips, connects, and supports young people to access sexual reproductive health information, services, and opportunities and lead the change in their communities. He/R Liberty is implementing Wash for My Period project in Zomba and Kasungu districts. The project provides solar powered water source to girls in schools, integrated with the

<sup>2</sup> Traditional Leaders are elected with a larger jurisdiction of authority over several communities with the authority to influence and make laws.

provision of menstrual hygiene products, capacity building of girls and awareness raising on menstrual hygiene and sanitation. The goal of the project is to improve girls' retention in education by increasing access and utilization of menstruation products.

**Learning Goal:** To understand how the menstrual tool kit has influenced girls of different social identities to exercise their agency in utilizing menstrual hygiene and sanitation services in schools, so that we can modify our peer-led menstrual hygiene education and mentorship toolkit in schools and communities to improve the use of MHH and sanitation services in schools.

<p><b>Data collected through:</b></p> <p>In depth interviews (IDIs) with school going girls participating in the program (n=12)</p> <p>Focus Group Discussions (FGDs) engaging school going girls participating in the program (3 FGDs, n=28).</p>	<p><b>Key Findings:</b></p> <ul style="list-style-type: none"> <li>• Through IDIs and FGDs, He/R Liberty found that MHH information toolkit was not user friendly. It was reported that the toolkit (booklet) was too big for their use. Additionally, the girls expressed worries that others would notice them carrying the toolkit in their bags because it was so large.</li> <li>• Through IDIs and FGDs, He/R Liberty found that there is poor utilization of the facilities due to inadequate washrooms, and poor maintenance structures. Utilization of facilities is especially poor among very young girls and those in lower classes in comparison to older girls due to unequal power dynamics and inequitable norms. This leaves most very young girls opting to stay at home during menstruation to avoid pressure and bullying from older girls.</li> <li>• Through IDIs and FGDs, He/R Liberty found that there was a general fear of peer mockery from boys if they were to become aware of a girl's menstruation. Girls shared that they would not openly go to wash facilities, in the fear boys will know that they are in their period. It was also reported that boys sometimes peep at the girls in the washrooms, without teachers' control.</li> <li>• Through FGDs, He/R Liberty found that there was poor utilization of MHH infrastructure due to time restrictions of toilets and closure of water by teachers or mother group members in charge.</li> </ul>	<p><b>Data-informed decisions:</b></p> <ul style="list-style-type: none"> <li>• Adapt the information from the MHH booklet, and design a leaflet of packaged information.</li> <li>• Revamp/establish the menstrual clubs and observe how girls can facilitate their discussions using the adapted toolkit.</li> <li>• Engaging boys in the menstrual clubs, to teach them about menstruation and how they can be supportive of the girls.</li> <li>• Explore more possible ways of addressing the time restrictions to make the infrastructure accessible</li> </ul>
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## Summary of Grantee Learning from Implementation Research:

### *Cultural norms and practices seen as barrier to addressing menstruation misconceptions and misinformation.*

In Rumphi, Malawi, **DfGs** found that community leaders see existing cultural menstrual practices and beliefs as a contributing factor to the increased dropout rates among girls and poor academic performance due to absenteeism. In Zambia, **CRZ** through discussions with young girls and teachers confirmed that there are still some myths and misconceptions about menstruation among the learners. The challenges that menstruating girls and women face encompass more than a basic lack of supplies or infrastructure. While menstruation is supposed to be a normal and healthy part of life for most women and girls, the experience of menstruators continues to be constrained by cultural taboos and discriminatory social norms. Harmful culture and traditions continue to hinder efforts of programs to provide and access menstrual education and products.

To counter the effect of negative cultural practices and beliefs, traditional and community leaders in Rumphi, Malawi, concluded that involving community gatekeepers in MHH programs is essential to effect positive changes in traditions and misconceptions, (**DfGs**).

### *Despite valiant information dissemination efforts, gaps in information access persist.*

Despite the current programming by grantees on MHH that includes the provision of MHH information to their clients, MHH information is not reaching everyone as it should. Grantees learned that non-friendly packages of MHH information (**He/R Liberty**), unavailability of MHH information (**DfGs**), and lack of adequate access to information on MHH (**CRZ**) still exist in their catchment areas. The resulting lack of information about menstruation leads to unhealthy menstrual practices and creates misconceptions and negative attitudes, which motivate, among others, shaming, bullying, and even gender-based violence. Programs need to explore better avenues of packaging and disseminating MHH information.

Strengthening MHH information provision, access and utilization contributes to better outcomes for both MHH and education. **LLCHC** found that timely access to the right education and information on MHE improves the confidence of girls to not skip school during menses since they are able to manage menses at school, improved their capacity to handle menses at school and improved overall menstrual hygiene.





*There is a need for enhanced guardian, male, and community involvement in MHH support for girls.*

Through discussions with mothers who participated in the **AYC** program, AYC noted that some of the mothers are still not talking about menstrual health and hygiene to their girls even after undergoing the training and receiving a menstrual cup. Young girls under the **AYC** program confirmed that there is a lack of communication between mothers and daughters about menarche. Through engagements with community members outside of the program, they found low levels of awareness about menstrual cups, suggesting to them that there may need to be wider community engagement outside of direct participants of their programs.

During the FGDs with schoolgirls, **He/R Liberty** found that girls were afraid of being mocked by boys, once the boys find that the girls are menstruating. Similarly, **LLCHC** noted that during menstruation, girls make sure that boys are not aware of their situation to avoid embarrassment. **Day for Girls** found that girls living with single male parents struggle a lot when it comes to accessing menstrual products and other utilities.

*Provision of MHH infrastructure may not necessitate access and utilization of infrastructure.*

During interactions with the schoolgirls, **He/R Liberty**, discovered that despite provision of the MHH infrastructure within schools, girls still experience challenges to access and use the infrastructure. The girls showed a general concern of time restrictions on opening hours for the toilets, which was mostly affected by the availability of water, and hygiene materials such as soap. In most circumstances girls indicated that teachers or mother group members in charge would close the toilets, which meant that they could not utilize the services and opted to go home. Utilization of facilities is especially poor among very young girls and those in lower classes in comparison to older girls due to unequal power dynamics and inequitable norms. The provision of MHE, services, products, and infrastructure alone is not enough to change the narrative. Approaches that can effectively combine information and education with appropriate infrastructure and menstrual products, in a conducive policy environment are more successful in mitigating the negative effects of poor MHH. MHH programming should include menstruators, guardians/parents, boys as well as the gate keepers.



### Looking ahead:

The next learning workshop will be held towards the end of April 2023. The IR is on-going until the end of May 2023. Informed by findings from the research, grantees have set out the following learning goals:

Grantee	Learning goal	Country
Amos Youth Centre	We need to know whether participation in RHA1 contributes to improvements in girls' attendance, school participation and academic achievement so that we can adapt our programming to improve education outcomes for our participants.	Zambia
LLCHC	We need to know if there is an attitude change or level of support to girls on their menses by boys attending Coaching Boys into Men (by only GBV prevention curriculum for 9-14 years) so that we decide either to stop/reduce boys' enrolment or increase it for male involvement in MHHM	Malawi
Copper Rose Zambia	We need to study the appropriateness and comprehensive of the MHH curriculum, so that we can improve the content for maximal impact, especially on peer-to-peer education and teacher support on knowledge sharing	Zambia
DfGs	We need to know whether community interface meetings have contributed to positive changes in the beliefs that explain and motivate menstruation-related practices so that we can improve the facilitation of community interface meetings that assist stakeholders in abandoning practices that may be harmful to women and girls.	Malawi
He/R Liberty	We need to learn how the washroom, schedules, and associated environment needs (water, soap, change rooms etc.) influence girls of different ages and classes at Namikhate and Mbongozi CDSS in always utilizing menstruation services equally; so that we can modify the MHM service schedule and environment in schools for comfortability and inclusive utilization among girls of all ages and classes.	Malawi