



**End line KAP survey on Menstrual Hygiene Management
among Schoolgirls and Boys in 6 Regions of Ethiopia
(Afar, Gambella, Somali, Oromia, Amhara and SNNP)**

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Evaluation Report

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List of Acronyms

C4D	Communication for Development
DAB-DRT	DAB Development Research and Training
ESSWA	Ethiopian Society of Sociologists, Social Works and Anthropologists
FGDs	Focus Group Discussions
FMOH	Federal Ministry of Health
GPS	Global Positioning System
HEP	Health Extension Program
HEWs	Health Extension Workers
IDIs	In-depth Interviews
IEC	Information, Education and Communication
KAP	Knowledge, Attitudes, and Practice
M&E	Monitoring and Evaluation
MFIs	Micro Finance Institutions
MHH	Menstrual Hygiene Management
MoE	Ministry of Education
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
PTA	Parent-Teacher Association
SNNP	Southern, Nations, Nationalities and Peoples
SPSS	Statistical Package for Social Sciences
WASH	Water, Sanitation and Hygiene

Executive Summary

Background

UNICEF has designed a pilot Menstrual Health and Hygiene Management (MHH) program entitled “Breaking the silence on menstrual hygiene management” in six regions of Ethiopia. The program covered Afar, Southern Nations, Nationalities and Peoples (SNNP), Oromia, Amhara, Somali, and Gambella regions and was implemented from August 2016 to December 2019. The total budget of the program was 2,500,000 USD. The Embassy of the Kingdom of the Netherlands funded the program. The program's principal objective was to ensure the safety, dignity, and empowerment of adolescent girls whilst contributing to the retention of adolescent girls in schools at the critical time of menstruation.

Evaluation Objective

The overall objective of this study was to understand and establish end line data on the current Knowledge, Attitudes, and Practice (KAP) around the issue of menstrual hygiene among schoolgirls and boys to know the progress made on MHM key interventions in the targeted schools in the six regions.

Methods

This end line study covered 15 sampled schools found in 15 woredas in Afar, SNNP, Oromia, Amhara, Somali, and Gambella regions of Ethiopia (two woredas per region for Gambella, Afar, and Somali regions and three woredas for SNNP, Amhara, and Oromia each). This evaluation employed a cross-sectional study design with a mixed-method approach, combining qualitative and quantitative data collection methods from both primary and secondary sources.

Primary data collection methods include structured interviews with 733 post-menarche schoolgirls and Focus Group Discussions (FGDs) with schoolgirls and boys (15 FGDs with girls and 15 FGDs with boys). In-depth Interviews (IDIs) interviews were with informants at woreda level (14 IDIs), schools (24 IDIs), and kebele level (18 IDIs). The data collection methods include documentation of case stories, observation of school Water, Sanitation and Hygiene (WASH) facilities, and document review. Data collection was undertaken from February 3 to 24, 2021.

Findings

Most (84%) of the schoolgirls are aware of menstruation before their first menarche. The percentage of girls who ever heard about MHM has doubled from 48% in the 2016 national WASH KAP study to 95% at the end line.

In the 2016 national WASH KAP survey, 70% of the girls knew menstruation is a natural process that occurred when a girl reached puberty, and the percentage has significantly increased to 93% in this survey [PV, 0.0]. Knowledge of girls about the importance of changing menstrual materials three to four times a day (over 24 hours) has increased from 24% at baseline (2016 national WASH KAP survey) to 63% at the end line [PV, 0.0]. Ninety-nine percent (99%) of girls in this survey knew the need to wash the skin outside and around vagina at least once a day during menstruation, showing an increase from 73% in the 2016 KAP survey. Only 42% of girls in the 2016 national WASH KAP survey knew that homemade menstrual cloths, reusable pads, and underwear should be washed with water and soap, and the figure has shown a significant increase to 99% at the end line [PV, 0.0]. Nearly all (96%) of the girls in this survey knew reusable sanitary materials should not be shared with other family members or friends, increasing from 64% at baseline [PV, 0.0]. There was a significant increase in the percentage of girls who said they discuss menstruation with other people from 36% in the 2016 WASH KAP survey to 94% at end line [PV, 0.0].

The percentage of girls who reported they do not ever get teased due to menstruation was 93.5% and 95.6% at baseline (the 2016 national WASH KAP survey) and at the end line, respectively. About three-fourth (73%) of girls are confident to ask advice from a teacher or other staff member at school if they need one.

Most of the girls in this study (85%) reported that they currently use disposable sanitary pads, and 8% use reusable sanitary pads. The use of disposable and reusable sanitary pads has increased from 50% and 3% at baseline in the 2016 national WASH KAP survey, respectively. Most girls (80%) prefer disposable sanitary pads and 15% prefer reusable sanitary pads as an ideal absorbent material to manage menstruation. The percentage of girls who prefer disposable and reusable sanitary pads has significantly increased from 57.1% and 3.9% in the 2016 national WASH KAP survey, respectively [PV, 0.0]. In this survey, 71% of girls reported that they change menstrual materials three to four times a day, and the figure has doubled from 34.5% at baseline in the 2016 national WASH KAP survey [PV, 0.0]. Girls' practice in washing reusable menstrual materials with water and soap has increased from 77% at baseline (2016 national WASH KAP survey) to 99% at the end line [PV, 0.0]. However, there were percentage reductions for the practice of drying reusable menstrual materials in the open sun from 79% at baseline to 43% in this survey. There was no change in the practice of proper disposal of menstrual absorbent materials - 73% at baseline to 68% at the end line [PV, 0.124].

Most (90%) of the girls at the end line said sanitary pads are available at their school for free, showing a significant increase from 18.6% in the 2016 national WASH KAP baseline survey [PV, 0.0]. Only 21% of girls in this survey said that pain medication was available at schools. During their last menstrual period while at school, 27% of girls often change their menstrual absorbent materials at toilets/latrines and 25% at safe spaces/ rooms. About seven girls in every ten (72%) claimed that they use the safe spaces/ rooms in the school during menstruation. Among those who use the safe spaces/ rooms, 78% use the facilities for rest and 71% for changing sanitary pads. A- fifth (21%) of them use the safe spaces/ rooms for consultation. Only 42% of the girls at the end line said water is always available at school for menstrual hygiene, though the figure has significantly increased from 16.1% in the 2016 national survey [PV, 0.0]. Less than a third of girls (29%) in this survey and 8% at baseline said that soap is always available at school for menstrual hygiene showing a significant improvement [PV, 0.0], though the figure remained low. Regarding disposal places of used sanitary materials at school, 39% of girls dispose of it into latrines during the last menstrual period and 22% in dust bins in the latrines.

At end line, 8.9% of girls who started their first menstruation in the past three years (after the inception of the program)¹ reported having ever missed a class due to menstruation, showing a slight reduction from 11% during the school baseline MHM survey. Although the percentage of girls reported having ever missed a class has slightly reduced from 10.6% during the 2016 national WASH KAP survey, there was no statistical difference [PV, 0.480]. Most (82%) of the girls who missed class cited too much pain as a reason. Analysis of secondary data from schools on the number of days of school absenteeism per month among girls based for four consecutive years (2008 E.C. to 2011 E.C.) indicated a declining trend.² The findings showed that the percentage of schoolgirls who missed at least one day of class per month has reduced from 9.8% in 2008 E.C to 5.4% in 2011 E.C.

Among those girls who started their first menstruation in the past three years, 0.9% of them said that they ever interrupted school class due to menstruation-related problems. The percentage of schoolgirls ever interrupted school class due to menstruation-related problems has significantly reduced from 6.5% in the 2016 national KAP survey [PV, 0.0].

Analysis of secondary data on school dropout rate among schoolgirls showed a declining trend over the years with the figure reduced from 5.2% in 2008 E.C. to 3.1% in 2011 E.C.

¹ Calculated among those girls who started menstruation in the past three years because the inclusion criteria for the study was girls who attend the schools for at least two years and considering the past one year the schools were closed due to the Covid-19 pandemic.

² The estimate was based on data from four regions only (Amhara, Oromia, Somali, and SNNP) as data for Afar and Gambella regions were not available.

1. Background

1.1. Introduction

Most schoolgirls in low and middle-income countries have no access to menstrual-friendly WASH facilities at schools (Sommer M and Sahin M., 2013; Sommer M et al., 2016; Elledge M et al., 2018). Studies show that African schoolgirls lack resources and facilities to manage their menstrual hygiene at school (Prestwich G et al., 2014). Most schools in Africa do not have clean latrines or safe places to change sanitary materials, water and soap to wash during menstruation, and waste disposal facilities for disposal of used sanitary materials (SNV; Prestwich G et al., 2014). Schoolgirls in Africa also have limited access to sanitary pads. Instead, they use materials prepared from clothes for managing their periods, which are often unhygienic, resulting in frequent leaks and discomfort (McMahon S et al., 2011; SNV).

Social, economic, and cultural factors such as lack of access to sanitary pads, water, latrine facilities, and limited awareness about menstrual hygiene expose adolescents to emotional and health problems during menstruation (Sommer M and Sahin M., 2013; Das P et al., 2015). Schoolgirls in low-income countries often experience humiliation and shame from blood leaks and teasing from boys (Sommer M and Sahin M., 2013; Mason L et al., 2013). Girls also suffer from psychological distress associated with fear of smelling and subsequent teasing and stigma concerns from fellow students (Mason L et al., 2013; McMahon S et al., 2011). Many African cultures consider menstruation taboo and a private matter not subject to open discussion (Tamiru S et al., 2015; SNV). Cultural practices and taboos impact girls' lives negatively as girls do not get adequate support from home, schools, or the community (Tamiru S et al., 2015). In Ethiopia, due to the cultural taboo and associated stigma around menstruation, girls and women experience many social restrictions in their daily lives during menstruation (UNICEF, 2017).

Girls in Africa have limited ability to manage their menstrual hygiene due to a lack of accurate information, especially information about menstruation before menarche (Prestwich G et al., 2014; SNV). Many studies in Ethiopia indicate that schoolgirls have poor knowledge and practice related to menstruation (Belayneh Z and Mekuriaw B., 2019; Tegegne T and Sisay M., 2014; Upashe S et al., 2015). Incorrect MHM practices in cleaning external genitalia during menstruation and frequently changing sanitary materials are common among Ethiopian girls (Belayneh Z and Mekuriaw B., 2019; Gena H., 2020). The poor MHM practices are associated with poor knowledge about menstruation, mothers' low educational status, and lack of access to water (Belayneh Z and Mekuriaw B., 2019; Gena H., 2020; Gultie T., 2014). Girls living in rural areas and those from poor households demonstrate relatively poor menstrual hygiene practices (Gena H., 2020; Tegegne T and Sisay M., 2014; Gultie T et al., 2014)

Lack of access to appropriate sanitary wear and proper facilities for managing menstruation hinders girls' school attendance (UN Women, 2014). Evidence from various studies conducted in Africa shows that it is common for girls to miss school during menstruation due to lack of sanitation facilities, sanitary materials, information, and support they need to effectively manage their menstrual hygiene, undermining their educational attainment (Prestwich G et al., 2014; UN Women, 2014; SNV).

Most schoolgirls in Ethiopia do not use commercial sanitary napkins as menstrual absorbent material during menstruation due to lack of access (Tegegne T and Sisay M., 2014; Belayneh Z and Mekuriaw B., 2019). The lack of necessary WASH facilities and sanitary materials, including sanitary materials for emergency use, deter girls' school-attendance in Ethiopia. For example, a study conducted among female adolescent students in Northeast Ethiopia found that more than half of the girls have been absent from school during the menstruation period, and their school-performance had declined after they reached menarche (Tegegne T and Sisay M., 2014). Teasing and humiliation by classmates associated with a bloodstain on clothes cause girls to drop out of school (Tegegne T and

Sisay M., 2014). The perception that after puberty, girls should no longer sit next to boys, including boys who were formerly friends/colleagues at school, also leads to girls dropping out of school (UNICEF, 2017).

Creating access to menstrual-friendly WASH facilities at schools, including separate latrines for boys and girls that are clean, accessible, secure (private), dustbin with lid for collecting sanitary protection materials, hand-washing facilities with water supply, and facilities for disposal of sanitary materials is essential for proper MHM among schoolgirls (Sommer M and Sahin M., 2013; House S et al., 2012). Evidence shows that the availability of clean and safe latrine facilities and sanitary materials is also associated with girls' improved school attendance during menstruation (UN Women, 2014). School menstrual hygiene interventions also entail having menstrual-friendly teaching and school environment, including awareness-raising interventions, the inclusion of menstrual hygiene in the curriculum, and availability of appropriate sanitary materials (Kitesa B et al., 2016; Gena H., 2020; House S et al., 2012). School menstrual hygiene interventions need to target both girls and boys, teachers, and parents to improve knowledge and practice, and provide support to girls, including support with sanitary materials. (Gultie T et al., 2014)

The Federal Ministry of Health (FMOH) of Ethiopia policy and implementation guideline for menstrual hygiene management stated that MHM interventions should be context-specific, inclusive, gender-aware, holistic and integrated, evidence-based, and sustainable (FMOH, 2016). The policy and guideline outlined that MHM interventions should at least have the following four components: (1) comprehensive awareness-raising (demand creation), (2) WASH facilities (supply), (3) a supply of sanitary pads, and (4) management and disposal of sanitary materials.

1.2. Program Background

UNICEF Ethiopia in its WASH program recognized that menstrual hygiene management is an important aspect of eliminating inequalities in WASH services access, and that menstrual hygiene management will contribute to reducing early marriage through improving girls' school attendance, performance and school completion. To this end, UNICEF has designed a pilot MHH program entitled "Breaking the silence on menstrual hygiene management" in six regions of Ethiopia and implemented it from August 2016 to December 2020. The program covered Afar, SNNP, Oromia, Amhara, Somali, and Gambella regions. The total budget for the program was 2,500,000 USD. The Embassy of the Kingdom of the Netherlands funded the program.

The principle objective of the program was to ensure the safety, dignity and empowerment of adolescent girls whilst contributing to the retention of adolescent girls in schools at the critical time of menstruation. The specific objectives of the program were:

- a) Promotion of acceptable minimum standards for local production of reusable sanitary pads in schools, among women groups and local garment product entrepreneurs;
- b) Effective supply service chain of sanitary pads established nationwide and reusable menstrual cups established in one woreda;
- c) 80% of adolescent girls in selected schools practicing appropriate MHM;
- d) 80% reduction of school absenteeism or dropout due to MHM related causes among adolescent girls in target schools; and
- e) Qualitative improvement in the perceived safety, dignity and empowerment of girls in the program areas.

The pilot program covered 30 woredas located in six regions of Ethiopia (four agrarian and two lowland regions). The program primarily targeted adolescent schoolgirls in 47 schools and their families in small towns and peri-urban areas. The program targeted small towns and peri-urban areas because these settings host a proportionally larger concentration of adolescent girls.

The program provided a comprehensive menstrual hygiene and health support to the schools. The interventions include upgrading and rehabilitation of WASH facilities in to menstrual hygiene friendly facilities; provision of safe-spaces for changing pad, rest or consultation; social and behavioral change communication interventions; and provision of menstrual pads and underwear.

The program came to an end in December 2020 and UNICEF Ethiopia contracted DAB Development Research and Training (DAB-DRT) Consultancy Firm to undertake an end line evaluation to measure the progress in the course of program implementation and outcome. The result of the end line survey will shape and support the redesigning of the new MHH programs in the new country program of 2020-2025.

1.3. Program Logical Model and the Expected Results

The principle objective of the program was to ensure the safety, dignity and empowerment of adolescent girls whilst contributing to the retention of adolescent girls in schools at the critical time of menstruation. Providing appropriate MHM facilities and program will contribute to the reduction of child marriage. The program interventions had the following two pillars.

Pillar I: Advocacy, Product Quality and Knowledge Management: Under this pillar, the program utilized the lessons from the field “concept proofing” to influence the national policy dialogue. Specifically, the program aimed to “mainstream” MHM activities into the One WASH national program and into joint Ministry of Education and Ministry of Health-led puberty education and menstrual hygiene management in school initiatives. The key activities of pillar one were:

- Nationwide promotion of acceptable quality standards for local production of reusable sanitary pads;
- Nationwide revision and validation of institutional WASH design and construction manual to include provision of safe, private and MHM friendly WASH facilities in schools;
- Nationwide integration of MHM in the Health Extension Program (HEP);
- Adoption of the National MHM guidelines jointly by the Ministry of Health (MoH) and Ministry of Education (MoE); and
- Linkage with regional/global best practices and knowledge base.

Pillar II: Concept Proofing: Under pillar two, the program planned to identify and test different product and marketing/distribution service options for supply of sanitary pads in schools to ensure affordability, safety, sustainability and scalability. The key activities under this pillar include:

- Creating access to water, sanitation and waste disposal infrastructure in schools (MHM friendly WASH facilities and safe spaces);
- Capacity building for local production of sanitary pads in schools and communities (business viability assessment for local production and sale of reusable pads, supply of materials and equipment for local production of pads, and linkage/partnership with private sector to access key inputs for local production of quality and safe pads);
- Alternative testing of the use of reusable menstrual cups made from medical grade silicon as one of the possible solutions for MHM in schools and communities (learning about cultural acceptance and business viability of the menstrual cup, partnership with the private sector, and distribution of externally procured menstrual cups);
- Social behavioral change interventions (strategic marketing campaign, Communication for Development /C4D, capacity building and promotional campaign development to raise social awareness, involvement of

men and boys in promotion activities, and increasing the capacity and knowledge among communities to manage menstruation whilst breaking the social norm, taboos and beliefs); and

- Monitoring and Evaluation (M&E) and Knowledge Management (knowledge management and sharing among sector actors; including linkage to regional/global partnerships and service agreements with specialized consulting firms; baseline/end-line surveys, interim evaluation and monitoring)

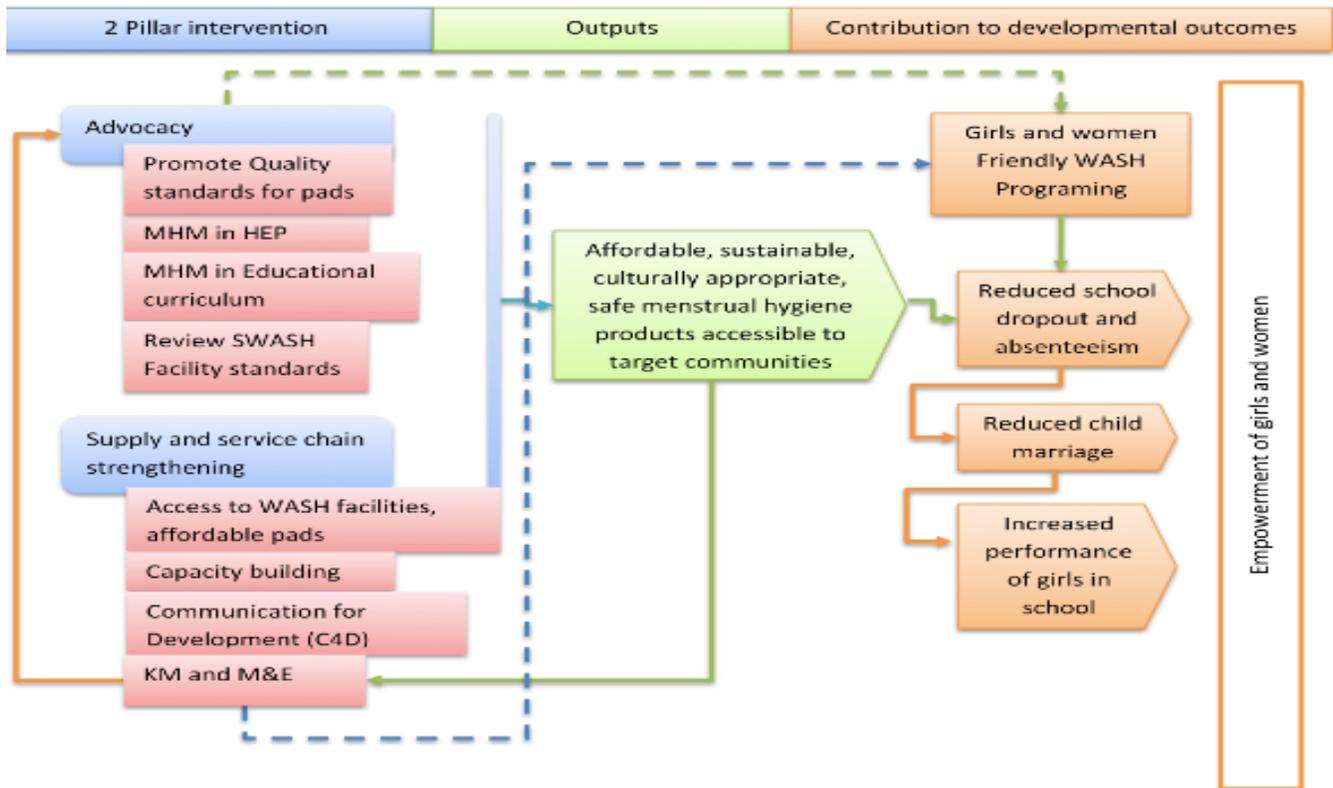


Figure 1: Result chain of the program

1.4. Key Stakeholders Involved in Program Implementation

The program worked in partnership with the One WASH national program signatory Ministries of Water, Health and Education, and their respective line offices for joint implementation of activities. UNICEF engaged in advocacy and dialogue at higher level to promote the MHM agenda, influence adolescent girls and women friendly WASH programming by government and its partners. UNICEF also collaborated with Non-Governmental Organizations (NGOs) to share/learn knowledge and practices on MHM, engaged specialty expertise from regional/global market to work on quality standards and regulation mechanisms, and partnered with local media companies (public and private) to sensitize stakeholders.

UNICEF implemented the program by aligning ongoing investments in the sectors of WASH, Child Protection and Education for efficient resources utilization. UNICEF also worked with other country programs in the region and globally to learn from practices and identify approaches that can be adopted to the Ethiopian context.

The Woreda Health and Education Offices were responsible for the implementation of the program at Woreda level. At the school level, school management committees were responsible for the day to day implementation of program activities. The program also worked with Health Extension Workers (HEWs), Micro Finance Institutions (MFIs), local platforms such as youth and girls’ forums, private sector actors such as entrepreneurs, organized groups, pharmaceutical or contraceptive service outlets, and community leaders.

2. Evaluation, Purpose, Objectives and Scope

2.1. Evaluation Objectives

The overall objective (purpose) of this study was to understand and establish an end line data on the current KAP around the issue of menstrual hygiene among schoolgirls and boys to identify the progress made on MHH key interventions in the targeted schools in the six regions. The specific objectives of this end line study are to:

- Measure the KAP acquired specific to MHH among schoolgirls and boys in key Pre and Post menarche basic information;
- Assess the impact of all existing guidelines and standards in the area of Menstrual hygiene and Health at the national and regional level supported by UNICEF to bring the issue to the agenda of the government and decision makers;
- Assess the status of WASH facilities availability, functionality, adequacy and safety (MHH friendliness);
- Assess types of sanitary protection materials used by the schoolgirls and their perception about the material they have supplied by UNICEF or the government;
- See the progress made on girls' attendance, absenteeism, enrolment and dropout rate;
- Assess the rate of effective utilization of safe spaces and school performance of adolescent girls;
- Assess the lessening of stigma and social taboos surrounding menstruation in the community; and
- Assess the perception of boys towards menstruation.

2.2. Evaluation Scope

Geographically, this end line study covered 15 sampled schools found in 15 woredas in Afar, SNNP, Oromia, Amhara, Somali and Gambella regions of Ethiopia (two woredas per region for Gambella, Afar and Somali regions and three woredas for SNNP, Amhara and Oromia each). The table below presents the woredas and schools selected for the study based on the following procedure. First, we selected woredas from the program targeted woredas in each region randomly using simple random sampling method (total 15 woredas in the 6 regions). Then, within each selected woreda, we randomly selected one school.

Table 1: Surveyed schools by woreda and region, February 2021

Region	Woreda	School
Afar	Amibara	Beduleale Primary School (1-8)
	Aysaita	Arado Primary School (1-8)
Amhara	Tarmaber	Armenia primary School
	Gonder zuria	Selam Primary School
	Basoliben	Kork Primary School
Gambella	Itang Special	Itang Secondary School
	Godere	Tinishu Metti Secondary and Preparatory School
Oromia	Babo Gembel	Babo Primary School (1-8)
	Gursum	Awbere Primary School (1-8)
	Jima Arjo	Nimona Primary School
SNNP	Misrak Badawacho	Shone Primary School
	Gibe	Fule Degaga Primary School
	Geta	Kebul Secondary School
Somali	Jijiga	She Abdulalam Secondary and Preparatory School
	Gode	Ugas Meshkoke Primary School

In terms of thematic areas and scope, this evaluation was conducted to assess, establish, identify, and examine the following issues:

- The level of knowledge, attitude and practices of menstrual hygiene management acquired from the period of 2016 August - 2019 December in Amhara, SNNP and Oromia and Afar, Somali, Gambella started in August 2017.
- Main success / barriers of MHM that schoolgirls face within the school community as well as in the community at large.
- Best practices and means of promoting MHH in the school community using different promotional methods like school clubs, educational media, mass media, one to five student networks etc.
- Status of the WASH facilities in the selected schools (availability, adequacy, suitability, MHH friendliness), safety (privacy and cleanliness) etc. WASH facilities include; toilets, water, hand washing stand, waste disposal (temporary collection and final disposal of both liquid and solid waste).
- Availability and functionality of safe spaces for changing pad, rest or consultation, and available materials for washing and drying pads.
- The utilization of sanitary protection materials (including underwear) provided by UNICEF/government or partners, the trend of use, access to commercial pad, their preference, affordability (ability to pay).
- The results achieved in comparison with the existing baseline reports carried out by UNICEF in 2016 in the areas of school performance, absenteeism, dropout etc. among schoolgirls & utilization of sanitary pads and WASH facilities by the school community.
- Boys' perception in terms of teasing and their knowledge towards menstruation.

2.3. Evaluation Purpose

UNICEF and the MoH will fully own the research outcomes and use the evaluation results to redesign the new country MHM program. Results from the study will be critical to redesign the MHM aspects of the new country program (2020-2024) interventions, maximize their potential impact and inform resource allocation decisions across WASH and Education program components. Data collected for the research will remain the copyright of UNICEF.

3. Methodology

3.1. Evaluation Design and Framework

This evaluation employed a cross-sectional study design with a mixed-method approach. The approach combined both qualitative and quantitative data collection methods from primary and secondary sources. The team prepared the evaluation framework using key quantitative and qualitative indicators related to KAP about MHM, facilities and services for MHM, and social and cultural issues related to menstruation. *[refer Annex 1 for the evaluation framework]*. Data collection was undertaken from February 3 to 24, 2021.

3.2. Data Collection Methods and Sources

The data collection approaches include both qualitative and quantitative methods. Data was collected from primary and secondary sources to have a more comprehensive coverage and in-depth analysis through triangulation of sources and result. Primary data collection methods include structured interviews with post-menarche schoolgirls; FGDs with schoolgirls and boys; IDIs with informants at woreda, school, and kebele level; documentation of case stories; and observation school WASH facilities. The evaluation team collected secondary data through review of relevant documents including; program documents, national government documents,

research reports related to MHM, and school registers. The sections below present the details of the data collection methods.

3.2.1. Interview with Post Menarche Schoolgirls

The team conducted face-to-face interviews with post-menarche schoolgirls in the sampled schools to measure their KAP related to MHM using structured questionnaires uploaded on electronic Tablets. The sample size was calculated with the aim of interviewing 50 schoolgirls in each selected school. Accordingly, the total calculated sample size in the 15 schools was 750 schoolgirls (100 in Afar, 100 in Somali, 100 in Gambella, 150 in Oromia, 150 in Amhara, and 150 in SNNP).

The survey employed random sampling method for selection of schoolgirls to ensure every eligible schoolgirl have a non-zero chance of being included in the survey. In each sampled school, the team selected schoolgirls based on the following procedure. First the team prepared a sampling frame by serially listing all eligible schoolgirls that meet the inclusion criteria from the school register and in consultation with the school director or teachers. The inclusion criteria were: schoolgirls above the age of 9 years, have started menstruation, and that have been in the school for at least two years. Then, the team randomly selected 50 schoolgirls from the list through lottery method using random number generator app uploaded on Tablets. Once the sample schoolgirls were selected, the team in collaboration with school directors and teachers, identified the selected schoolgirls and conducted the interviews.

3.2.2. Focus Group Discussions

For this evaluation, we conducted 15 FGDs with adolescent schoolgirls and 15 FGDs with schoolboys - one FGD from each group per school. In total, we conducted 30 FGDs in the 15 schools. The team selected FGD participants to represent all grade level (grade 5 and above). Two experienced and trained individuals undertook each FGD using semi-open discussion guides. One person (the moderator) facilitated the discussion by asking participants to respond to open-ended questions and a second person (the note-taker) took detailed notes.

3.2.3. In-depth Interviews

For this evaluation, we conducted in-depth interviews at federal, woreda, and community levels, and in schools. At federal level we interviewed experts participated in the development of the national menstrual hygiene management policy and implementation guideline and national standards for reusable and disposable pads. Interviewees at woreda level were health office hygiene and sanitation experts and woreda WASH team members. Health Extension Workers, religious leaders, and Parent-Teacher Association (PTA) members were the interviewees at the community-level. In schools, the team interviewed school directors, girls' club representatives, and safe space councilors. In total, we conducted 2 in-depth interviews at federal level, 14 at woreda level, 24 at schools, and 18 I at community level. [Table 2] Experienced and trained interviewers conducted the interviews using semi-open interview guides.

Table 2: Number of IDIs by type of interviewees, February 2021

Type of interviewee	Federal	Afar	Somali	Gambella	Amhara	Oromia	SNNP	Total
At federal level								
Federal Ministry of Health	1							1
World Vision	1							1
At woreda level								
Woreda health office hygiene experts		0	1	1	1	1	1	5
Woreda WASH team members		1	1	1	2	2	2	9
At community level								
Health extension workers		1	1	1	1	1	1	6
Religious leaders		1	1	1	1	1	1	6
PTA members		1	1	1	1	1	1	6

Type of interviewee	Federal	Afar	Somali	Gambella	Amhara	Oromia	SNNP	Total
At school level								
School directors		1	1	1	2	2	2	9
Girls club representatives		1	1	0	1	1	0	4
Safe space councilors		1	2	1	2	3	2	11
Total	2	7	9	7	11	12	10	58

3.2.4. Documentation of Case Story

A case is a collection and presentation of detailed information about something unique, special, or interesting. It is a qualitative descriptive research method for documentation of stories. The method involves collection of data about an individual or a group and draw conclusions based on the findings in that specific context. The case study highlights a program’s success and gives the story behind the result by capturing what happened to bring it about. As part of this evaluation, we documented stories that show changes and impacts brought by the program on schoolgirls focusing on girls with disability. The team, in consultation with school directors and teachers, identified and documented a case story that show the impact of the program interventions such as upgrading and rehabilitation of MHH friendly WASH facilities, establishment of safe spaces, social and behavior change activities, and provision of supplies including menstrual pads and underwear.

3.2.5. Observation of School WASH Facilities

The team conducted observation of existing WASH facilities in all the 15 sampled schools. Using a checklist, the team assessed the functionality, adequacy and safety of MHH friendly WASH facilities at schools. Using a checklist, the team observed toilet/latrines facilities, handwashing facilities, waste incineration facilities (incinerators and pits), garbage to throw menstrual pads, and safe spaces for changing pad, rest or consultation.

3.2.6. Document Review and Secondary Data Collection

The first stage in the evaluation was conducting extensive document review such as program documents, progress reports, and monitoring and evaluation reports. We also reviewed relevant national policy documents, guidelines, government reports, and research reports related to MHM. At school level, we reviewed school registers to collect secondary data on school absenteeism and dropout among schoolgirls in the past four years (2016 -2019).

3.3. Data Analysis and Report Writing

Before data analysis, the principal investigator reviewed and cleaned the quantitative data using IBM SPSS software before data analysis. He generated cross-tabulations and frequencies to check for inaccurate (outliers or other errors), and incomplete data (missing values) and see if the data is consistent and logical. The team transcribed/translated recordings of FGDs and IDIs into English and appended handwritten field notes (typed in English) to the transcript.

The team analyzed the quantitative data using IBM Statistical Package for Social Sciences (SPSS) software to generate descriptive statistics such as frequencies and proportions. We employed thematic analysis techniques for the qualitative data based on the study objectives and identified key themes. The data analysis involved triangulation of quantitative data with qualitative findings as well as information from primary sources with secondary data. Generally, we analyzed, interpreted, and presented the data in a way that is easily understandable for readers.

After data analysis, the team leader prepared a draft evaluation report and submitted it to UNICEF Ethiopia. The report presented results from the quantitative data analysis in graphs and tables with explanatory text describing the findings. UNICEF Ethiopia team reviewed the draft report and provided feedback and comments. The final report was prepared by incorporating these feedback and comments.

3.4. Quality Assurance Mechanisms

DAB-DRT ensured the quality of this evaluation by introducing the following strategic monitoring measures.

Data collection tools: The team leader, in consultation with UNICEF Ethiopia team, carefully developed the data collection tools in line with the program indicators and the evaluation objectives. We used the baseline tools by including additional relevant questions from the “Menstrual health and hygiene monitoring guide” of Ethiopia. The team prepared the Tablet based data entry template with skip patterns to flag-out out of range values or errors and prevent the entry of incorrect data. The team translated the tools into local languages and pilot-tested the local language versions at a school in Oromia region.

Evaluation team: A well-qualified and experienced team leader led the evaluation. Qualified and experienced supervisors and data collectors well versed in the relevant local languages collected the data. FGD and IDI supervisors and modulators were professionals with at least a first-degree in health science, gender, sociology, and other related fields. Enumerators (for structured interviews) were individuals with at least a college diploma in health science, gender, sociology, and other related fields. Female data collectors interviewed schoolgirls and male enumerators interviewed schoolboys. The team leader trained the field team before deployment into fieldwork. The training focused on ensuring every survey team member understood each question clearly to avoid misunderstandings on questions and minimize errors during data collection.

Monitoring the data collection process: The team leader closely followed and monitored the field team through regular phone communication to discuss progress and problems encountered in the field and provided technical support. UNICEF WASH staff team conducted supervision in the field during data collection. To have location information of the schools, the team recorded geo-spatial (GPS) coordinates of each school using GPS data collection application installed in the Tablets. Supervisors reviewed data captured on the Tablets daily to look for errors such as incorrectly completed forms, missing data, and inconsistencies. At the end of each day, supervisors and data collectors conducted a debriefing session to discuss the progress, challenges, and lessons learned.

Data management and analysis: The team conducted quantitative data check and review at two stages. First, enumerators and supervisors checked the data at field level. Supervisors reviewed all filled questionnaires daily (at the end of each day) to check completeness, skip patterns, and consistency. The lead consultant periodically reviewed data uploaded on a server (on KoBoToolBox platform) and provided feedback to the field team. In the second stage, the principal investigator reviewed and cleaned the quantitative data using IBM SPSS software before data analysis. Moderators recorded each FGD and IDI using digital voice recorders and took notes during the interview. The team transcribed/translated recordings of FGDs and IDIs into English using a standard format prepared for this purpose. Moderators filed recording and transcripts of interviews and focus group discussions using similar unique label/ID. The unique label/ID contained identifying information about the region, woreda, school, type of interview, type of respondent, and a serial number.

3.5. Ethical Considerations

We collected the data after obtaining ethical approval from the Ethiopian Society of Sociologists, Social Works and Anthropologists (ESSWA) Ethical Review Committee. UNICEF Ethiopia communicated with the relevant regional authorities and obtained official support letters to conduct the study.

The evaluation team gave due emphasis for ethical principles critical for safeguarding the study participants. The training provided to the data collection team included a session on study ethics. DAB-DRT instructed data collectors and other team members involved in the evaluation to strictly follow the ethical principles and to protect the identity of respondents from disclosure. The study team followed a strict informed consent process and conducted interviews only after getting informed consent/assent from each study participant. Data collectors informed each study participant about the purpose of the study, how the results will be used, their right to refuse

to take part, terminate the interview at any point or not answering any question. After providing information and answering any queries, data collectors obtained written consent using the consent form in a language of the participant's choice. For schoolboys and girls under the age of 18 years, data collectors received consent from school directors and assent from participants.

DAB-DRT strictly adheres to UNICEF's rules on data privacy and did not and will not share any information from the study to third parties. Data collectors conducted interviews in settings that ensured privacy. The team kept all information gathered for the study strictly confidential. Data analysis and presentation was performed in such a way as to ensure non-disclosure of the identity of individual respondents. Generally, the team undertook the study keeping in mind the fundamental ethical principles of respect for humans, beneficence, and justice.

The team took extraordinary protection measures to prevent exposure to COVID-19 among data collectors, study participants, and the public. The field team always strictly followed safety precautions, including maintaining social distancing, wearing face masks, hand washing with soap for at least 20 seconds, using hand sanitizers, and not touching their face (specifically eyes, mouth, and nose). Data collectors and study participants wore face masks and maintained the recommended two meters distance during interviews.

3.6. Limitations

This end line evaluation was planned to be conducted in April 2020. However, following the first Covid-19 case reported in Ethiopia in March 2020, the government of Ethiopia decided to close schools as part of the outbreak response, resulting in the postponement of the evaluation for about a year. Hence, the delay could result in recall-bias of information. Besides, at the time of the study the schools were struggling to re-start the teaching-learning process while ensuring adherence to Covid-19 prevention measures and bringing students back to school. Due to these additional tasks and squeezed academic year to finish the curriculum within short period, schools may not give due attention to extracurricular activities like MHH promotion through gender clubs and mini media, a factor that could potentially undermine the impact of the program.

4. Findings

4.1. Background Characteristics of Respondents

The team managed to interview 733 schoolgirls (97.7% of the sample). The small difference between the sample size and the number of interviewed girls was because only 33 girls in Kebul Secondary School of Geta Woreda in SNNP met the inclusion criteria. From the total 733 surveyed school girls, 56.6% and 43.4% were urban and rural dwellers, respectively. The average age of respondents was 15.4 years. A-third (33%) of the respondents were from grade eight, followed by grade seven (24%), and grade six (20%).

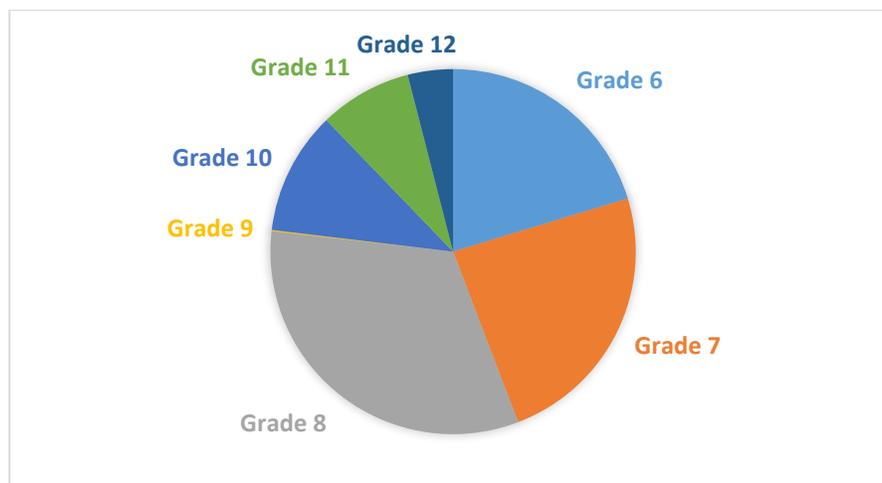


Figure 2: Current grade level of girl respondents at end line, February 2021

Most (72%) of the respondents live with both of their parents and 15% with their mothers alone during the time of the survey. Regarding the education status of the parents or guardians of the schoolgirls, more than half (56%) of the women and 39% of the men are unable to read and write. About a-fifth of the parents or guardians (18% of women and 23% of men) attended primary education. A-third of the respondents' families (34%) earn their main income from sale of crops followed by sale of livestock (17%).

Table 3: Background characteristics of respondents and their household at end line, February 2021

Background characteristics	Percent
People the respondent living with	
Both parents	71.8%
Mother	14.5%
Father	1.6%
Grand parent (female or male)	4.0%
Relative (female or male)	5.1%
Sibling (female or male)	2.3%
Friend (female)	0.5%
Alone	0.2%
Educational status of the mother / a woman living with	
Unable to read and write	55.6%
Read and write	13.7%
Primary education	17.8%
Secondary education	6.7%
Above secondary	6.2%
Educational status of the father / a man living with	
Unable to read and write	38.6%
Read and write	14.2%
Primary education	22.7%
Secondary education	11.4%
Above secondary	13.1%
Major income source of respondent's family	
Sale of crops	33.8%
Sale of livestock	16.8%
Salaried work	15.4%
Small business	13.1%
Family support	4.8%
Sale of food & drink	3.4%
Skilled labor	3.1%
Sale of animal products	2.9%
Sale of natural resources (firewood, charcoal, grass)	1.8%
Other petty trading	1.6%
Sale of vegetable	1.6%
Casual labor	1.5%
Pension	0.1%

4.2. Access to Information

Most (84.4%) of the schoolgirls in this survey were aware of menstruation before their first menarche. As shown in the figure below, the percentage of girls who heard about menstruation before menarche has increased across all regions compared with findings from the school MHM baseline surveys. The increase was especially notable in Afar from 14% at baseline to 97% in this survey, in Gambella from 24% to 80%, in Oromia from 22% to 82%, and in SNNP from 35% to 85%.

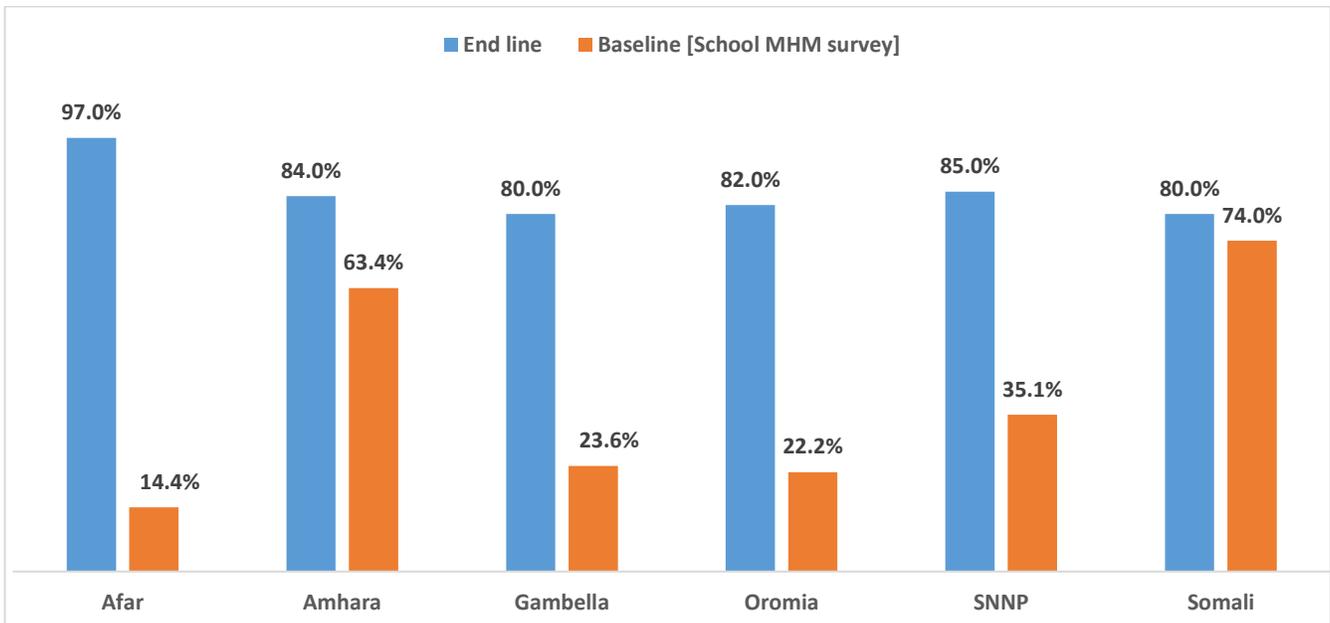


Figure 3: Percentage of girls heard about menstruation before the first menarche at baseline and end line, February 2021

Nearly all girls (95%) have heard about MHM. The percentage has doubled from the 2016 national WASH KAP study. In the 2016 survey, only 48% of adolescent girls had received information about MHM.

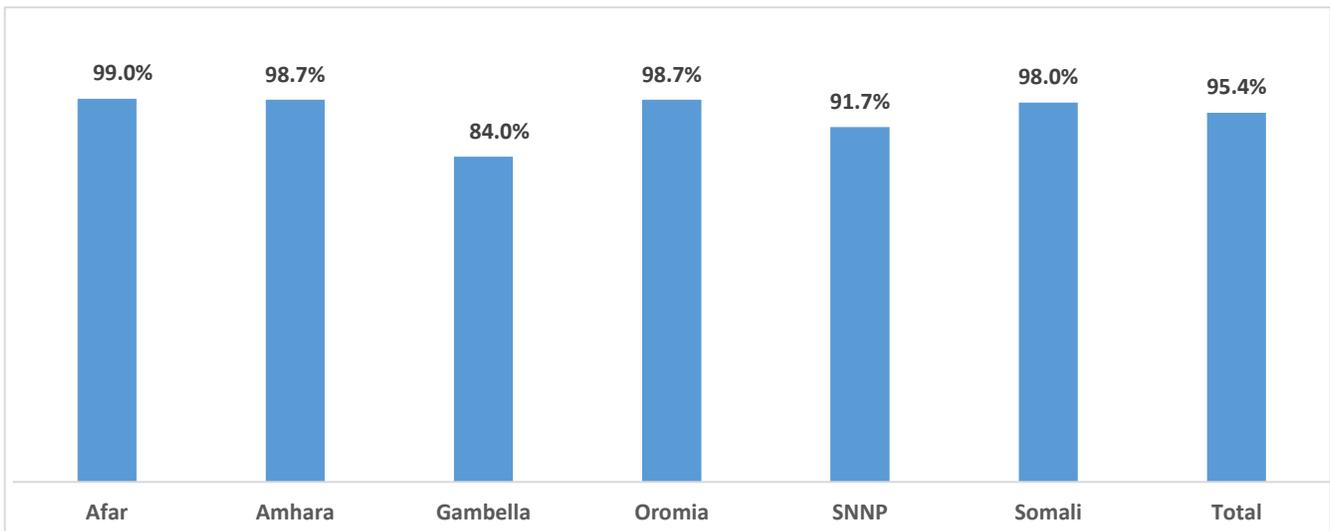


Figure 4: Percentage of girls who have heard about MHM at end line, February 2021

Table 4 presents the source of information among those schoolgirls who ever heard about MHM. As shown in the table, 60% of the girls get information about MHM from school followed by 43% from friends. Thirty percent (30%) of those girls who ever heard about MHM got the information from their mothers and teachers. The percentage of schoolgirls who get information about MHM from schools and teachers was relatively the lowest in Gambella and Somali regions.

Boys and girls who participated in FGDs in all the regions consistently mentioned biology classes as the primary source of information on menstrual hygiene management. FGD participants mentioned peers and older sisters as second and third information sources.

Table 4: Source of information about MHM at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
From school	93.9%	70.3%	23.8%	77.7%	49.2%	25.5%	59.7%
From friends	31.3%	53.4%	40.5%	44.6%	48.4%	31.6%	42.9%
From mothers	8.1%	29.1%	52.4%	17.6%	23.8%	63.3%	30.3%
From teachers	43.4%	43.9%	3.6%	29.1%	41.0%	7.1%	30.2%
From elder sisters	2.0%	17.6%	27.4%	17.6%	28.7%	30.6%	20.3%
From parents	6.1%	2.0%	0.0%	0.0%	9.8%	8.2%	4.1%
From health extension workers	4.0%	0.0%	3.6%	0.7%	0.0%	0.0%	1.1%
From other relatives	0.0%	1.4%	4.8%	0.0%	0.8%	0.0%	1.0%
From neighbors	0.0%	0.7%	4.8%	0.0%	0.0%	0.0%	0.7%
From health workers	1.0%	0.0%	3.6%	0.0%	0.0%	0.0%	0.6%

Six in every ten respondents (63.3%) reported that they have seen/heard any promotion on MHM in the last six months preceding the survey with the highest figures recorded in Afar (92%), followed by Amhara (89.3%), and Oromia (68%). The percentage of girls who have seen/heard any promotion on MHM in the last six months was 47% in Somali, 42% in Gambella, and 35.3% in SNNP. Among those who have seen/heard any promotion on MHM in the last six months, 72% of them cited schools as the source of information followed by Television (37%).

Table 5: Information source about MHM in the last six months at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
School	100.0%	95.5%	28.6%	71.6%	55.3%	6.4%	72.0%
Television	0.0%	20.9%	81.0%	39.2%	44.7%	100.0%	36.6%
Radio	1.1%	4.5%	4.8%	12.7%	12.8%	0.0%	6.0%
Family members	6.5%	3.7%	4.8%	1.0%	10.6%	4.3%	4.5%
Health extension workers	3.3%	0.0%	0.0%	2.0%	0.0%	0.0%	1.1%
Health worker	1.1%	0.0%	4.8%	0.0%	2.1%	0.0%	0.9%
News paper	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%	0.2%

Three-quarters (77%) of girls claimed that they ever get any training or orientation on how to keep their hygiene during menstruation and 72% get training or orientation on how to handle emergencies related to menstruation. Two-third (66%) of the girls said that they got training or orientation on how to manage menstruation before they reached menarche.

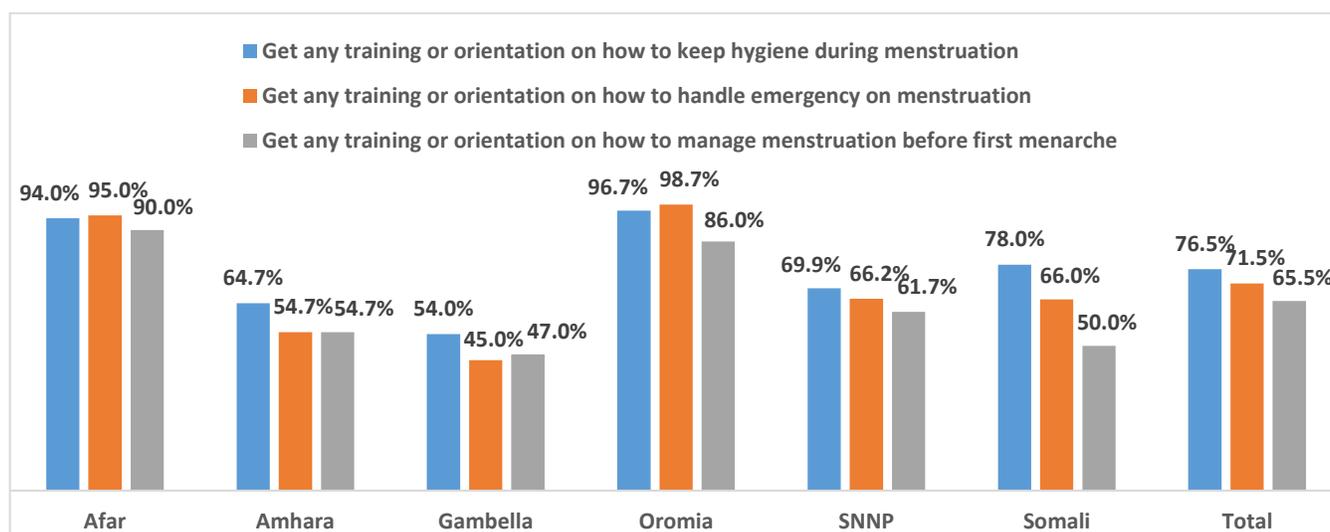


Figure 5: Percentage of girls ever received training or orientation about menstruation at end line, February 2021

Among those girls who got training or orientation on how to manage menstruation before they reached menarche, nearly all (93%) said they received the training or orientation from their teachers. A few of the girls got the training or orientation from health extension workers (6%) and their mothers (4%).

Table 6: Source of training about menstruation before the first menarche at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
At school from teachers	100.0%	97.6%	89.4%	97.7%	95.1%	64.0%	93.3%
At school from health extension workers	2.2%	0.0%	12.8%	14.7%	0.0%	2.0%	5.8%
From mothers	0.0%	0.0%	0.0%	2.3%	2.4%	24.0%	3.5%
From parents/family	0.0%	0.0%	0.0%	0.8%	2.4%	12.0%	1.9%
From sisters	0.0%	0.0%	2.1%	0.8%	1.2%	10.0%	1.7%
At health post from health extension workers	7.8%	0.0%	2.1%	0.0%	0.0%	0.0%	1.7%
From friends	0.0%	1.2%	0.0%	0.8%	1.2%	2.0%	0.8%
At health facility from health workers	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.2%

4.3. Knowledge and Attitude

Knowledge About Menstruation

Most girls (93%) knew menstruation is a natural process which occurs when a girl reaches puberty. Relatively, fewer girls knew menstruation is a natural occurrence in Gambella and SNNP (82%).

Table 7: Knowledge of girls about the cause of menstruation at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Natural/physiology/puberty	100.0%	95.3%	82.0%	99.3%	82.0%	100.0%	93.3%
Because a girl reached at age to have a child	0.0%	0.0%	4.0%	0.0%	7.5%	0.0%	1.9%
Curse	0.0%	0.0%	2.0%	0.7%	0.0%	0.0%	0.4%
Because of sexual experience	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.1%
Other	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.1%
Don't know	0.0%	4.7%	10.0%	0.0%	10.5%	0.0%	4.2%

The percentage of girls who knew menstruation is a natural process has increased from 70% during the 2016 national WASH KAP survey to 93% in this survey [PV, 0.0]. The figure below presents the percentage of girls who knew menstruation is a natural process in the school baseline MHM survey and at end line. As shown, in the figure, more schoolgirls at end line have the knowledge about the causes of menstruation compared with the baseline findings across all the six regions.

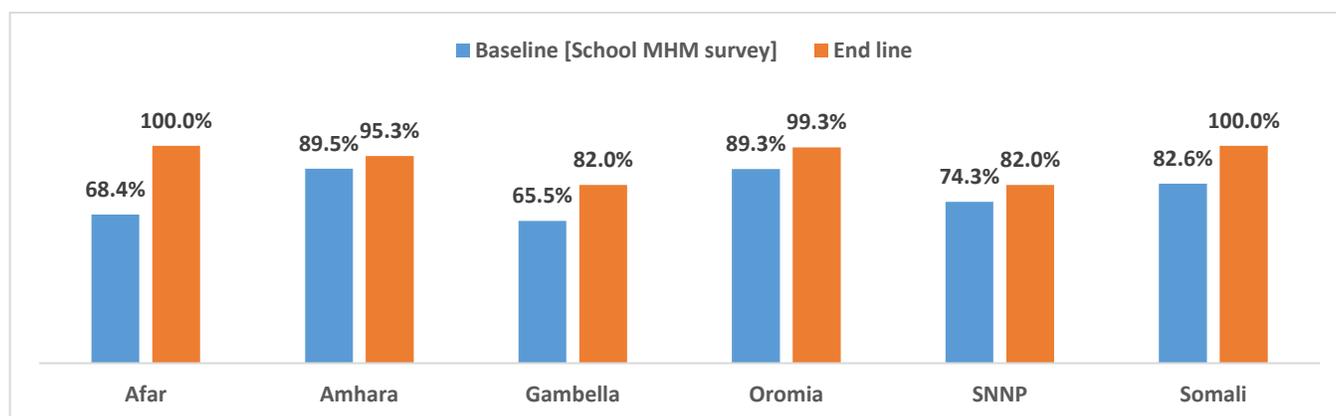


Figure 6: Percentage of girls who knew menstruation is a natural process at baseline and end line, February 2021

Girls and boys who participated in FGDs also considered menstruation as normal/natural occurrence. They described menstruation as a sign of maturity for girls, God’s gift, a natural gift that a healthy girl can see once a month, a normal reproductive characteristic of females, and a sign that the girl can give birth to a child.

“Menstruation means something that makes you happy. There are those who feel happy when menstruating. It is a God-given thing.... It is a joyful thing since it is a sign of fertility and enables a girl to bear children,” Girls FGD, Gambella.

All school boys who participated in FGDs also have proper understanding about menstruation and knew it is a natural process. A boy from the focus group discussion in Afar described menstruation as:

“It is normal and is the gift of Allah”

Most (84%) of the girls said that MHM is important for a woman to make herself clean and 44% of them said a woman needs to keep her hygiene during menstruation to avoid bad odor. Three in every ten girls mentioned that the importance of MHM is to avoid infection (30%) and to feel comfortable (28%). Nearly all the girls either strongly agreed or agreed with the statement “poor menstrual hygiene management can lead to infections” (strongly agreed 29%; agreed 67%).

Table 8: Knowledge of girls about the importance of menstrual hygiene at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Importance of menstrual hygiene for a woman							
To make herself clean	98.0%	70.7%	76.0%	91.3%	80.5%	95.0%	84.4%
To avoid bad odor	12.0%	66.7%	55.0%	60.0%	33.8%	23.0%	44.3%
To avoid infection	17.0%	45.3%	12.0%	53.3%	15.0%	21.0%	29.7%
To feel comfortable	82.0%	9.3%	34.0%	14.0%	27.1%	19.0%	28.1%
To avoid embarrassment	0.0%	0.0%	6.0%	0.0%	0.0%	0.0%	0.8%
Poor menstrual hygiene management can lead to infections							
Strongly agree	2.0%	63.3%	32.0%	18.0%	24.8%	21.0%	28.6%
Agree	92.0%	33.3%	61.0%	76.0%	71.4%	78.0%	66.8%
Neutral	1.0%	0.0%	0.0%	0.0%	1.5%	1.0%	0.5%
Disagree	5.0%	3.3%	3.0%	4.7%	0.8%	0.0%	2.9%
Strongly disagree	0.0%	0.0%	4.0%	1.3%	1.5%	0.0%	1.1%

Schoolgirls were asked about how many times a day (24 hours) a woman should change menstrual hygiene materials during the first three days of menstrual flow and 63% replied 3 to 4 times a day. Most girls (85%) said a woman need to clean her external genitals more than twice a day during menstruation. Across regions, relatively smaller proportion of girls in Amhara (75%) and SNNP (77%) have proper knowledge regarding frequency of washing external genitals during menstruation.

Table 9: Knowledge of girls about frequency of changing sanitary materials and cleaning external genitalia at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
How often sanitary materials should be changed in a day (24 hours) during the first three days of menstrual flow?							
Once a day (Every 24 hours)	17.0%	0.0%	2.0%	0.7%	0.8%	0.0%	2.9%
Twice a day (Every 12 hours)	33.0%	40.0%	12.0%	15.3%	6.8%	1.0%	18.8%
Three times a day (Every 8 hours)	16.0%	42.0%	66.0%	53.3%	51.1%	37.0%	45.0%
Four times a day (Every 5-6 hours)	3.0%	12.0%	18.0%	23.3%	24.1%	26.0%	18.0%
As needed	31.0%	4.7%	2.0%	7.3%	16.5%	36.0%	14.9%
Don’t know	0.0%	1.3%	0.0%	0.0%	0.8%	0.0%	0.4%
How often a woman should clean her external Genitals during menstruation?							

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Once a day	0.0%	0.0%	2.0%	0.7%	2.3%	0.0%	0.8%
Twice a day	5.0%	25.3%	5.0%	8.0%	10.5%	11.0%	11.6%
More than twice in a day	93.0%	74.7%	93.0%	91.3%	77.4%	85.0%	85.0%
Every time she changes sanitary pad	0.0%	0.0%	0.0%	0.0%	2.3%	0.0%	0.4%
Every time she visits a latrine	0.0%	0.0%	0.0%	0.0%	6.0%	0.0%	1.1%
Don't know	2.0%	0.0%	0.0%	0.0%	1.5%	4.0%	1.1%

Knowledge of girls about the importance of changing menstrual materials three to four times a day (over 24 hours) has significantly increased from 24% at baseline (2016 national WASH KAP survey) to 63% at end line [PV, 0.0]. Nearly all (99%) of girls in this survey knew the need to wash the skin outside and around their vagina at least once a day during menstruation, showing an increase from 73% in the 2016 KAP survey.

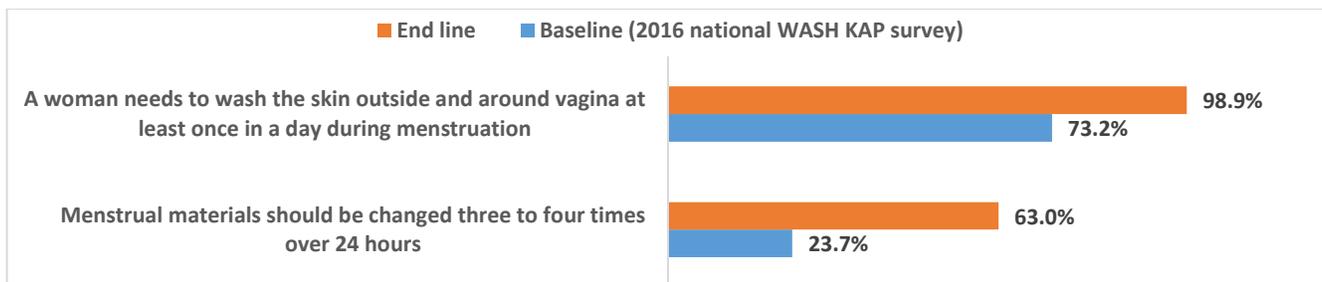


Figure 7: Knowledge of girls about frequency of changing sanitary materials and washing external genitalia at baseline (2016 national WASH KAP survey) and end line, February 2021

Almost all (99%) of the girls knew reusable sanitary material (sanitary pad and homemade cloth) and underwear should be washed with water and soap. Most (96%) of the girls are also aware that reusable sanitary materials should not be shared among family members or friends.

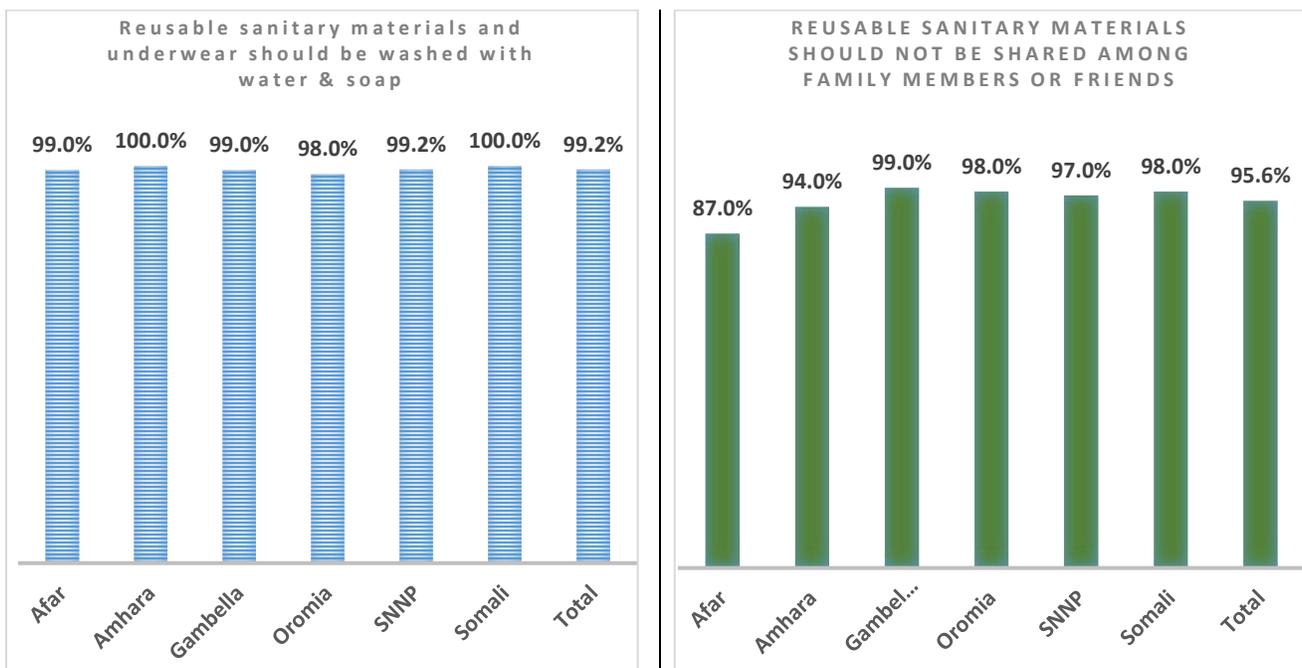


Figure 8: Knowledge of girls about washing and sharing reusable sanitary materials at end line, February 2021

Only 42% of girls in the 2016 national WASH KAP survey knew homemade menstrual cloth, reusable pads, and underwear should be washed with water and soap and the figure has showed a significant increase to 99% at end

line [PV, 0.0]. The percentage of girls who knew reusable sanitary materials should not be shared with other family members or friends has significantly increased from 64% at baseline to 96% in this survey [PV, 0.0].

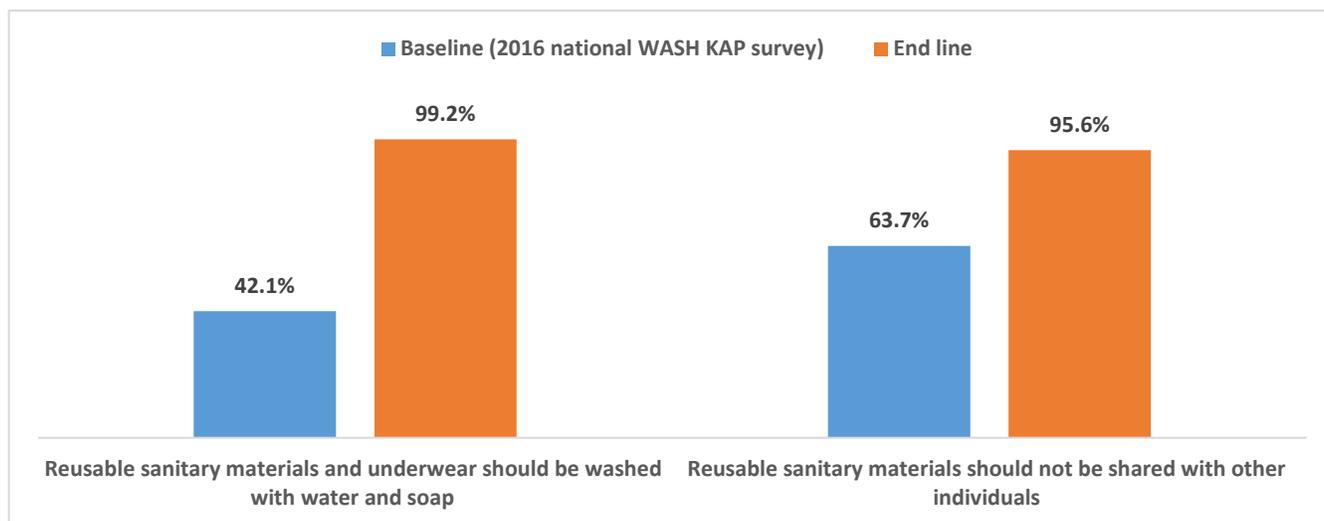


Figure 9: Knowledge of girls about washing reusable sanitary materials and underwear and sharing sanitary materials at baseline (2016 national WASH KAP survey) and end line, February 2021

Attitude Related to Menstruation

Most of the surveyed girls either strongly agreed or agreed that discussing about menstruation is essential (30% strongly agreed and 65% agreed). The percentage of schoolgirls who either strongly agreed or agreed that discussing about menstruation is essential has increased from 82% during the school MHM baseline survey to 95% at end line in Afar, from 70% to 84% in Gambella, from 86% to 97% in Oromia, and from 76% to 97% in SNNP region.

Seven girls in every ten either strongly agreed or agreed that participation of males on promotions of menstrual hygiene management is essential (10% strongly agreed and 61% agreed). However, most girls believe that MHM promotions are not adequate as only 32% of them either strongly agreed or agreed with the statement “promotions on menstrual hygiene management are sufficient.”

Nearly all girls understood that girls should attend school during menstruation with 44% of respondents strongly disagreeing and 53% disagreeing with the statement “Girls should not go to school when they are menstruating.”

Most of the girls support girls’ attendance of social events during menstruation with 28% and 67% of respondents strongly disagreeing and disagreeing, respectively with the statement “Girls should not attend social events/meetings during menstruation.” However, when it comes to attending religious events, only half of them either strongly disagreed or disagreed that girls should not attend religious events/conferences during menstruation.

Table 10: Attitudes of girls related to menstruation at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Discussing about menstruation is essential							
Strongly agree	2.0%	57.3%	36.0%	21.3%	33.8%	19.0%	30.0%
Agree	93.0%	39.3%	48.0%	76.0%	63.2%	79.0%	65.1%
Participation of males on promotions of menstrual hygiene management is essential							
Strongly agree	0.0%	16.0%	18.0%	6.7%	12.0%	3.0%	9.7%
Agree	58.0%	61.3%	42.0%	80.7%	55.6%	62.0%	61.3%

Promotions on menstrual hygiene management are sufficient							
Strongly agree	0.0%	0.0%	0.0%	0.7%	1.5%	0.0%	0.4%
Agree	44.0%	37.3%	15.0%	54.0%	12.8%	20.0%	31.8%
Girls should not go to school when they are menstruating							
Strongly disagree	20.0%	72.7%	15.0%	42.0%	48.1%	48.0%	43.5%
Disagree	76.0%	18.7%	80.0%	57.3%	48.9%	52.0%	52.8%
Girls should not attend social events/meetings during menstruation							
Strongly disagree	2.0%	63.3%	12.0%	14.7%	28.6%	34.0%	27.7%
Disagree	95.0%	25.3%	78.0%	83.3%	68.4%	64.0%	67.0%
Girls should not attend religious events/conferences during menstruation							
Strongly disagree	1.0%	14.7%	1.0%	8.7%	22.6%	4.0%	9.7%
Disagree	52.0%	20.0%	48.0%	58.7%	48.9%	10.0%	40.0%

4.4. Social Norms, Taboos and Stigma

Discussion About Menstruation

The percentage of girls who reported that they discuss with other people about menstruation showed a significant increase from 36% in the 2016 WASH KAP survey to 94% at end line [PV, 0.0]. Those girls that said they discuss about menstruation were asked with whom they discuss the topic with. The findings showed that girls usually discuss about menstruation with their friends (mentioned by 91% of girls). Because the reason for this is that they feel free to discuss with their peers as 25% of girls strongly agreed and 66% agreed that they freely discuss about menstruation with their friends. Among those girls who discuss about menstruation, 40% of them said they discuss with their sisters, 38% with female teachers, and 27% with their mothers. About two-third (65%) of girls reported that they give advice to their sisters or cousins before they start menstruation.

Table 11: Practice of girls related to discussion about menstruation at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Do you discuss with people about menstruation?							
Yes	94.0%	93.3%	89.0%	100.0%	94.7%	88.0%	93.7%
No	6.0%	6.7%	11.0%	0.0%	5.3%	12.0%	6.3%
With whom do you discuss about menstruation?							
With friends	89.4%	92.1%	89.9%	94.0%	90.5%	89.8%	91.3%
With sister	36.2%	34.3%	39.3%	30.7%	52.4%	51.1%	39.9%
With female teachers	58.5%	45.0%	6.7%	50.7%	36.5%	13.6%	37.6%
With mother	33.0%	27.1%	38.2%	19.3%	30.2%	18.2%	27.1%
With male teachers	2.1%	2.9%	2.2%	4.7%	7.9%	0.0%	3.6%
With father	0.0%	0.7%	5.6%	0.7%	1.6%	0.0%	1.3%
With boy friend	1.1%	0.7%	2.2%	2.0%	0.0%	0.0%	1.0%
I freely discuss about menstruation with my friends							
Strongly agree	3.0%	41.3%	45.0%	21.3%	26.3%	5.0%	24.8%
Agree	90.0%	46.0%	41.0%	75.3%	66.2%	86.0%	66.4%
Do you give advice to your sister or cousin before she starts her period?							
Yes	65.0%	50.0%	45.0%	97.3%	51.1%	75.0%	64.7%
No	28.0%	49.3%	46.0%	2.0%	45.1%	5.0%	29.5%
Do not have a sister or cousin	7.0%	0.7%	9.0%	0.7%	3.8%	20.0%	5.9%

The qualitative study findings show that schoolgirls are not the only ones benefiting from school menstrual education as they are also advising their younger sisters. Girl FGD participants said that they tell their little sisters what they learnt from school about menstruation and how to handle menstrual hygiene.

“We advise our little sisters or any relative who are yet to experience menstruation. We are trying to give them awareness that menstruation is natural gift for every girl, and what she must do or use

during her menstruation to maintain her hygiene. We also make them aware not to be ashamed or terrified when they first see it,” Girls FGD, Oromia.

Embarrassment (shame) was the main reason for not discussing about menstruation reported by 82.6% of those girls that didn’t discuss with other people (69.1% at baseline in the 2016 WASH KAP survey). At baseline 17.3% of girls mentioned not feeling free to discuss as a reason while the figure has increased to 39.1% in this survey. Reasons for not talking with others about menstruation include culture and beliefs of the society (baseline 15.8%; end line 8.7%), taboo associated with talking about menstruation in the society (baseline 10.9%; end line 6.5%), and religion (baseline 1.2%; end line 6.5%). Only girls in Afar and Somali regions (17% of the regional sample each) mentioned religion as reason for not discussing about menstruation. A few girls in this survey reported that they do not discuss about menstruation to avoid teasing (6.5%) and being ostracized from the society (4.3%) while 2.2% of them claimed that nobody is interested to talk about the issue with them.

Cultural Beliefs, Norms and Taboos

Ninety percent (90%) of girls either strongly agreed or agreed that it is okay to talk freely about menstruation. However, only 57% and 73% of them strongly disagreed or disagreed with the statements “discussing about menstruation with males makes me embarrassed” and “I would prefer not to talk openly about menstruation,” respectively. Besides, it seems girls do not feel free discussing about menstruation with males with only 10% strongly disagreeing and 48% disagreeing with the statement “discussing about menstruation with males makes me embarrassed.”

Table 12: Perception of girls related to discussion about menstruation at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
It is ok to talk freely about menstruation							
Strongly agree	4.0%	42.7%	18.0%	20.0%	34.6%	10.0%	23.5%
Agree	89.0%	46.7%	48.0%	76.7%	59.4%	83.0%	66.0%
I would prefer not to talk openly about menstruation							
Strongly disagree	0.0%	40.0%	4.0%	8.7%	18.8%	6.0%	14.7%
Disagree	66.0%	38.7%	45.0%	82.0%	42.9%	77.0%	58.1%
Discussing about menstruation with males makes me embarrassed							
Strongly disagree	0.0%	28.0%	5.0%	6.0%	10.5%	1.0%	9.7%
Disagree	25.0%	40.7%	51.0%	66.7%	51.9%	43.0%	47.6%

Qualitative study participants reported notable attitudinal changes among girls and boys related to menstruation. Despite this splendid progress in shaping girls’ and boys’ attitude, some girls still do not feel safe to seek help from boys during menstruation. Besides, still there are girls who find it difficult to seek help from their female friends if they experience menstruation at school.

“I may be embarrassed and want to go home immediately. I feel ashamed to seek help from my female friend to cover and take me to the water source or go home,” Girls FGD, Amhara.

Few boys during the focus groups said that they discuss with sisters about menstruation and even buy sanitary pad from shop for their sisters. However, some boys hesitate to openly discuss about menstruation as they think it is women’s business. A boy from Afar said:

“In the school, menstruation is not the issue of discussion among boys as menstruation is a women’s affair.”

Sixty two percent (62%) of girls strongly disagreed or disagreed with the idea of keeping menstruation as a secret. Although 71% of girls reported that they don't care if people knew when they have their periods, 54% of them said that women and girls often feel ashamed about menstruation.

Table 13: Perception of girls about keeping menstruation a secret at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Menstruation should be kept secret							
Strongly disagree	1.0%	47.3%	11.0%	4.7%	17.3%	0.0%	15.4%
Disagree	35.0%	40.0%	67.0%	72.0%	30.8%	33.0%	46.9%
I care if people know when I have my period							
Strongly disagree	0.0%	39.3%	7.0%	10.7%	15.0%	5.0%	14.6%
Disagree	61.0%	34.7%	48.0%	76.0%	56.4%	60.0%	55.9%
Women and girls often feel ashamed about menstruation							
Strongly agree	0.0%	7.3%	17.0%	0.7%	6.8%	4.0%	5.7%
Agree	59.0%	36.7%	55.0%	34.7%	49.6%	67.0%	48.3%

Table 14 shows the percentage of girls who strongly disagreed or disagreed with the statements regarding embarrassment about buying and using sanitary products. As shown in the table, more than three-fourth of the girls are comfortable with purchasing sanitary products and don't mind if other people see them while buying the products. About seven girls in every ten (72%) also opposed the notion that "it is unacceptable for a man to see a woman buying sanitary products." However nearly half of the girls said they get embarrassed when other people see their underwear, homemade pads or reusable pads when they place it in an open area to expose it to sunlight.

Table 14: Perception of girls related to buying and embarrassment in purchasing and drying menstrual materials at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
It is embarrassing to be seen buying sanitary products							
Strongly disagree	1.0%	54.7%	3.0%	14.7%	19.5%	13.0%	20.1%
Disagree	49.0%	24.0%	64.0%	81.3%	66.9%	69.0%	58.5%
I am embarrassed when I have to purchase menstrual products							
Strongly disagree	0.0%	54.7%	6.0%	12.0%	20.3%	8.0%	19.2%
Disagree	42.0%	20.0%	60.0%	80.7%	65.4%	78.0%	57.0%
I am happy to go to purchase menstrual products							
Strongly agree	0.0%	30.0%	38.0%	2.7%	12.8%	6.0%	15.0%
Agree	35.0%	42.7%	52.0%	90.0%	77.4%	78.0%	63.7%
It is unacceptable for a man to see a woman buying sanitary products							
Strongly disagree	0.0%	58.7%	7.0%	9.3%	16.5%	12.0%	19.5%
Disagree	41.0%	23.3%	69.0%	84.7%	60.2%	31.0%	52.3%
I am embarrassed when other people see my underwear, homemade pads or reusable pads when I put it on the open area to expose to sun							
Strongly disagree	0.0%	36.0%	3.0%	7.3%	9.8%	4.0%	11.6%
Disagree	11.0%	31.3%	52.0%	80.7%	36.1%	28.0%	41.9%

Ninety-five percent (92%) of the surveyed girls knew that it is normal to remain a virgin after a girl starts menstruating and 96% said it is ok to remain unmarried after a girl starts menstruating.

Table 15: Attitude of girls about remaining a virgin and unmarried after menarche at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
It is ok to remain a virgin after a girl starts menstruating							
Strongly agree	49.0%	67.3%	32.0%	36.7%	23.3%	63.0%	45.2%
Agree	51.0%	28.0%	61.0%	62.7%	62.4%	37.0%	50.2%
It is ok to remain unmarried after a girl starts menstruating							

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Strongly agree	50.0%	82.7%	30.0%	32.7%	23.3%	67.0%	47.9%
Agree	49.0%	15.3%	60.0%	65.3%	68.4%	33.0%	48.3%

A-quarter (27%) of interviewed girls reported that the community perceive a girl on menstruation as ‘unclean’. A few (2%) of them said that that the community consider a menstruating girl as unfit for the public sphere and unfortunate/unlucky. About one girl in every five either strongly agreed or agreed for the statement “the community perceives a menstruating girl as disgusting” (2% strongly agreed and 17% agreed).

Table 16: Perception of girls about attitude of the community towards a menstruating girl at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
How does the community perceive a girl on menstruation?							
Unclean	50.0%	17.3%	16.0%	2.0%	13.5%	82.0%	26.6%
Unfit for the public sphere	1.0%	4.0%	4.0%	0.7%	0.8%	1.0%	1.9%
Unfortunate/unlucky	0.0%	3.3%	2.0%	2.7%	0.8%	0.0%	1.6%
As any girl	74.0%	81.3%	84.0%	96.0%	84.2%	29.0%	77.1%
The community perceives a menstruating girl as disgusting							
Strongly agree	2.0%	0.0%	1.0%	2.0%	1.5%	5.0%	1.8%
Agree	6.0%	11.3%	16.0%	3.3%	6.8%	72.0%	17.1%

Qualitative findings during the baseline studies revealed that associating menstruation with loss of virginity and abortion were common. Also, many communities see menstruation as dirty and harmful. FGD and KII participants in this study reported improvement in societies’ perception towards menstruation and menstruating women across all regions. However, there still exist norms and myths that discriminate menstruating girls and women from social events. During the FGD with boys in Afar, a boy described a menstruating girl as “unclean” whereas another boy from Somali said “menstruating girls don’t work, they don’t go to mosque or touch the Quran.” Likewise, school director from Amhara region said:

“In our community, to date, there are negative attitudes towards menstruating women. For example, a husband does not sleep with his menstruating wife, men do not eat food that a menstruating woman cooked because they consider her unclean.”

Activities During Menstruation

Most of the girls believe that a woman can work during menstruation as 19% of them strongly disagreed and 70% disagreed with the statement “women should not work while they are menstruating.” Also, 28% of the girls strongly agreed and 66% agreed that women/girls should continue their social activities as usual during menstruation. Yet, about three girls in every ten (28%) reported that there are activities they don’t do during menstruation with the highest percentage recorded in Somali (51%) followed by 44% in SNNP and 37% in Gambella regions.

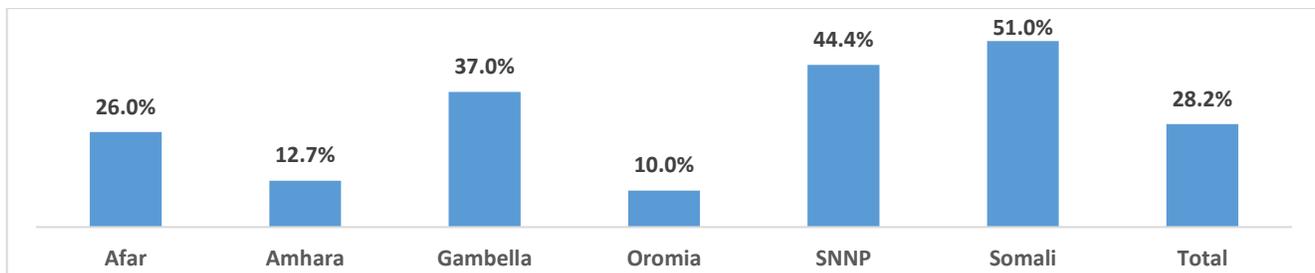


Figure 10: Percentage of girls who said there are activities they don’t do while menstruating at end line, February 2021

Table 17 presents the types of activities girls do not perform (among those girls who said that there are activities they don't do while menstruating). Fetching water and traveling to a distant place were the common activities girls do not perform during menstruation as reported by 64% and 45% of respondents, respectively. Other activities they don't perform include cooking food (16%) and any work considered laborious such as washing clothes, going to grinding mills, carrying heavy things, baking, and grinding coffee (15%).

Those respondents who reported that there are activities they don't do during periods were asked about activities they didn't perform during their recent menstrual period. Accordingly, 69% of them reported that they didn't participate in religious activities with the highest figures recorded in Afar (85%) and Somali (84%) regions. Twenty nine percent of girls missed participation in social activities and 22% didn't cook food during their last menstrual period. Exclusion from social activities was relatively highest in Oromia (73%), followed by 54% in Gambella.

Table 17: Activities girls don't do during periods at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Types of activities girls don't do during periods							
Fetching water	38.5%	84.2%	56.8%	46.7%	55.9%	90.2%	64.3%
Making travel to a distant place	53.8%	47.4%	24.3%	66.7%	35.6%	60.8%	45.4%
Cooking food	34.6%	42.1%	32.4%	0.0%	5.1%	3.9%	16.4%
Heavy works (washing cloths, going to grinding mills, carrying heavy things, baking, grinding coffee)	0.0%	0.0%	2.7%	0.0%	47.5%	2.0%	14.5%
Religious activities	15.4%	0.0%	8.1%	13.3%	23.7%	0.0%	11.1%
All household chores	0.0%	0.0%	8.1%	0.0%	0.0%	0.0%	1.4%
Interacting with other people	0.0%	0.0%	8.1%	0.0%	0.0%	0.0%	1.4%
School assignments and homework	0.0%	0.0%	2.7%	6.7%	1.7%	0.0%	1.4%
Taking bath	0.0%	0.0%	2.7%	0.0%	0.0%	0.0%	0.5%
Type of activities girls do not do during their last menstrual period							
Participating in religious activities	84.6%	57.9%	73.0%	73.3%	47.5%	84.3%	68.6%
Participating in social activities	23.1%	21.1%	54.1%	73.3%	27.1%	5.9%	29.0%
Cooking food	34.6%	52.6%	40.5%	26.7%	11.9%	2.0%	22.2%
Bathing in regular place	3.8%	21.1%	5.4%	33.3%	6.8%	0.0%	7.7%
Eating with others	0.0%	5.3%	0.0%	33.3%	1.7%	0.0%	3.4%

Qualitative study participants acknowledged that the program intervention in schools have changed some community norms for good as schoolgirls have started to share what they learnt at school with their family members at home. As a result, the communities' attitude towards menstruating girls is changing and norms associated with menstruation is changing overtime.

“Previously as menstruation was a taboo, menstruating women usually did not share it with families; they used to isolate themselves and abstain from social and household responsibilities. For instance, they do not cook food. Menstruating girls do not fast, go for salat, or read Quran. Menstruating girls felt ashamed and were afraid to be seen, and thus missed school for a couple days every month, and it was adversely affecting their academic performance,” said a Woreda hygiene expert in Somali region.

School girls strengthened this argument during FGDs as described by a girl from Oromia:

“There is no job that we cannot work because we are menstruating. We can also go everywhere we want to go.”

Another indication of changes in the community's attitude is that they are sending their menstruating girls to school. Previously, girls were not missing classes only due to the pain or bleeding but also due to cultural

prohibitions which required that menstruating girls or women not to leave their homes and mix with others, according to study participants. A school director from Amhara explained the change as:

“They [the community] is changing. They do not dishonor or use negative words against menstruating girls. Rather, they are sending their menstruating girls to school.”

The baseline qualitative study findings indicated many prevalent cultural beliefs and norms towards women during menstruation such as not allowing to prepare and serve food, fetch water, restriction to participate in social gatherings and to attend religious events. Even in some communities women are isolated from rest of the family during menstruation. Even if most study participants at end line witnessed improvements most of these norms, religious restrictions are still common. Here, girls do not consider religious restrictions as taboo and all girl FGD participants agreed that there are no taboos and cultural barriers on menstrual issues.

“There are no taboos that we know about so far. The only thing is that we cannot go to Mosques, give prayer, and do our fasting,” said a girl FGD participant from Oromia.

4.5. Fear, Stress and Worry

Experience During the First Menstruation

Among those girls who started their first menstruation in the past three years (after the inception of the program)³, 52% of them said that they were shocked and frightened when they noticed their period for the first time. The percentage of girls that said they were shocked and frightened when they noticed their period for the first time was the highest in Gambella (72%), followed by 64% in Somali, and 62% in SNNP.

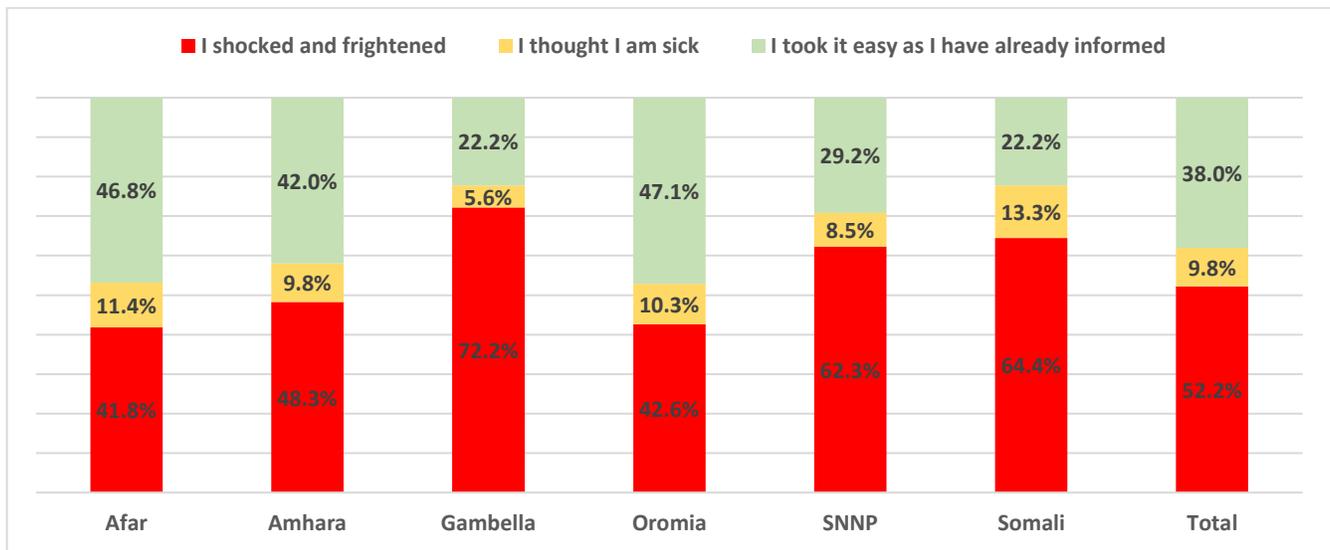


Figure 11: Girls’ feeling when they noticed a period for the first time at end line, February 2021

The percentage of girls that said they were shocked and frightened when they noticed their period for the first time has reduced by half in Afar from 83% in the school baseline MHM survey to 42% at end line. In Oromia, the percentage has declined from 77% at baseline to 43% in this survey while the figure in Gambella and SNNP remained almost the same.⁴

³ Calculated among those girls who started menstruation in the past three years because the inclusion criteria for the study was girls who attend the schools for at least two years and considering the past one year the schools were closed due to the Covid-19 pandemic.

⁴ Baseline data for Amhara and Somali not available.

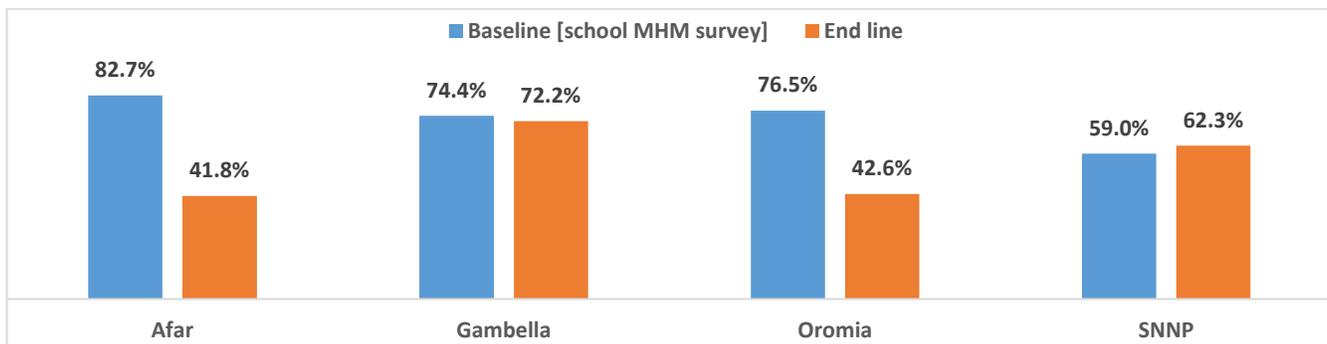


Figure 12: Percentage of girls who shocked and frightened when they noticed their period for the first time at baseline [school MHM survey] and end line, February 2021

According to qualitative study participants, since menstruation is generally kept secret and is not openly discussed, most parents do not have the practice of discussing reproductive issues with their daughters. Thus, girls may not be informed ahead of their first menstruation which is when most of them come to know about it. Hence, girls mostly learn about menstruation through the hardest way. A woreda hygiene expert from Somali region said:

“ASs menstruation may occur anywhere, including at schools, the first menstruation usually occurs in the absence of any preparation. Hence, the incidence may impart bad impression on girls.”

This explains what one schoolgirl from Amhara said during FGD:

“When I saw my first period, I was very much shocked and feared to talk to my mother.”

Teasing

Findings of this survey show that 4% of the girls had ever encountered teasing or insult related to menstruation from boys. The percentage of girls who reported they do not ever get teased due to menstruation was 93.5% during the 2016 national WASH KAP survey and 95.6% in this study.

At the end line, 2% of girls said someone teased them for having their menses in the past 6 months preceding the survey. The percentage of girls who encountered teasing was the highest in Amhara (5%) while none of the surveyed girls in Afar and Oromia reported teasing related to menstruation in the past 6 months. Among those teased in the past 6 months, most of them (86%) said they were teased by boys. Thirteen percent of girls have witnessed people teasing girls because of their menstruation in the past 3 months with the highest figures reported in SNNP (20%) and Gambella (18%) regions. Among those who witnessed teasing, 33% of them said they saw such actions once in two months and 32% once in three months.

Table 18: Experience of girls on teasing at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Experience in being teased							
Ever encountered teasing or insult from boys	4.0%	7.3%	7.0%	2.0%	3.8%	2.0%	4.4%
Teased for having period in the past 6 months	0.0%	5.3%	3.0%	0.0%	1.5%	1.0%	1.9%
Who teased you?							
Boys	--	100.0%	66.7%	--	50.0%	100.0%	85.7%
Girls	--	0.0%	0.0%	--	50.0%	0.0%	7.1%
Other adult	--	0.0%	33.3%	--	0.0%	0.0%	7.1%
Have you witnessed teasing of girls because of their menstruation in the past 3 months?							
Yes	13.0%	13.3%	18.0%	4.0%	19.5%	10.0%	12.7%
No	87.0%	86.7%	82.0%	96.0%	80.5%	90.0%	87.3%

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
How often in the past 3 months have you witnessed teasing of girls because of their menstruation?*							
Once a week	0.0%	0.0%	16.7%	0.0%	15.4%	0.0%	7.5%
Once a month	69.2%	15.0%	44.4%	0.0%	26.9%	40.0%	33.3%
Once in 2 months	23.1%	55.0%	27.8%	33.3%	26.9%	20.0%	32.3%
Once in 3 months	7.7%	30.0%	11.1%	66.7%	30.8%	40.0%	26.9%

* Among those who witnessed teasing of girls

The school baseline qualitative study revealed dominant practice of boys' harassment of girls when menstruating, a factor in causing girls to drop out of school. The findings showed that insults, smearing of name, ridicule and laughter of schoolgirls - particularly if their menses were observable from stained clothing - were common. Also, boys avoid sitting with a girl who is menstruating and accuse girls of sexual activity. FGD and IDI participants in this study said that teasing girls due to menstruation no longer takes place as awareness creation activities of the program has brought about changes in attitude among schoolchildren. Previously, laughing or mockery of menstruating girls was common amongst schoolboys. But now their awareness is increasing and schoolboy's attitudes have significantly changed, and teasing or shaming menstruating girls is a thing of the past, according to participants. A girl FGD participant from Afar explained her experience associated with teasing in the past and the subsequent changes as follows:

"[In the past] I have seen some boys teasing a girl after they saw blood stains on her cloth. By then I was yet to see menses. I was shocked and wondered what was wrong with her. But these days, there are no such acts as all students have received education."

FGD participant girls confirmed that boys have changed and currently there is no teasing in the school compound. Boys also claimed that they have abandoned teasing menstruating girls due to the awareness raising education program.

"We used to shame and discriminate menstruating girls. But now, we know all about it and feel nothing except trying to help her go to safe space and supported," boys FGD, Oromia.

Instead, boys are supportive and willing to take extra burden and help menstruating girls academically by copying notes when they miss classes. Boys who participated in FGDs also said that if they see menstrual blood stains on a girl's clothes, they would offer her their cloth to cover it and help her to go to the safe space/room, instead of teasing and shaming the menstruating girl.

"Since they miss class, we were told to help them. If we know the problem very well, we will share their burdens, we will help them in copying class notes, etc. the boys help the girls by copying the class notes they miss during menstruation. We will help her with everything possible. If I see blood stains, I will tell her and give her soft tissues or clothes and assist her to reach the safe space," boys FGD, Somali.

School directors and teachers also confirmed these claims regarding attitude changes among schoolboys towards menstruating girls. The words of a safe space counsellor from Afar strengthened this finding:

"Some years ago, boys might have made girls feel embarrassed when they knew the girl was menstruating. Now boys are aware of the nature of menstruation through the awareness creation activities of the program. Now they understand menstruation as a natural gift and a process that make today's girl tomorrow's mother. Now, they play a supportive role for menstruating girls."

Worry

About a-third (35%) of the girls reported that they often worry about being teased when menstruating at school. The percentage of girls who worry about teasing at school was highest in Gambella (74%) while the lowest was in Oromia (3%). A-quarter (24%) of the girls were concerned that the materials they used to absorb or catch menstrual blood during the last menstrual cycle would move out of place while they were wearing them, with the highest figures coming from Gambella (77%). During the last menstrual period, 18% of the girls were worried about getting more menstrual materials if they ran out of materials.

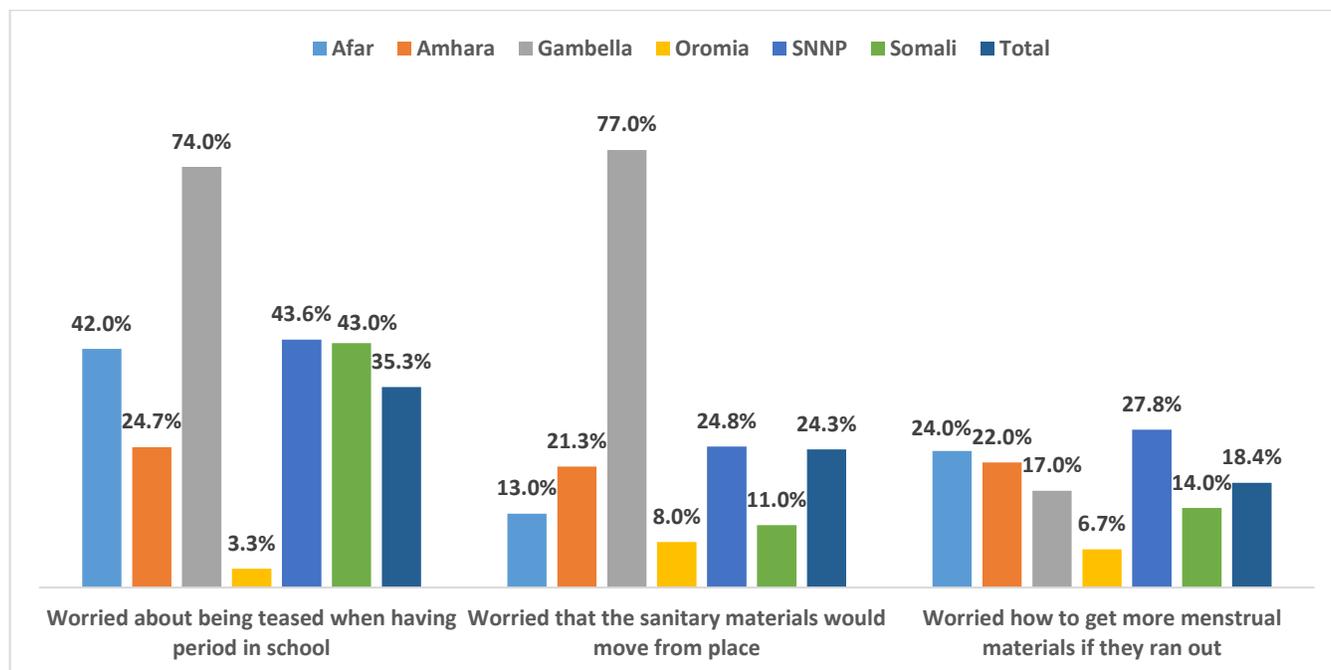


Figure 13: Percentage of girls who worried in managing their menstrual hygiene at end line, February 2021

Support During Menstruation

Fifteen percent of girls have a fear that people could treat them differently if they knew that they are menstruating. Fear that other people could treat them differently was relatively common in Somali (24%) and SNNP (23%). Only half (52%) of girls believe that boys have changed their behaviors nowadays and enhanced their supportive role for the girls in the school.

Table 19: Perception of girls about attitude of other people and boys an at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Do you think that people treat you differently if they know you are menstruating?							
Yes	2.0%	17.3%	16.0%	8.0%	23.3%	24.0%	15.1%
No	98.0%	82.7%	84.0%	92.0%	76.7%	76.0%	84.9%
Do you believe that boys are changed nowadays and enhanced their supportive role for the girls in the school?							
Yes	48.0%	54.7%	24.0%	92.7%	53.4%	18.0%	52.1%
No	23.0%	44.7%	75.0%	6.7%	43.6%	73.0%	41.7%
Don't know/ Have no idea	29.0%	0.7%	1.0%	0.7%	3.0%	9.0%	6.1%

About three-fourth (73%) of the girls reported that they are confident to ask advice from a teacher or other staff members at school if they need one, with the highest figure recorded in Oromia (94%). Eight girls in every ten (80%) stated that they have the confidence to ask a teacher for menstrual materials (e.g. pad, towel, tampon) if they needed such materials while in school. Relatively, schoolgirls in Somali and Gambella regions lack confidence to ask a teacher for menstrual materials (61% in Somali 65% and in Gambella regions, respectively, reported confidence to ask materials from their teachers) compared with 97% in Afar and 94% in Oromia regions.

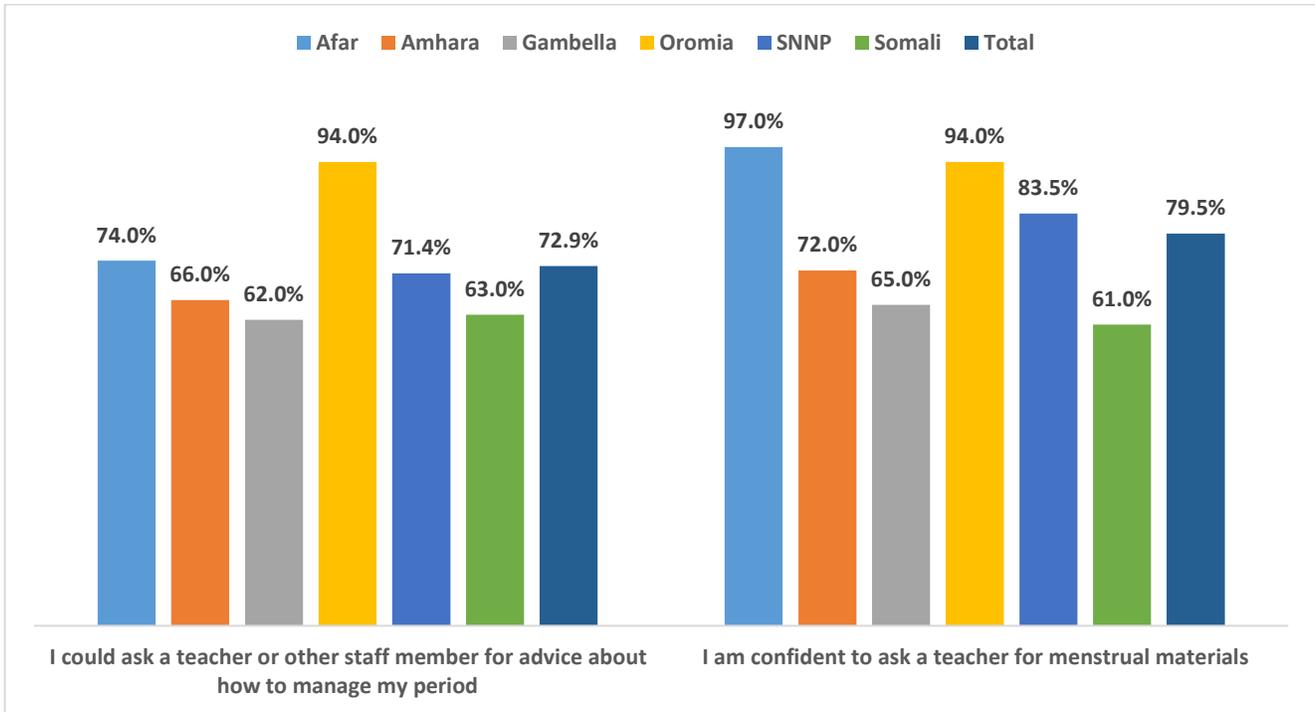


Figure 14: Confidence of girls to ask support from teachers for MHM at end line, February 2021

Training on menstruation provided by the program not only improved the knowledge of trained teachers, but those teachers that didn't participate in the training also got awareness from the trained peers, according to study participants. School informants said that teachers have good attitude and practice in teaching students about menstruation. A safe space counsellor in Somali explained the attitude of teachers to teach and openly discuss with students about menstruation as follows:

"I think most teachers will be comfortable to teach it. Specially, this is a routine task of biology teachers (male or female) normally. I am an English teacher. But I would be comfortable to teach it. I think most teachers will be comfortable. Because it has no shame, it is a natural phenomenon."

Students also confirmed that some teachers have the knowledge and willingness to teach about menstrual hygiene. However, some study participants noted that male teachers may find the topic a bit uncomfortable to discuss. A school director in Amhara also said that even if male teachers are comfortable to teach about menstruation, some schoolgirls may not be.

"All teachers have good feeling about teaching menstruation to girls in school as a result of the training. However, when a male teacher teaches them about menstruation, some girls feel awkward and do not actively participate as a result," School director, Amhara.

4.6. Sanitary Materials and MHM Practices

Type of Sanitary Materials Girls Use and Prefer

Except in Amhara, all surveyed schoolgirls in the remaining five regions said that they use sanitary materials during menstruation. Overall, 99% of the surveyed girls use sanitary materials to absorb menstrual blood. In Amhara, 4.7% of girls didn't use sanitary materials mentioning small menstrual blood flow (57%), expensive cost of sanitary materials (29%), and lack of knowledge (29%) as reasons.

Girls commonly use disposable sanitary pads with 85% of them reporting they currently use such materials. Also, 8% of the girls use reusable sanitary pads. About two girls in every ten (21%) currently use reusable pieces of cloth to manage menstruation and 7% use disposable pieces of cloth. Across regions, with the exception of Amhara, most girls use disposable sanitary pads. In Amhara region, only 39% of girls use disposable sanitary pads and 10% use reusable sanitary pads while 37% and 25% of them, use reusable and disposable pieces of cloth, respectively.

Table 20: Type of sanitary material girls currently using at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Disposable sanitary pads	88.0%	38.5%	98.0%	97.3%	97.7%	100.0%	85.0%
Reusable cloth	37.0%	37.1%	11.0%	20.0%	15.8%	3.0%	21.3%
Reusable sanitary pads	12.0%	9.8%	5.0%	17.3%	1.5%	0.0%	8.1%
Disposable pieces of cloth /rag	3.0%	25.2%	1.0%	3.3%	3.0%	0.0%	6.7%
Cotton/sponge	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	0.6%
Underwear alone	0.0%	0.0%	2.0%	0.7%	0.8%	0.0%	0.6%
Natural materials	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.3%

More schoolgirls used disposable sanitary pads at end line (85%) compared with 50% at baseline in the 2016 national WASH KAP survey. Also, 8% of the surveyed girls use reusable sanitary pads while the figure was 3% in the 2016 KAP survey. Except in Amhara, the use of sanitary pads has showed an increase compared with findings from the school MHM baseline survey. In the MHM baseline survey 65.9% of girls in Amhara, 75.6% in Somali, 77% in Afar, 68% in Gambella, 68.1% in Oromia, and 69.3% in SNNP reported using sanitary pads. Findings from this study showed a slight reduction on the use of reusable cloth (baseline 30%; end line 21%) and disposable pieces of cloth (baseline 12%; end line 8%) among girls for managing menstruation. The percentage of girls using reusable cloth has decreased compared with school MHM baseline survey in all except Amhara and Somali regions.

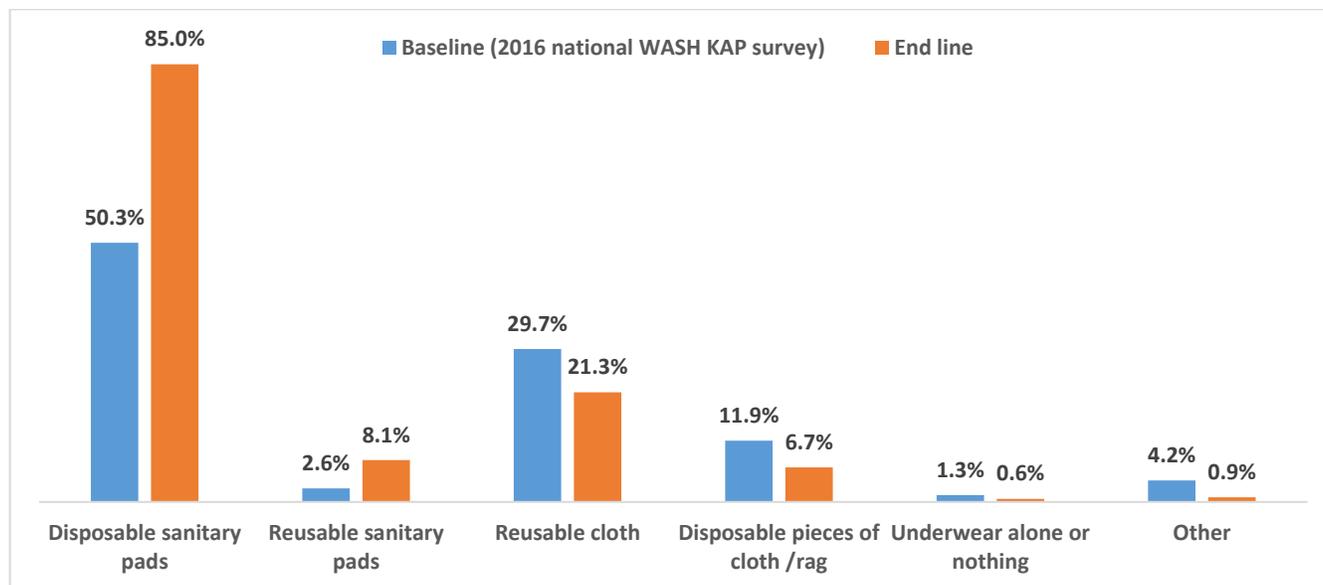


Figure 15: Type of sanitary material girls use at baseline (2016 national WASH KAP survey) and end line, February 2021

More than half (59%) of the girls reported that they purchased the sanitary materials they currently use from a nearby shop or town. Nearly a-third (31%) of the girls got the sanitary materials from schools. The percentage of girls who said they got the sanitary materials from schools was the highest in Afar (95%) while only 1% of girls in Gambella and Somali regions got them from schools.

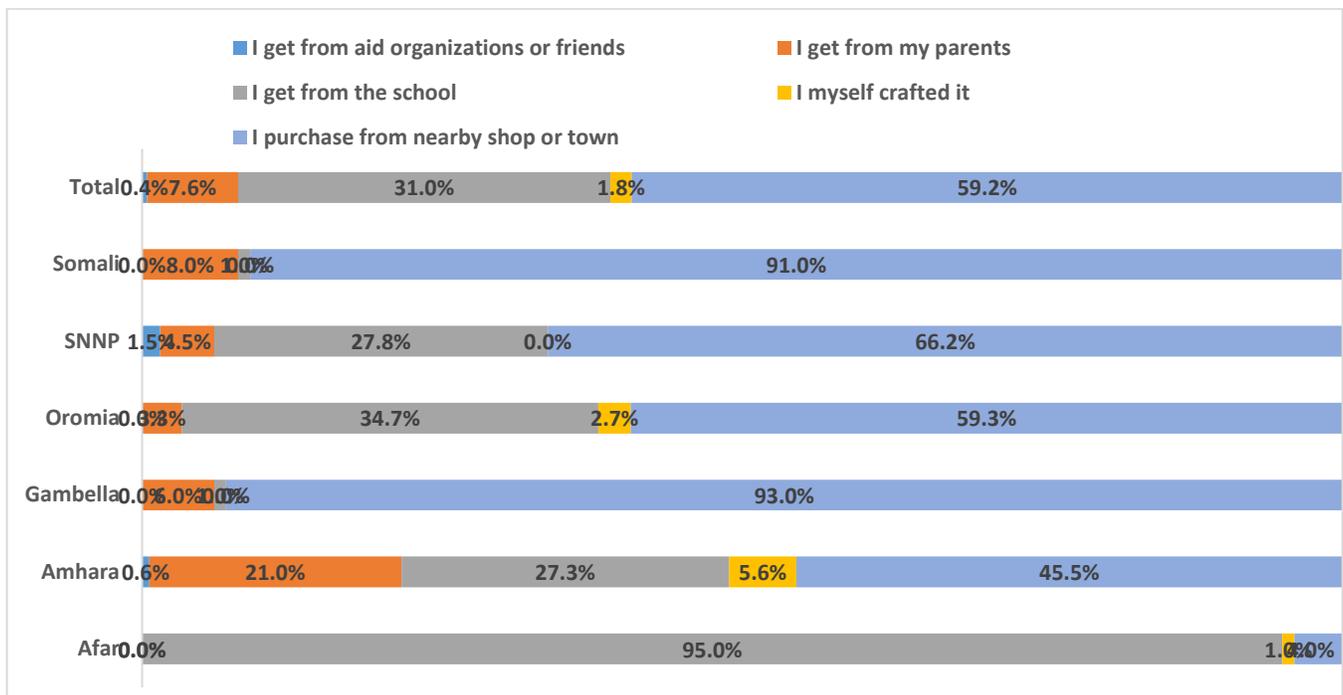


Figure 16: Source of sanitary material for girls at end line, February 2021

Among girls currently using disposable sanitary pads, 73% and 68% of them mentioned comfortability and efficiency in properly absorbing blood as reasons for preferring/ the sanitary material, respectively. More than half (53%) of girls currently using reusable sanitary pads said they use the sanitary material because it is comfortable and locally available. Only 36% of girls using pieces of cloths (disposable or reusable) reported that the materials properly absorb menstrual blood and 48% said the materials are comfortable.

Table 21: Reasons for preferring the sanitary material girls currently using at end line, February 2021

Type of sanitary material girls currently using	N	Properly absorbs blood	Comfortable	Locally available	Only option I have	Affordable	Available at the school
ONLY disposable sanitary pads	482	67.8%	73.4%	31.3%	3.1%	0.6%	0.6%
ONLY reusable sanitary pads	19	42.1%	52.6%	52.6%	15.8%	5.3%	0.0%
ONLY pieces of cloth [disposable or reusable]	83	36.1%	48.2%	44.6%	27.7%	25.3%	0.0%
Both disposable AND reusable sanitary pads	31	80.6%	71.0%	51.6%	6.5%	6.5%	0.0%
Both disposable or reusable sanitary pads AND pieces of cloth [disposable or reusable]	96	60.4%	69.8%	65.6%	18.8%	8.3%	2.1%
Both disposable or reusable sanitary pads AND pieces of cloth or cotton/sponge or underwear alone or natural materials	15	53.3%	53.3%	53.3%	13.3%	0.0%	6.7%

The findings indicated that girls are currently using sanitary material of their preference. Most girls (80%) prefer disposable sanitary pads as an ideal absorbent material to manage menstruation, showing a significant increase from 57.1% in the 2016 national WASH KAP survey [PV, 0.0]. A few girls at baseline (3.9%) considered reusable sanitary pads as ideal absorbent materials compared with 15% at end line [PV, 0.0]. Reusable pieces of cloth are the third preferred sanitary materials among girls (11%) followed by disposable pieces of cloth (7%).

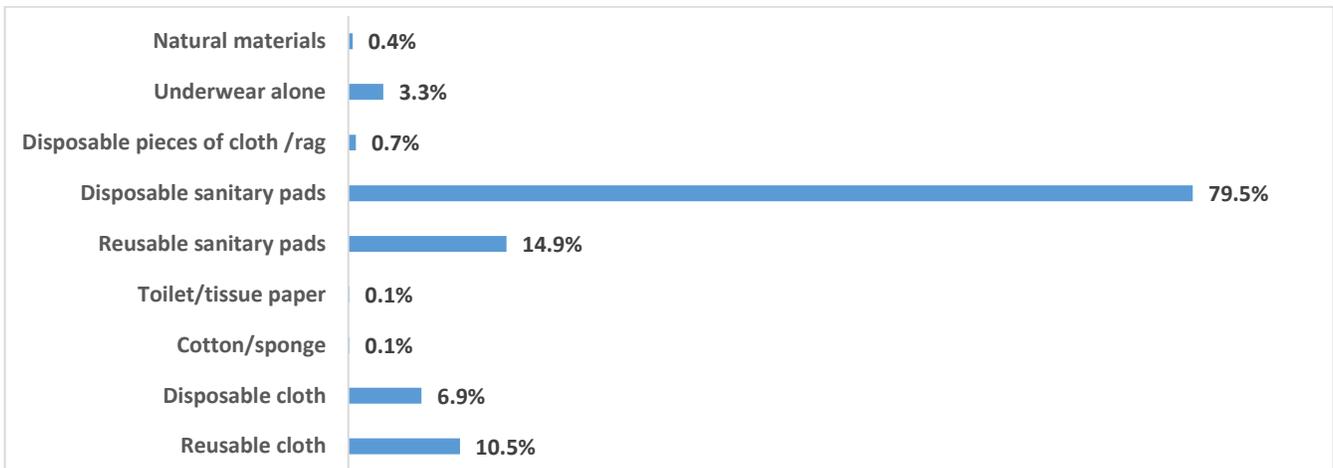


Figure 17: Type of menstrual material girls prefer as ideal absorbent material at end line, February 2021

Nearly all (95%) of girls said that the sanitary materials they used during the last menstrual period were comfortable. During the last menstrual period, 90% of girls got more menstrual materials when they needed and 86% had enough materials to change as often as they want.

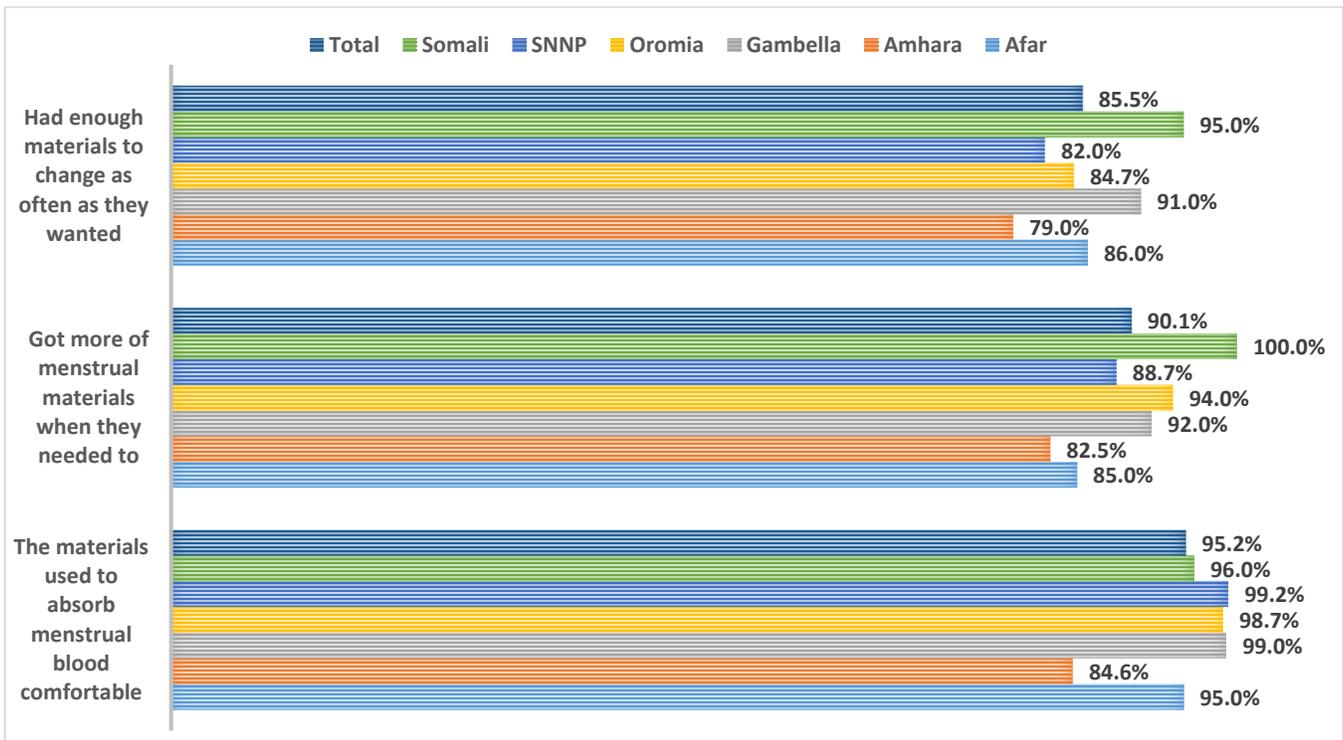


Figure 18: Adequacy and comfortability of sanitary materials girls use during last menstrual period at end line, February 2021

Menstrual Hygiene Practices

Slightly less than half (48%) of the girls said that they changed sanitary materials three times a day on the heaviest day of their period during the last menstrual period. A -quarter (26%) of them changed two times a day, 21% four times a day, and 3% more than four times. The percentage of girls who reported changing menstrual materials three to four times a day has doubled from 34.5% at baseline (2016 national WASH KAP survey) to 71% at end line [PV, 0.0].

Among girls who use reusable sanitary materials (reusable sanitary pad or homemade cloth), 98.2% in Oromia and 95.2% in SNNP regions reported that they usually wash the materials with water and soap. All interviewed girls in the remaining four regions said they usually wash reusable sanitary materials with water and soap. Overall, 99% of respondents use water and soap for washing sanitary materials. Those girls who use reusable sanitary materials were asked where they usually dry the materials after washing. Accordingly, 45% of them said they dry the materials in any hidden places and 43% dry it in the open sunlight.

Half (51%) of girls usually dispose used sanitary materials in latrines and 24% dispose it with other solid waste. Eleven percent of girls reported that they burn used menstrual hygiene materials and 7% of them just throw it in backyards. More proportion of girls in Afar (30%) just throw used sanitary materials in backyards compared with those in the remaining five regions.

Table 22: Practice of girls on frequency in changing menstrual material, drying used reusable sanitary materials after washing, and disposal of used materials at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
During your last menstrual period, how many times did you change your menstrual material on the heaviest day of your period (day = 24 hours)?							
One time (wear until the next day)	13.0%	0.7%	2.0%	2.0%	0.8%	0.0%	2.8%
Two times	56.0%	47.6%	14.0%	24.7%	8.3%	4.0%	26.2%
Three times	27.0%	44.8%	47.0%	56.0%	53.4%	52.0%	47.5%
Four times	4.0%	6.3%	27.0%	16.7%	35.3%	37.0%	20.5%
More than 4 times	0.0%	0.7%	10.0%	0.7%	2.3%	7.0%	3.0%
Where do you usually dry your reusable sanitary pad or homemade cloth and underwear?							
In any hidden places	72.1%	34.3%	18.8%	25.5%	85.7%	100.0%	44.9%
In open sunlight	25.6%	58.2%	25.0%	60.0%	4.8%	0.0%	42.9%
In the bath room	2.3%	3.0%	50.0%	14.5%	4.8%	0.0%	9.8%
In the kitchen	0.0%	4.5%	0.0%	0.0%	4.8%	0.0%	2.0%
In the store room	0.0%	0.0%	6.3%	0.0%	0.0%	0.0%	0.5%
How do you usually dispose used menstrual materials?							
Throw it in the latrine	6.0%	45.5%	61.0%	52.0%	81.2%	54.0%	51.2%
By burning	6.0%	14.7%	7.0%	26.0%	2.3%	1.0%	10.6%
By burring	14.0%	9.8%	10.0%	0.7%	1.5%	0.0%	5.6%
In the dust bin at the school rest room	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	0.3%
Dispose it with solid waste	43.0%	25.2%	11.0%	18.7%	12.0%	43.0%	24.4%
Throw it in the backyard	30.0%	2.8%	10.0%	1.3%	1.5%	1.0%	6.7%
I did not dispose of any material	1.0%	2.1%	0.0%	1.3%	0.0%	1.0%	1.0%
Throw it in the river	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.1%

The practice of girls washing reusable menstrual materials with water and soap has significantly increased from 77% at baseline (2016 national WASH KAP survey) to 99% at end line [PV, 0.0]. However, the percentage showed a reduction for the practice of drying reusable menstrual materials in open sun from 79% at baseline to 43% in this survey. There was no change in the practice of properly disposing absorbent materials - 73% at baseline to 68% at end line [PV, 0.124].

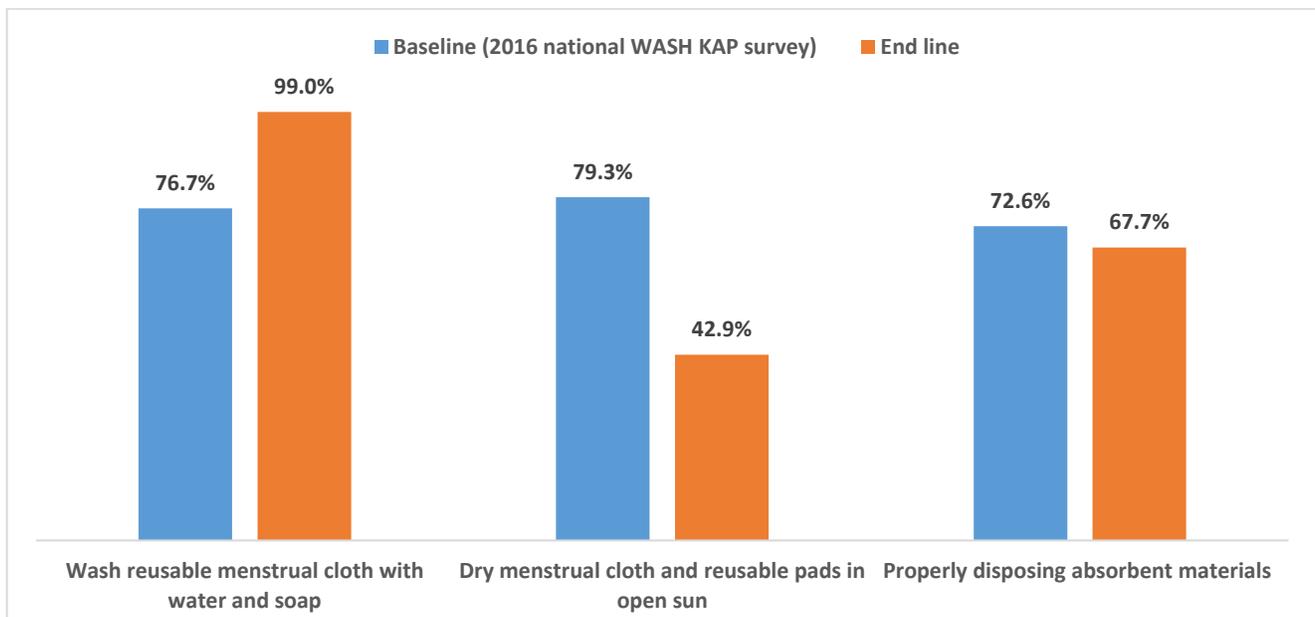


Figure 19: The practice of girls in washing and drying reusable menstrual materials and disposal of absorbent materials at baseline (2016 national WASH KAP survey) and end line, February 2021

Buying Sanitary Materials and Challenges Related to MHM

Eight girls in every ten (81%) said they could buy menstrual materials from a shop if a shop is available in the area. Among the 19% of girls who said they couldn't buy menstrual materials, most of them cited financial constraint as the primary reason - 48% said they didn't have money and 27% claimed sanitary materials are expensive. Also, 75% of girls either strongly agreed or agreed that the price of sanitary materials is expensive (strongly agreed 22%; agreed 53%). A-quarter (26%) of those girls who couldn't buy menstrual materials mentioned embarrassment as a reason while 15% of them said they didn't buy because they get sanitary materials from school.

Table 23: Willingness and capacity of girls to buy menstrual materials at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
If there is a shop, do you buy menstrual materials from the local shop?							
Yes	33.0%	80.0%	100.0%	86.7%	87.2%	96.0%	81.2%
No	67.0%	20.0%	0.0%	13.3%	12.8%	4.0%	18.8%
If you do not buy menstrual materials from the local shop, why not?							
Lack of money	80.6%	10.0%	--	30.0%	11.8%	25.0%	47.8%
Expensive	28.4%	36.7%	--	30.0%	5.9%	0.0%	26.8%
Embarrassed	20.9%	56.7%	--	10.0%	0.0%	75.0%	26.1%
I get from the School	0.0%	3.3%	--	55.0%	52.9%	0.0%	15.2%
Someone else purchases them for me	0.0%	6.7%	--	15.0%	5.9%	25.0%	5.1%
No shop in the Area	1.5%	0.0%	--	0.0%	23.5%	0.0%	3.6%
Other	0.0%	3.3%	--	0.0%	5.9%	0.0%	1.4%
The price of sanitary materials is expensive							
Strongly agree	0.0%	31.3%	12.0%	26.7%	23.3%	32.0%	22.1%
Agree	42.0%	45.3%	55.0%	51.3%	61.7%	62.0%	52.7%

Slightly more than half (58%) of the girls believe sanitary materials currently available in their area are enough and comfortable (5% strongly agreed and 53% agreed). Only 39% of the girls said that locally produced and affordable reusable sanitary pads in their area. Most girls in Amhara (73%) knew about the availability of locally produced and affordable reusable sanitary pads compared with just 6% in Somali and 15% in SNNP regions.

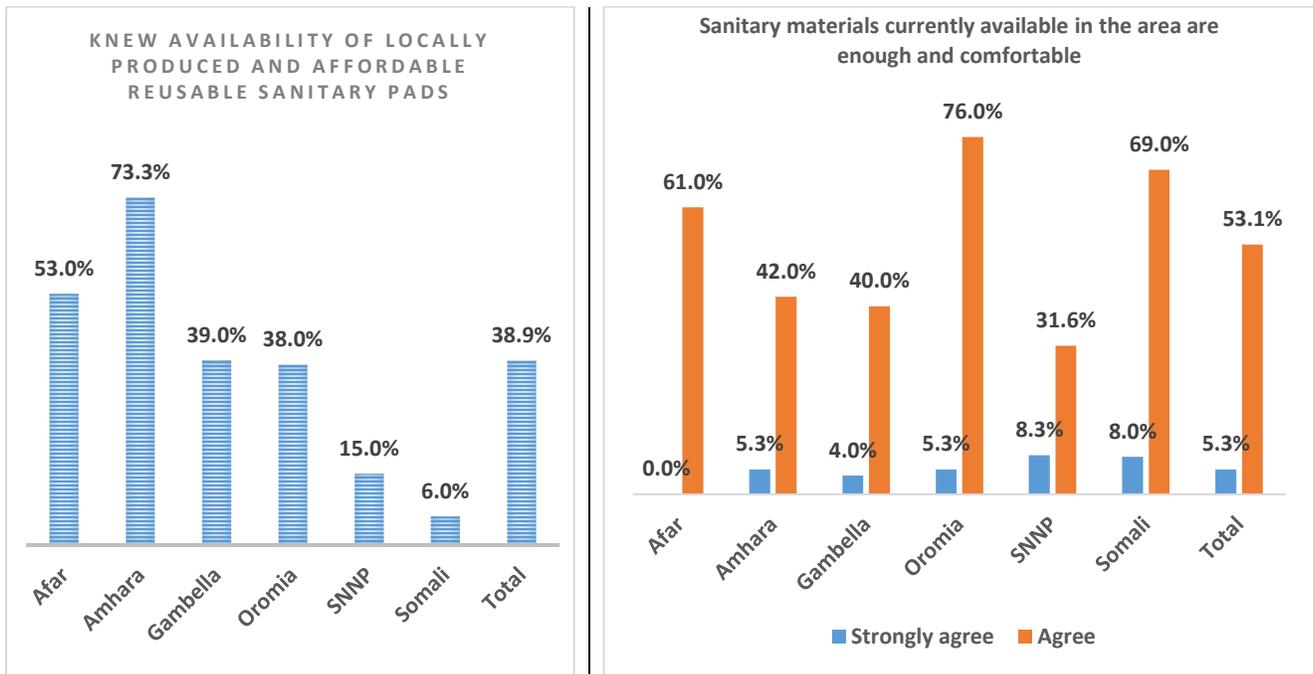


Figure 20: Availability of affordable and enough sanitary materials locally at end line, February 2021

About three-fourth (73.7%) of the girls said that they usually make decisions about the materials they use to absorb or catch menstrual blood, with the highest figures recorded in Somali 99%, followed by Afar (95%) regions. The percentage of girls who reported that they make decisions about the type of menstrual materials by their own was 68.4% in SNNP, 67.3% in Oromia, 67% in Gambella, and 58% in Amhara regions.

Slightly higher than half (56%) of the girls said that they afford to pay for sanitary pads. This figure remained the same as baseline (56.1% in the 2016 national WASH KAP survey). The highest proportion of girls who afford to pay for sanitary pads was in Somali (96%), followed by 73% in Oromia while the lowest was in Afar (5%). Those girls who reported that they afford to pay for sanitary pads can spent on average 29 Birr per month. Among those girls who afford to pay for sanitary pads, 99% of them are willing to pay for sanitary pad what they can afford (95.4% at baseline).

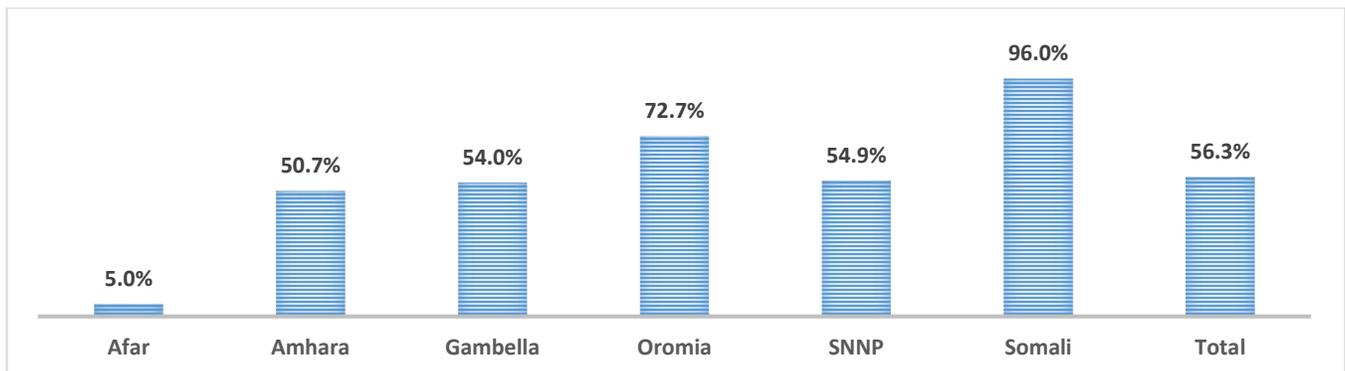


Figure 21: Percentage of girls able to afford to pay for sanitary pad at end line, February 2021

Only 5% of girls currently using only disposable sanitary pads reported that they encountered accidental leakage of menstrual blood compared with 15% among those using disposable or reusable pieces of cloths. Similarly, 15% of girls currently using pieces of cloths faced discomfort in using the materials while the figure was 1% among those using disposable sanitary pads. Also, 8% of girls using cloths to absorb menstrual blood encountered

difficulty in ensuring that the materials stay in place compared with 2% among disposable sanitary pad users. None of the girls currently using only reusable sanitary pads reported a challenge while using the materials.

Table 24: Challenges related to using sanitary materials at end line, February 2021

Type of sanitary material girls currently using	N	Accidental leakage	Staying still	Discomfort	Other
ONLY disposable sanitary pads	482	4.8%	1.0%	2.1%	0.0%
ONLY reusable sanitary pads	19	0.0%	0.0%	0.0%	0.0%
ONLY pieces of cloth [disposable or reusable]	83	14.5%	8.4%	14.5%	0.0%
Both disposable AND reusable sanitary pads	31	3.2%	3.2%	0.0%	0.0%
Both disposable or reusable sanitary pads AND pieces of cloth [disposable or reusable]	96	5.2%	0.0%	5.2%	1.0%
Both disposable or reusable sanitary pads AND pieces of cloth or cotton/sponge or underwear alone or natural materials	15	6.7%	0.0%	0.0%	6.7%

4.7. MHM at School, Facilities, Materials and Services

School MHM Program

The program played a vital role in bringing the issue of MHM to the agenda of local governments. UNICEF involved key woreda sector offices such as education office, health office, and women affairs office in the implementation of the program. Study participants from woreda offices and schools stated that, due to the program, their offices and schools included MHM as a regular activity now. Informants from some woredas also reported that their woredas have MHM working groups.

“We established MHM working group comprising UNICEF, education office, health office, and women affairs office. Our office coordinates the team,” Woreda health office, Somali.

The program enhanced the capacity of schools for MHM activities through training and provision of training materials for teachers and students. The program also improved local capacity by providing awareness creation/capacity building trainings for school directors, teachers, education office staff, health extension workers, women affairs office, religious leaders, and MHM focal persons, according to study participants.

Schools have established MHM clubs. The MHM clubs are involved in awareness creation activities about menstruation and its management for both girls and boys. MHM club members deliver classroom-based teaching for girls and boys, create awareness among students during break hours, and provide education for girls at safe spaces. However, one school director in Somali said that they do not clearly know the sector that leads or coordinates the school MHM programs to report or request for support.

The preparation and distribution of Information, Education and Communication (IEC) materials by the program facilitated the provision of proper MHM education to schoolchildren, according to IDI participants from schools. Even though informants from some schools reported that the woreda health offices provided schools with MHM educational materials such as brushers and pamphlets, most study participants from schools mentioned lack of continuous supply of IEC materials as a challenge.

Sanitary Materials and Pain Medication at Schools

From the total surveyed girls, 44% of them have had at least one period when they were at school. Among these girls, 72% got sanitary pad at school and used it to manage their menses. About a-fifth (19%) left the school right away when they had their period, most of them in Gambella (55%), followed by in Somali (30%), and SNNP (27%) regions. When asked what they learned from the experience of having a period while at school, 72% replied the

need for carrying supplies (sanitary materials) before period is due and 19% said the importance of carrying sanitary materials always.

Table 25: Experience of girls during menstruation while at school at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Have you ever had a period when you are at school?							
No	41.0%	63.3%	67.0%	49.3%	51.9%	63.0%	55.8%
Yes	59.0%	36.7%	33.0%	50.7%	48.1%	37.0%	44.2%
How did you manage it?							
I got pad from the school	89.8%	67.3%	36.4%	97.4%	64.1%	45.9%	72.2%
I left the school right away	5.1%	20.0%	54.5%	1.3%	26.6%	29.7%	18.8%
I received supplies from my classmate/s	5.1%	7.3%	9.1%	0.0%	3.1%	13.5%	5.2%
I seated until all left the class	0.0%	1.8%	0.0%	1.3%	1.6%	10.8%	2.2%
I had pad in my bag and use it	0.0%	1.8%	0.0%	0.0%	4.7%	0.0%	1.2%
I went to nearby shop to buy a pad	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%	0.3%
What did you learn from that experience?							
Carrying supplies before period is due	98.3%	60.0%	75.8%	65.8%	71.9%	59.5%	72.2%
Carrying supplies always	0.0%	21.8%	9.1%	25.0%	18.8%	37.8%	18.5%
Asking friends for supplies	0.0%	16.4%	3.0%	9.2%	4.7%	2.7%	6.5%
Getting pads from school	1.7%	0.0%	3.0%	0.0%	3.1%	0.0%	1.2%
Not to be shocked	0.0%	0.0%	6.1%	0.0%	0.0%	0.0%	0.6%
Always wear double pants	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%	0.3%
I learned nothing	0.0%	0.0%	3.0%	0.0%	0.0%	0.0%	0.3%
Not going to school during menstruation	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	0.3%

Most (90%) of the girls said sanitary pads are available at their school for free, showing a substantial increase from 18.6% in the 2016 national WASH KAP baseline survey [PV, 0.0]. Relatively, girls in Gambella have less access to sanitary pads at school (67%) as compared with girls in the remaining five regions. About half (53%) of the girls reported that underwear is available for free at schools. The highest percentage of girls who said underwear is available for free at schools are from Afar (98%) and Oromia (97%) regions while the lowest was in SNNP (4%) and Somali (1%) regions.

Table 26: Availability of sanitary pads and underwear at school at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Are sanitary pads available on school premises?							
Don't know	0.0%	4.0%	7.0%	0.0%	4.5%	10.0%	4.0%
No	1.0%	8.0%	26.0%	0.0%	0.8%	0.0%	5.5%
Yes, for free	99.0%	87.3%	67.0%	99.3%	93.2%	89.0%	89.9%
Yes, for purchase	0.0%	0.7%	0.0%	0.7%	1.5%	1.0%	0.7%
Are underwear available on school premises?							
Don't know	0.0%	6.0%	12.0%	0.0%	12.8%	11.0%	6.7%
No	2.0%	25.3%	51.0%	3.3%	82.7%	88.0%	40.1%
Yes, for free	98.0%	66.7%	36.0%	96.7%	3.8%	1.0%	52.5%
Yes, for purchase	0.0%	2.0%	1.0%	0.0%	0.8%	0.0%	0.7%

Both reusable and disposable sanitary pads are available in most of the schools and students are aware of it, according to qualitative study participants. The program improved the availability of sanitary pads, underwear, and soap for girls at schools. Schools regularly remind students during flag celebrations about the availability of sanitary pads at safe spaces and girls are aware of the presence of sanitary pads in the school and where to get it for emergency use. A girl in Oromia explained the benefits girls got from the supply of materials as:

“Soap, sanitary pads and underwear are available at the safe space in the school compound. We use these sanitary materials to manage our hygiene, and no one can see the menses on our body or clothes. It was impossible to attend class without it during menstruation. It helped us a lot.”

However, study participants from schools reported a challenge regarding uninterrupted supply of sanitary pads. According to school directors and teachers, schoolgirls prefer the disposable pads than the reusable ones. As a result, the disposable pads are often out of stock.

“Since the disposable sanitary pads have higher demand compared to the reusable ones, we often run out of stock. Mostly UNICEF provides reusable pads whereas the disposable pads are from the health office,” safe space counsellor, Afar.

Schoolgirls who participated in FGDs also corroborated the observations of school directors and teachers stating their preference of reusable sanitary pads as they don’t feel comfortable using disposable pads because they are accustomed to using the disposable ones. FGD participants also witnessed the comfort of sanitary pads provided at school, indicating schoolgirls are getting better sanitary pads from school than what they have at home. Exceptionally, a school director from Afar said that only one type of pad [ROSE] is available and some girls don’t want to use that brand.

The program improved availability of sanitary pads at schools and its utilization among schoolgirls. Few schools in Afar, SNNP and Somali regions also reported that they get sanitary pads from NGOs. Four of the surveyed schools (two in Amhara, one in Gambella, and one in SNNP regions) buy sanitary pads using the school budget. Likewise, all the three surveyed schools in Oromia and one school in SNNP have a fundraising scheme through contribution from the school community for buying sanitary pads. However, study participants are concerned about the sustainable availability of sanitary materials at schools. The support from NGOs is not consistent and schools often encounter shortage of sanitary pads. Even school directors and teachers from those schools that have a budget and those collect money through fundraising reported that financial constraint is a challenge for continues supply of sanitary pads to schoolgirls. Besides, the interruption of supply after the phase-out of the program, girls in schools living in remote areas are not even able to buy sanitary pads by their own as there are no shops or other venders at local level.

Only 21% and 13% of the girls said that pain medication and a referral service to a health facility are available at schools, respectively, if they experienced menstrual pain which requires medical attention.

Table 27: Availability of pain management services at school at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
What resources or products are available at school to help manage menstrual pain?							
Pain medication	59.0%	5.3%	5.0%	30.7%	19.5%	9.0%	20.9%
A room where they can rest	95.0%	88.7%	54.0%	90.0%	71.4%	85.0%	81.4%
Hot water pillow	23.0%	0.7%	0.0%	30.0%	10.5%	0.0%	11.3%
Hot drink	5.0%	0.0%	2.0%	63.3%	12.8%	0.0%	16.2%
There is no any resource to help manage pain	2.0%	10.0%	45.0%	0.0%	27.1%	14.0%	15.3%
Shower	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.3%
Charcoal for Heat	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	0.3%
Do not know	0.0%	0.7%	0.0%	0.0%	1.5%	0.0%	0.4%
If you experienced menstrual pain while at school and you need medical help to manage the pain, is there a referral service to a health facility?							
Don’t know/ Have no idea	10.0%	41.3%	63.0%	2.0%	11.3%	63.0%	29.5%
No	88.0%	56.0%	36.0%	50.0%	78.2%	37.0%	57.8%
Yes	2.0%	2.7%	1.0%	48.0%	10.5%	0.0%	12.7%

School directors and teachers in most of the surveyed schools (all schools in Afar and Amhara and one school in Gambella, SNNP, and Somali regions each) reported that pain medications are not available in schools. The schools don't have the financial resources to purchase pain medications and usually teachers advise girls to take rest when they experience pain during menstruation. One school in Somali refer schoolgirls to health extension workers for pain management services during menstruation. Exceptionally, one school in SNNP and another one in Gambella avail pain relief drugs for schoolgirls by purchasing using their own budget. Also, a school in Somali region has a clinic with a dedicated nurse who provides pain relief care for girls during menstruation.

“There is an emergency clinic within the school compound. A female nurse helps girls who come complaining of pain during menstruation. Girls are aware and use the service for free. The medications are supplied by UNICEF and the regional health bureau,” School director, Somali.

Facilities for Changing Sanitary Materials

During their last menstrual period while in school, 27% of girls often change their menstrual absorbent materials at toilets/latrines and 25% at safe spaces/rooms. About three girls in every ten (29%) said that they did not change menstrual hygiene materials at schools (away from home). In the 2016 national WASH KAP survey, 46.7% of girls reported that they change at girl's latrine while 33.7% of them said they wait until they got back home. Among those girls who changed sanitary materials at school during their last menstrual period, 88% said that they were able to change their menstrual materials as often as they needed.

Table 28: Practice in changing menstrual hygiene materials at school at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
During your last menstrual period at school, where did you most often change your menstrual absorbent materials?							
Toilet/latrine	7.0%	4.7%	32.0%	18.7%	33.1%	77.0%	26.6%
Safe space/ room	88.0%	27.3%	11.0%	19.3%	9.0%	2.0%	25.0%
Bathroom/washing space (separate from toilet/latrine)	1.0%	0.0%	13.0%	32.0%	22.6%	2.0%	12.8%
Another room at the location (e.g., break room, teachers' room)	1.0%	1.3%	2.0%	0.0%	26.3%	0.0%	5.5%
I didn't use material to absorb blood	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.1%
I did not change my menstrual materials away from home	3.0%	64.7%	36.0%	30.0%	9.0%	17.0%	28.6%
No response	0.0%	1.3%	5.0%	0.0%	0.0%	1.0%	1.1%
Outside/bush/field	0.0%	0.0%	1.0%	0.0%	0.0%	1.0%	0.3%
During your last menstrual period at school, were you able to change your menstrual materials when you wanted to?							
Don't know/ don't remember	0.0%	0.0%	1.7%	0.0%	0.0%	3.7%	0.8%
No	1.0%	11.8%	6.8%	1.9%	19.8%	25.6%	11.3%
Yes	99.0%	88.2%	91.5%	98.1%	80.2%	70.7%	88.0%

Those girls who changed menstrual absorbent materials at school during their last menstrual period were asked about the cleanliness and safety of the place they use to change the materials and the availability of supplies for MHM. The findings showed that most of the girls considered the places as clean (90%), private in ensuring visual privacy (87%), safe (81%), lockable from the inside (88%), and well-illuminated (87%). Most (85%) of girls reported that water was available and two-third (67%) said soap was available at the changing places. However, only half (51%) of the girls said there was a covered bin for disposal of menstrual hygiene materials.

Table 29: Place of change of menstrual materials at school during the last menstrual period at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Clean	100.0%	82.4%	74.6%	100.0%	77.7%	98.8%	89.9%
Private (you did not worry you could be seen)	99.0%	84.3%	79.7%	81.9%	86.8%	85.4%	86.8%
Safe (you did not worry you could be harmed)	97.9%	86.3%	84.7%	70.5%	81.0%	69.5%	81.2%

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Able to be locked	99.0%	82.4%	76.3%	96.2%	81.8%	87.8%	88.3%
Well-lit (have sufficient lighting to comfortably see)	96.9%	92.2%	74.6%	100.0%	77.7%	75.6%	86.6%
Supplied with water	97.9%	86.3%	59.3%	99.0%	69.4%	89.0%	84.5%
Supplied with soap	96.9%	86.3%	54.2%	100.0%	57.0%	0.0%	66.8%
Supplied with a covered bin for disposal of menstrual hygiene materials	55.7%	60.8%	45.8%	95.2%	41.3%	1.2%	51.1%
Supplied with a mirror so you could check clothing for stains	28.9%	78.4%	10.2%	66.7%	60.3%	0.0%	42.1%
Supplied with a shelf and hook for storing belongings during use	46.4%	74.5%	15.3%	95.2%	53.7%	0.0%	49.9%

Safe Spaces

Except for one school in Afar, the remaining surveyed schools had a safe space/room dedicated for girls to use for rest, consultation and changing pads during menstruation. The school in Afar that doesn't have a safe space was a new school where students from a former program target school moved this year because flood damaged the former school.

About seven girls in every ten (72%) reported that they use the safe spaces/rooms in the school during menstruation. Almost all girls (99%) in Afar reported that they use the safe spaces/rooms while only 30% of them in Gambella reported so.

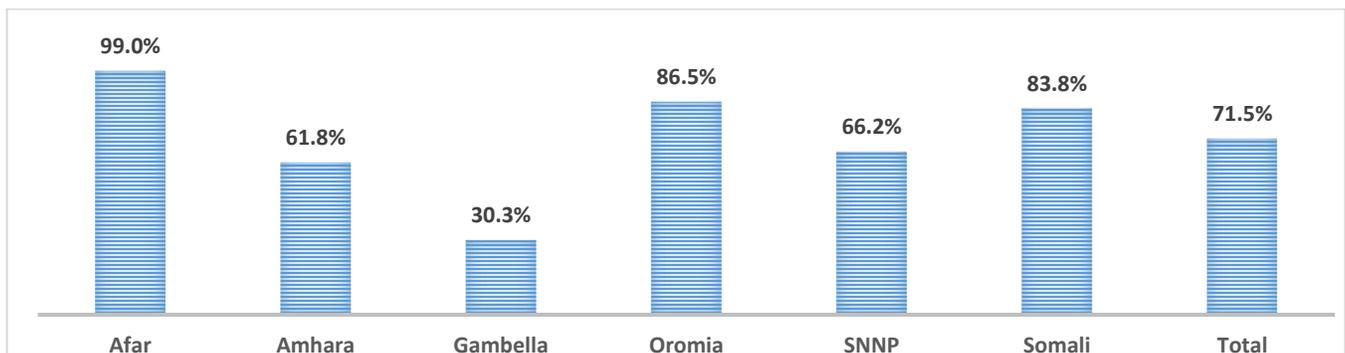


Figure 22: Percentage of girls who use the safe space/ room in the school at end line, February 2021

Among those who use the safe spaces/rooms, 78% use the facilities just for rest and 71% for changing sanitary pads. A-fifth of them use the safe spaces/rooms for consultation. Those girls that do not use the safe spaces/rooms were asked their reasons for not doing so and 19% said the facilities do not provide privacy. Eighteen percent of the girls reported that they do not use the safe spaces/rooms simply because they didn't need the service. Fifteen percent (15%) of girls mentioned lack of information about availability of the safe spaces/rooms and the services at the rooms as the reason for not using them while 10% of them claimed that the rooms are not open for service at all time.

Table 30: Purpose of use of safe space and reason for not using safe space at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
For what purpose do you use the safe space/ room?							
For rest	98.0%	58.4%	53.3%	64.8%	87.5%	92.8%	77.8%
For changing pad	98.0%	65.2%	63.3%	96.9%	76.1%	4.8%	71.4%
For consultation	10.1%	24.7%	6.7%	32.8%	10.2%	30.1%	21.3%
To wash or take shower	0.0%	0.0%	6.7%	0.0%	0.0%	0.0%	0.4%
Why don't you use the safe space/ room?*							

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
No privacy	0.0%	3.6%	31.9%	0.0%	0.0%	93.8%	18.9%
Don't need to use it	0.0%	45.5%	7.2%	25.0%	4.4%	0.0%	18.0%
Don't know availability of safe space and the service	0.0%	1.8%	14.5%	0.0%	44.4%	0.0%	15.0%
It is not open	0.0%	5.5%	0.0%	5.0%	35.6%	0.0%	9.7%
I change pad at home	100.0%	9.1%	11.6%	30.0%	0.0%	0.0%	9.7%
Unsafe	0.0%	1.8%	10.1%	40.0%	2.2%	12.5%	9.2%
Afraid to use it	0.0%	32.7%	0.0%	0.0%	2.2%	0.0%	9.2%
The room is small	0.0%	0.0%	10.1%	0.0%	0.0%	0.0%	3.4%
I change pad in the latrine	0.0%	0.0%	5.8%	0.0%	0.0%	0.0%	1.9%
Unavailability of water	0.0%	0.0%	4.3%	0.0%	0.0%	0.0%	1.5%
Unclean	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%	0.5%
Other	0.0%	0.0%	10.1%	0.0%	11.1%	0.0%	5.8%

* Among those girls who didn't use the safe spaces

Availability of safe spaces enabled schoolgirls to have places a place to take rest and change used sanitary pads during menstruation. School directors and teachers claimed that the safe spaces played instrumental role in improving girls' academic performance as they have a place to rest during menstruation than leave school and miss classes. Interviewed school directors have explained that schoolgirls know the availability of safe spaces and free sanitary pads at safe spaces in their respective schools. School girls are using the safe spaces as they described by the later during FGDs. A schoolgirl in Oromia described the benefit of using safe spaces as follows:

"While at school, we change sanitary pads in the safe space. We get shower and then change sanitary pads and go back to class."

Availability of dedicated bins to collect used sanitary pads in safe spaces has helped girls dispose their used pads properly. Girls also reported that the safe spaces and presence of free pads at schools have solved privacy issues for some girls.

"I usually dry it [reusable sanitary pad] in the place where no man sees it. Because I dislike the material to be seen by men. But in school they gave us disposable pads and you do not need to wash and dry it," girls, FGD Afar.

Even if schoolgirls are effectively using the safe space in their schools, FGD and IDI participants raised some issues affecting utilization of the facilities. Girl FGD participants, a school director and a safe space counselor from a school in Afar all reported that the safe space is attached to a classroom and its window has been broken. As a result, girls fear that boys may see them while changing pads. In one school in Oromia girls reported they do not feel safe to go to the safe space to change sanitary pads or take shower alone as it is not fenced. On the other hand, a school director from a school in Amhara region has reported the inadequacy of the safe space to serve all users.

"Girls are using the safe space, but the room is small compared to number of students and raising privacy concerns among users. As a result, girls are becoming hesitant to use the safe space," school director, Amhara.

Latrine Facilities and Availability of Water and Soap

Study participants acknowledged that the program made significant contribution in improving access to WASH facilities at schools. Except the new school in Afar, the remaining schools have separate blocks of latrines for boys and girls. Nearly all (97.1%) of respondents said that girls use the school latrines. All respondents in Afar, Oromia, and SNNP regions claimed that girls use the school latrines. The percentage of girls who said girls use the school latrines was 96.7% in Amhara, 92.9% in Gambella, and 89.9% in Somali regions. Among those respondents who

reported girls do not use the school latrines, 61.9% cited safety concerns as the primary reason. A -third (33.3%) of them mentioned lack of privacy and 14.3% uncleanliness as reasons for girls not using the school latrines.

Less than a -third (27.3%) of girls reported that they were worried about using the school latrine during their last menstrual period while at school. Relatively, highest percentage of girls in Afar (43%) were worried about using the school latrine followed by 41% in Somali, and 36% in Gambella regions. About a-quarter of girls in SNNP (27.1%) and Amhara (26.7%) regions were worried about using the school latrine while the figure was 2.7% in Oromia.

Despite their availability, the latrine facilities are characterized by inadequacy and poor conditions like lack of sanitation and absence of door, according to FGD and IDI participants. Study participants complained that the number of latrine seats are not adequate for the increasing number of students.

“The latrine facilities are not sufficient for the students. The number of students is increasing year to year. We have not hired a janitor to clean the latrines. School director and club teachers have responsibility to manage and clean the toilets. Sometimes students participate in cleaning the toilets,” School director, Amhara.

Poor hygiene conditions of the latrines due to improper use deter students from using the facilities. During observation, the team found that latrine facilities in most schools are not clean. Girls explained that the conditions of latrines in the safe spaces are relatively clean, but girls can use these facilities only if they are menstruating. Study participants also reported damage of latrine facilities as a challenge. Several of the school latrines do not have doors and roofs due to frequent damage and lack of maintenance.

“There are separate blocks of latrine for men and female students. Each block has six rooms back and front. However, all the rooms have no doors. The seats are not clean. There is no water available at the latrine facility,” Girls FGD, Afar.

Besides, the improper use, study participants reported unavailability of dedicated cleaners and water as challenges for keeping the hygiene of latrine facilities. Except in one school in Somali that had a janitor to clean the latrines, staff and students are responsible for cleaning the latrines. In a school in Somali, boys deliberately destroyed the latrine’s roof by throwing stone. As a result, the latrine is out of order as the school decided to lock the facility.

“... We have boy’s latrine, but the roof is open, and it is not functional now. Boys destroyed the roof by stone. So, it is locked now,” School director, Somali.

Regarding hand washing facilities, all except one school in Afar, the schools had hand washing facilities inside the safe spaces and within the school compounds. However, only 8 schools had hand washing facilities near the latrines. During observation, the study teams found that water was not available in all hand washing facilities in 6 schools. Water was available during the time of survey in all hand washing facilities in only 2 schools, in more than half of the facilities in 4 schools, and less than half of the facilities in 2 schools.

During the time of the survey, 13 of the surveyed schools had water supply from protected sources, of which 11 were functional. One school (a new school) in Afar did not have a water facility and the water supply in one school in Somali was from an unprotected source.

Although the figure has significantly increased from 16.1% in the 2016 national survey [PV, 0.0], only 42% of the girls at end line said that water is always available at school for menstrual hygiene. Less than a-third of girls (29%) in this survey said that soap is always available at school for menstrual hygiene. The percentage of girls who

reported soap is always available at school showed a significant increase from 8% at baseline [PV, 0.0], though the figure remained low. Exceptionally, 97% of girls in Oromia reported that water and soap is always available in the school. All girls in Somali region claimed that soap is never available at their school for managing menstrual hygiene.

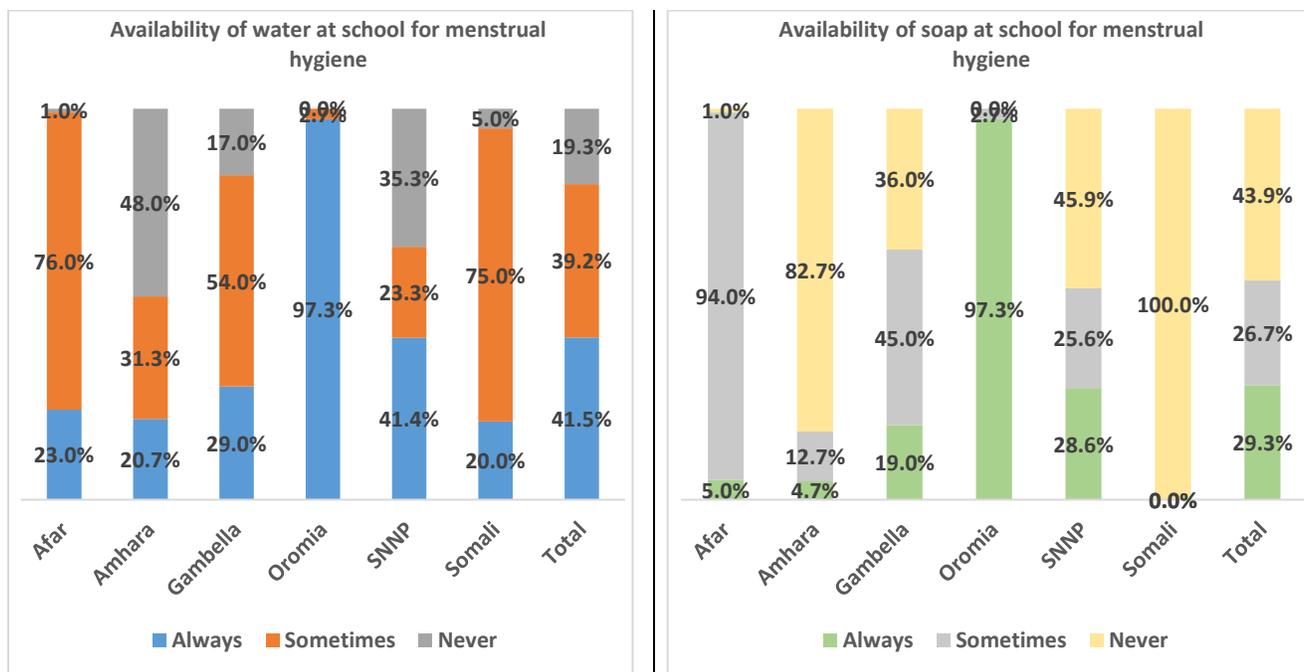


Figure 23: Availability of water and soap for menstrual hygiene at school at end line, February 2021

Responses of IDI and FGD participants regarding water availability at schools, including at safe spaces, varies across schools. While study participants from some schools said that water is always available, in the others they claimed otherwise. The unavailability of regular water supply at schools remained a challenge for MHM. This is despite the fact that access to water facilities has notably improved due to the program’s interventions. During the time of visit, water was available in safe spaces in only half (7) of the schools. Study participants in some schools even noted that schoolgirls are forced to bring water in plastic bottles due to unavailability of water in schools.

“Water is not always available in the safe room and we are forced to bring water from the communities with plastic bottle. This takes our time and forces us to miss class,” Girls FGD, Somali.

More than a-third (36%) of girls reported that they wash and reuse their menstrual absorbent materials while at school during the last menstrual period. Among those, 96% of them were able to wash the menstrual materials whenever they needed and 97% said they had enough water and soap or detergent to wash or soak the materials. Ninety four percent (94%) of those girls who wash sanitary materials reported that there was a comfortable space to dry reusable menstrual absorbent materials.

Table 31: Practice and facilities for washing reusable menstrual materials at school during the last menstrual period at end line, February 2021

Percentage of girls who said during the last menstrual period while at school:	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
They washed and reused menstrual absorbent materials	28.0%	34.0%	20.0%	60.7%	28.6%	39.0%	36.4%
They were able to wash menstrual materials whenever needed	75.0%	94.1%	100.0%	98.9%	97.4%	100.0%	95.5%

Percentage of girls who said during the last menstrual period while at school:	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
They had enough water and soap or detergent to wash or soak menstrual absorbent materials	85.7%	96.1%	95.0%	100.0%	97.4%	97.4%	96.6%
There was a comfortable space to dry reusable menstrual absorbent materials	78.6%	98.0%	95.0%	98.9%	92.1%	92.3%	94.4%

Regarding disposal places for used sanitary materials in schools, 39% of the girls disposed them in latrines during the last menstrual period and 22% in bins in the latrines. Fifteen percent (15%) of girls said that they did not dispose any sanitary materials at all and 10% of them took used materials with them for disposal at home. Among those girls who disposed used sanitary materials during the last menstrual period, 74% of them were able to dispose the materials in the way they wanted. Across regions, the percentage of girls who disposed used sanitary materials in the way they wanted was the lowest in Somali (25%) and Amhara (62%) regions.

Table 32: Disposal of used sanitary material at school during the last period at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
During your last menstrual period, while at school, where did you most often dispose of your used menstrual absorbent materials?							
Into the toilet/latrine	49.0%	6.0%	39.0%	14.0%	61.7%	88.0%	39.3%
Bin in latrine	45.0%	2.0%	15.0%	57.3%	11.3%	0.0%	22.4%
Did not dispose of any materials (including reusables)	3.0%	38.7%	21.0%	4.0%	5.3%	12.0%	14.6%
Took home to dispose of	0.0%	41.3%	10.0%	0.0%	0.8%	0.0%	10.0%
Burned	0.0%	9.3%	0.0%	14.0%	0.8%	0.0%	4.9%
Bin elsewhere	1.0%	1.3%	8.0%	0.7%	9.0%	0.0%	3.3%
I change only at my home	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	2.0%
Bin at safe space/room	0.0%	0.0%	1.0%	0.0%	9.8%	0.0%	1.9%
Buried/bush/waterway	2.0%	1.3%	3.0%	0.0%	0.0%	0.0%	1.0%
Community garbage collection point	0.0%	0.0%	2.0%	0.0%	0.8%	0.0%	0.4%
I did not come to school during menstruation	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.1%
No response	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.1%
During your last menstrual period, while at school, were you able to dispose of your used menstrual absorbent materials in the way that you wanted?							
Yes	94.8%	62.0%	70.5%	87.5%	87.3%	25.0%	73.9%
Away from school during last period	1.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.3%
No	4.1%	38.0%	28.2%	12.5%	12.7%	75.0%	25.8%

During the time of the survey, 9 of the schools had an incinerator, of which 7 were functional and in use. None of the surveyed schools in Afar and Gambella regions had an incinerator.

During observation, the team found dust bins for collecting used menstrual pads in safe spaces in 10 schools and in all girl's latrines in only 2 schools. There are no dust bins in most latrines and girls throw used materials in the latrine holes, according to IDI participants from schools. In those schools that don't have incinerators, the schools dispose solid wastes, including used menstrual pads, by burning in open areas.

“Solid waste is collected from the class, the compound and girl's safe space and is burnt in an open field in the compound. We do not have an incinerator. In addition, there is no bin in the latrine” school director, Afar.

Three-fourth of the girls feel they have the skills to properly manage their menstrual hygiene while in school (47% confident and 28% very confident). Only 54% of the girls in Afar and 65% of them in Somali feel confident or very confident to properly manage their menstrual hygiene while in school as compared with those in the remaining

regions. The percentage of girls who feel they have the skills for MHM (feel confident or very confident) has significantly increased from 61.3% at baseline (2016 WASH KAP survey) to 75% at end line [PV, 0.0].

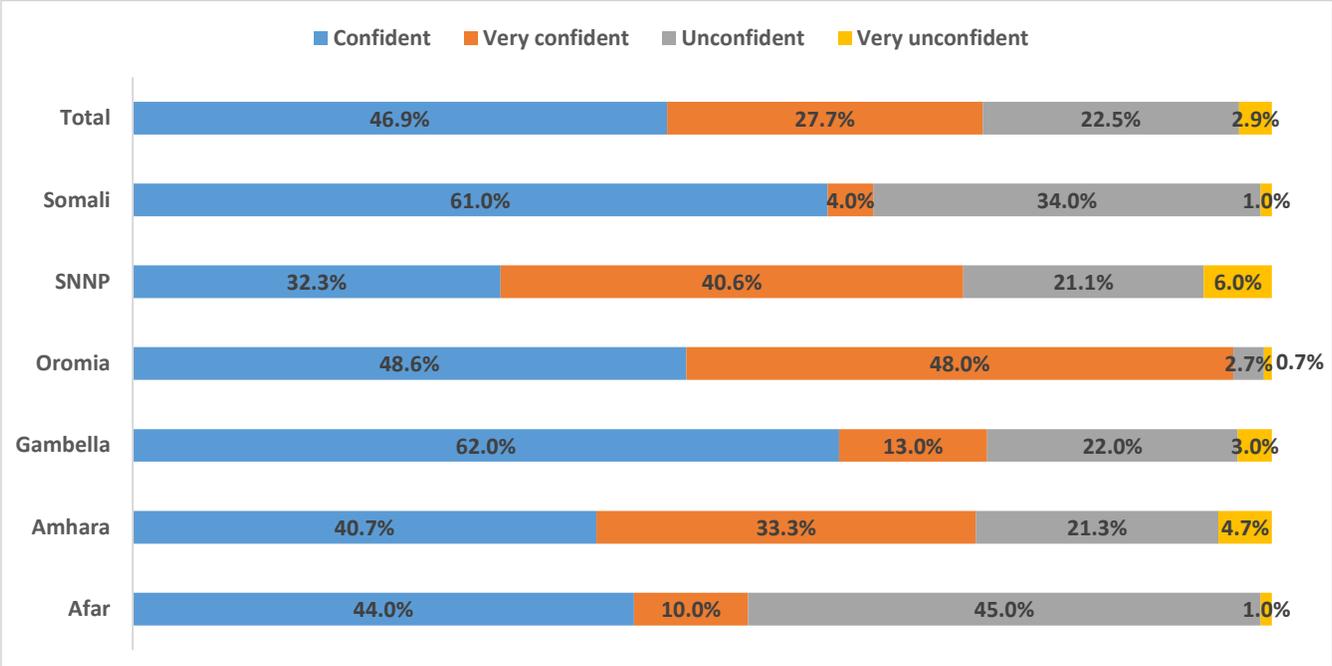


Figure 24: Confidence of girls in having the skills to manage menstruation while at school at end line, February 2021

4.8. School Missing, Dropout Rate and Absenteeism

School Missing / Absenteeism and Class Interruption Due to Menstruation

About a-third (32%) of the girls reported that they knew any girl who didn't go to school when they had their periods with the highest figures coming from Gambella and Somali (both 56%) regions, followed by Afar (46%).

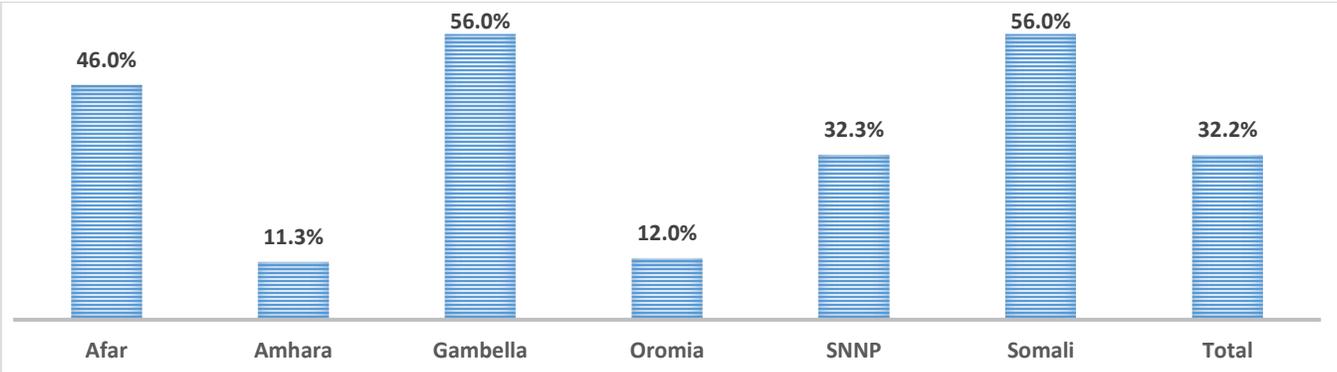


Figure 25: Percentage of girls who knew any girl/girls who don't go to school when they have their periods at end line, February 2021

At end line, 8.9% of girls who started their first menstruation in the past three years (after the inception of the program) reported having ever missed a class due to menstruation, showing a slight reduction from 11% during the school baseline MHM survey. Although the figure has slightly reduced from 10.6% during the 2016 national WASH KAP survey, there was no statistical difference [PV, 0.480]. The percentage of girls who ever missed

attending school has showed a notable decrease from baseline (school MHM survey) from 46% to 24% in Gambella, from 22% to 1% in Oromia, and from 20% to 6% in Amhara regions. The percentage also declined in Somali from 20% at baseline to 11% and in Afar from 23% to 14% while the figure in SNNP remained the same.

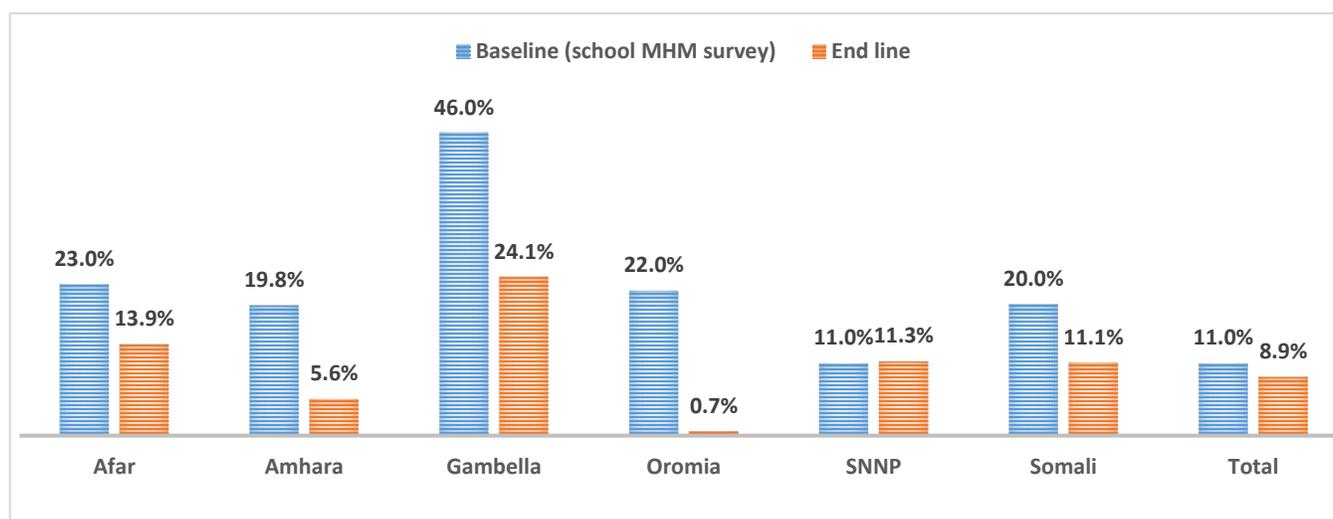


Figure 26: Percentage of girls ever missed class due to menstruation at baseline and end line, February 2021

Among those girls who ever missed a class at end line, 64% of them missed 1-2 days of classes and 30% missed 3 days of classes. The table below presents the number of days girls missed class at end line and during the school baseline MHM survey. As shown in the table, except in Afar most girls during the baseline missed 3 or more days during menstruation compared with at end line.

Table 33: Number of days missing school at school baseline MHM survey and at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
End line							
1-2 days	45.5%	75.0%	84.6%	100.0%	75.0%	0.0%	64.0%
3 days	54.5%	0.0%	15.4%	0.0%	16.7%	100.0%	30.0%
4-5 days	0.0%	12.5%	0.0%	0.0%	8.3%	0.0%	4.0%
6-7 days (one week)	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	2.0%
Baseline [school MHM survey]							
1-2 days	50.0%	26.5%	70.7%	41.8%	65.0%	---	---
3 days	50.0%	---	18.6%	25.4%	30.0%	---	---
1-3 days	---	---	---	---	---	64.5%	---
3-5 days	---	59.5%	---	---	---	---	---
4-6 days	---	---	---	---	---	22.6%	---
4-5 days	0.0%	---	8.6%	23.9%	5.0%	---	---
6-7 days (one week)	0.0%	7.0%	2.1%	9.0%	0.0%	---	---
7 days or more	---	---	---	---	---	12.9%	---

Most of the girls who missed class (82%) mentioned too much pain as reason. Pain was also the main reason for missing class in the 2016 national KAP survey reported by 86% of girls. Other major reasons for missing class at end line were lack of sanitary pads (26%), fear of teasing by boys (18%), and excessive menstrual flow (16%). In the 2016 national KAP survey, 67% of girls mentioned excessive bleeding, 19% of them cited lack of sanitary pads and lack of safe place for changing sanitary materials at school, and 14% of girls mentioned lack of water at school as reasons for missing class.

Table 34: Reasons for missing school at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Due to too much pain	90.9%	75.0%	76.9%	100.0%	75.0%	100.0%	82.0%
Lack of pads	72.7%	12.5%	7.7%	0.0%	25.0%	0.0%	26.0%
Afraid of being teased by boys	0.0%	37.5%	15.4%	0.0%	33.3%	0.0%	18.0%
Excessive menses flow	18.2%	12.5%	7.7%	0.0%	33.3%	0.0%	16.0%
Fear of dislodging of the pads from the underwear	18.2%	0.0%	7.7%	0.0%	16.7%	0.0%	10.0%
Afraid of being teased by girls	0.0%	37.5%	0.0%	0.0%	0.0%	0.0%	6.0%
Lack of water in the school	0.0%	0.0%	0.0%	0.0%	8.3%	0.0%	2.0%

The figure below presents the number of days of school absenteeism per month among girls based on secondary data from schools for four consecutive years (2008 E.C. to 2011 E.C.). The estimate was based on data from four regions only (Amhara, Oromia, Somali, and SNNP) as data for Afar and Gambella regions were not available. The findings showed that girls' school absenteeism showed a declining trend with the percentage of schoolgirls who missed at least one day of class per month has reduced from 9.8% in 2008 E.C. to 5.4% in 2011 E.C. The difference was especially notable for the percentage of girls who miss 4-5 days per month (from 2.0% in 2008 E.C. to 0.8% in 2011 E.C.) and those who miss 6-7 days per month (from 1.4% in 2008 E.C. to 0.7% in 2011 E.C.).

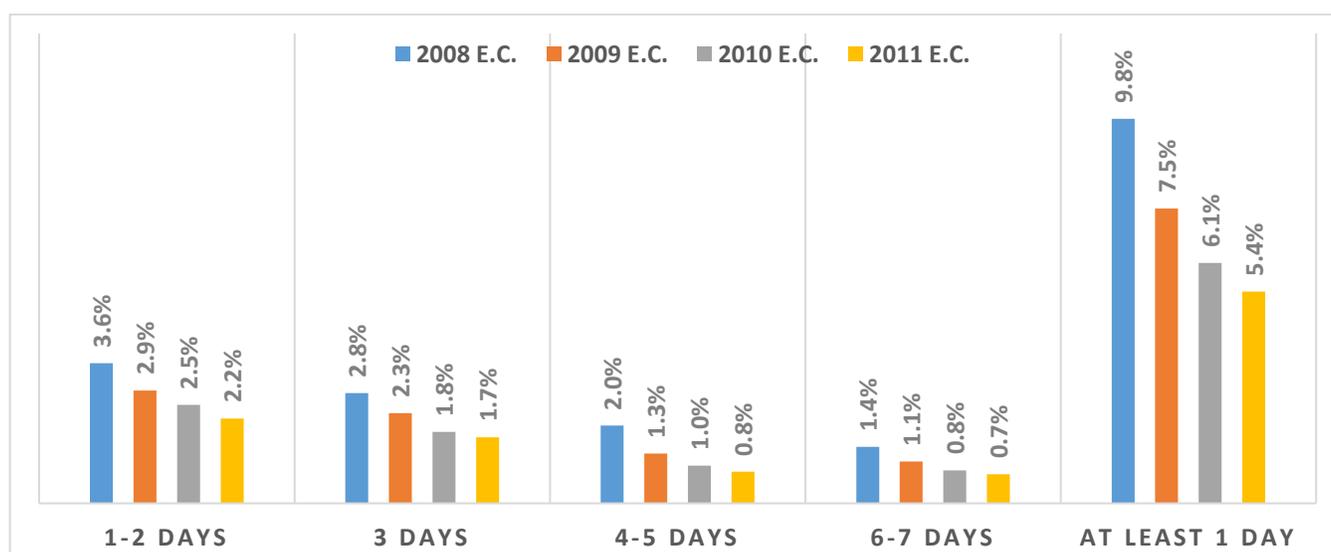


Figure 27: Trend of school absenteeism among girls (number of days of school absenteeism per month) in the surveyed schools

When those girls who started their first menstruation in the past three years asked if they ever interrupted their class due to menstruation related problems, 0.9% of them replied 'yes', showing a significant decline from 6.5% in the 2016 national KAP survey [PV, 0.0]. The percentage of girls who interrupted their classes due to menstruation was 4.4% Somali and 0.9% in SNNP. In Amhara and Oromia regions, 0.7% of girls reported interruption of class due to menstruation related problems while none of the girls in Afar and Gambella said they ever interrupted classes.

Girls used to miss classes before the program intervention due to lack of sanitary pads and absence of places to change used sanitary pad and take rest during menstruation, according to qualitative study participants. However, participants said that things have changed since the program intervention. The provision of free sanitary pads and starting of the safe space services in school compounds reduced school absenteeism and interruption of classes among schoolgirls. A school director in Afar described how better facilities for MHM at schools improved school attendance as follows:

“Menstruation is no more a problem that makes girls absent from school because there is proper management of menstrual hygiene here in the school than in their homes.”

A school girl from Oromia also explained the contribution of school menstrual hygiene facilities and services in improving their school attendance as follows:

“Like three years ago or so, girls were missing classes as there was no safe space or other services that we are getting now. But since the safe space started giving service here, we never miss class because of menstruation.”

School directors and teachers also noted that the program interventions not only improved girls’ school attendance, but also enhanced their academic performance.

“Safe space room reduces the absenteeism of schoolgirls and improve the academic performance of schoolgirls. Currently, schoolgirls have a safe place to change used sanitary pad and take rest during menstruation. As a result, they do not miss classes, and this has helped to improve their academic performance,” School director, SNNP.

However, girls still do miss classes under some circumstances such as severe pain as there are no pain management tablets in most of the schools, excessive blood flow, and lack of water in some schools.

“Even if the presence of enough pads is a pulling factor, severe menstrual pain is serving as a pushing factor. As a result, a couple of students may miss classes or leave early every week. Thus, except in case of severe pains, and lack of medication, most girls remain in school,” School director, Somali.

School girls who participated in FGDs also confirmed what school directors and teachers said about missing classes due to menstrual pain.

“I would be very sick when I am on menstruation and because of this I will ask permission from my teacher and go home for 1 to 2 days,” Girls FGD, Afar.

School Dropout Rate

The school dropout rate and absenteeism were estimated from secondary data collected through review of school registers for four consecutive years (2008 E.C. to 2011 E.C.). Overall, school dropout among schoolgirls showed a declining trend over the years and the figure has reduced from 5.2% in 2008 E.C. to 3.1% in 2011 E.C. Girl’s school dropout has reduced across all the six regions, with a notable reduction in Oromia and Afar regions. Among boys, dropout has declined from 5.2% in 2008 E.C. to 3.4% in 2011 E.C.

Table 35: Trend of school dropout rate among schoolgirls and boys in the surveyed schools

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
FEMALE students’ dropout rate							
2008 E.C.	7.9%	2.1%	8.2%	7.1%	4.3%	5.3%	5.2%
2009 E.C.	4.9%	0.9%	4.4%	5.5%	4.0%	5.0%	4.1%
2010 E.C.	2.5%	1.8%	8.4%	3.3%	3.2%	3.5%	3.7%
2011 E.C.	3.3%	1.0%	7.4%	1.7%	2.5%	3.7%	3.1%
MALE students’ dropout rate							
2008 E.C.	7.3%	2.4%	6.8%	7.4%	3.5%	5.4%	5.2%
2009 E.C.	7.2%	1.9%	4.6%	6.5%	4.0%	5.6%	4.9%
2010 E.C.	6.4%	2.1%	7.2%	5.3%	3.0%	4.1%	4.4%
2011 E.C.	5.7%	2.5%	4.4%	3.6%	3.2%	3.0%	3.4%

Story of a girl who dropout of school due to MHM related problem

My name is Tarikuwa Dasta [not her real name]. I am 18 years old and a grade 8 student at Fule Degage primary school in Gibe Woreda of shone zone of SNNP region. When I was grade 4, my age was 12. During that time, I didn't have any information about menstruation, even I didn't hear about it. One day, [while at school] I felt wet [on my body] and gradually my underwear and skirt become wet. I feel like I was sick. I shocked and cried. After crying for long, I decided to go home. When I stand up, my girlfriends told me that my skirt had stained with blood. The stain added tension on me and I get frightened. Without any hesitation, I run to my home, but I heard some shouting [from students] towards me. When I arrived home, I cried hard. My mom hugged me and asked what happened to me. I told her I am sick and my clothes is stained with blood. She somehow laughed and told me that it is menstruation and natural. But I was not able to recover from my fear. She brought me in the house, helped me to change my clothes and showed me how to use reusable clothes as sanitary pads.

The next day when I thought about going to school, I afraid about what students would say to me. For that reason, I refused to go to school for many days. My mother begged me many times but I didn't want to go. Finally, my father heard about my refusal to attend school. He told me to go school with a warning. In the morning, my mother encouraged me to go to school and I accept it to fulfill my father's command. When I reach around the school compound, some feeling come into my mind that say 'how you see your friends'. Immediately, I turned back and started going to my uncle's home. I travelled more than one hour to reach my uncle's home and they welcomed me. After some time, my uncle's wife asked me why I went there during the education season. Finaly, I told her everything what happened to me. She told me many things about menstruation but I told her that, if she tries to force me go back to school, I will commit suicide. My uncle and father talk over the phone many times, but I didn't know what they are discussing. At last, they allowed me to take a break for that year and to continue my education in the next academic year.

I started my education in the new academic year in 2009 [Ethiopian calendar]. During that time, the UNICEF's menstruation hygiene program was already started. The issue of menstruation got attention and some measures were taken to address the problem. I involved in the girl's club as a member. They [the program] constructed the safe space and equipped it with blankets, mattress, mirror, soap, water and disposable sanitary pads. They build girls' latrine, hand washing facility, and shower. They give awareness to school girls and boys through mass education, training, drama and poem forms. In our school the safe space and awareness creation has significant impact in addressing menstruation related problems. We got menstruation materials like sanitary pads for emergency use for free at the safe space and we change [sanitary materials] there without any fear. The training also helped us to know about menstruation. Besides, availability of water has high impact on menstruation hygiene management as we can clean ourselves in the school. Such program must be extended all over the country to help girls.

4.9. Child Marriage

From the total 733 schoolgirls for this study, 10 (1.4%) have ever been married (lived with someone in a marriage or union or lived together with a partner as if married) and 5 (0.7%) are currently married. All the girls who ever married in this survey had been married only once. The age of first marriage ranges from 13-17 years. In the 2017 Amhara early child marriage (ECM) program baseline survey, 3.7% of girls in the implementation and 3.2% in the comparison areas were ever married. In this survey, 2% of school girls in Amhara have ever been married.

Table 36: Child marriage among schoolgirls at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Marital status							
Ever married	0.0%	2.0%	3.0%	1.3%	0.0%	2.0%	1.4%
Currently married	0.0%	0.7%	2.0%	0.0%	0.0%	2.0%	0.7%
Divorced	0.0%	1.3%	1.0%	1.3%	0.0%	0.0%	0.7%
Age of first marriage							
13	0.0%	66.7%	33.3%	0.0%	0.0%	0.0%	30.0%
14	0.0%	0.0%	0.0%	100%	0.0%	0.0%	20.0%

15	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	10.0%
16	0.0%	33.3%	0.0%	0.0%	0.0%	50.0%	20.0%
17	0.0%	0.0%	66.7%	0.0%	0.0%	0.0%	20.0%

Slightly more than half (54%) of respondents said that they have heard of or witnessed (saw) a girl under the age of 18 years from their neighborhood and community getting married in the last year before the survey. The percentage of girls who heard or witnessed female child marriage was the highest in Somali (74%) region, followed by 61% in Gambella, 59% in Oromia, and 52% in Afar regions. Eighteen percent (18%) of the girls said that they have heard or witnessed (saw) a boy under the age of 18 years from their neighborhood and community getting married in the last year, with the highest figures recorded in in Afar and Oromia (both 33%) regions.

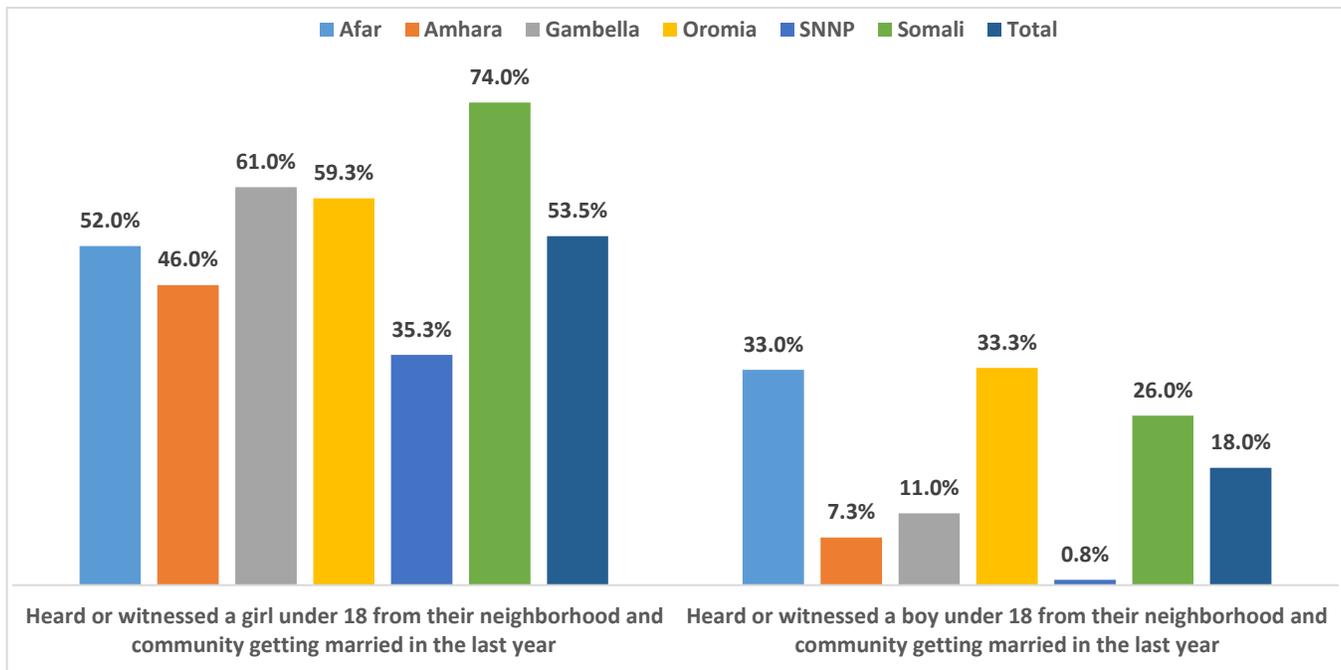


Figure 28: Percentage of girls who heard or witnessed a girl and a boy under 18 from their neighborhood and community getting married in the last year at end line, February 2021

Nearly a-quarter (23%) of respondents believe most of the girls under 18 years of age in their community are married compared with 10% for boys. Another 22% and 16% of respondents believe few and some of the girls under 18 years of age in their community are married, respectively. Most study participants in Afar (81%) region believe most girls under 18 years of age are married, followed by 39% in Somali region.

Table 37: Opinion of girls in the prevalence of child marriage at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
In your opinion would you say that all, most, some, few or none girls under 18 are married in your community?							
All	1.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.3%
Most	81.0%	6.7%	16.0%	9.3%	4.5%	39.0%	22.6%
Few	0.0%	25.3%	24.0%	30.7%	34.6%	9.0%	22.2%
Some	6.0%	13.3%	14.0%	22.0%	15.0%	26.0%	16.2%
None	0.0%	20.0%	23.0%	35.3%	24.1%	9.0%	20.1%
Unsure-don't know	12.0%	34.7%	23.0%	2.0%	21.8%	17.0%	18.6%
In your opinion would you say that all, most, some, few or none boys under 18 are married in your community?							
All	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.1%
Most	68.0%	0.0%	0.0%	0.7%	0.8%	0.0%	9.5%

Few	2.0%	5.3%	9.0%	20.0%	4.5%	22.0%	10.5%
Some	18.0%	2.7%	3.0%	15.3%	0.8%	12.0%	8.3%
None	0.0%	35.3%	45.0%	60.0%	64.7%	7.0%	38.3%
Unsure-don't know	12.0%	56.7%	43.0%	3.3%	29.3%	59.0%	33.2%

Four girls in every ten (42%) said that the practice of marrying girls before 18 years in their community has decreased since last year while 26% said it remained the same and 13% claimed it has increased.

Table 38: Opinion of girls in the trend of practice of marrying girls before 18 years in their community at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Decreased	51.0%	44.0%	30.0%	64.7%	40.6%	10.0%	42.0%
Remained the same	27.0%	42.7%	6.0%	16.0%	18.8%	41.0%	25.5%
Increased	4.0%	13.3%	35.0%	0.7%	13.5%	19.0%	13.2%
Refuse to answer	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.1%
Unsure-don't know	18.0%	0.0%	29.0%	18.7%	26.3%	30.0%	19.1%

FGD participants indicated that child marriage does exist in their area. Girls mentioned various driving factors in their communities for child marriage such as belief that if the girl marries early, she will birth more children and fear that a girl would engage in premarital sex and gain a bad reputation. Some girls also said that there are girls who want to get married when they saw their married friends.

To assess the knowledge and attitude of schoolgirls and their opinion about their communities' practice regarding child marriage, enumerators read the following hypothetical story about two girls and asked follow-up questions.

The story: Now, I will tell you the story of a girl who lives in this woreda. I will call her Sania, although this is not her real name. I would like you to listen carefully to her story. Sania is a 14 years old girl. She lives with her parents, Aisha and Ahmed (not their real names), and has 2 siblings: a younger sister and an older brother. Sania goes to school and helps her mother with household chores. Sania has a cousin about the same age to her. Her name is Mounia. One day, Mounia and her mother comes over to visit Sania's family. Mounia's mother announces that Mounia is engaged and getting married in a month's time. She strongly suggests to Aisha (Sania's mather) that she should also marry Sania soon as she is getting old for marriage. Mounia's mother reveals that she also knows someone from their village who is interested in marrying Sania.

The findings showed that 69% of girls oppose child marriage with 60% of girls strongly disagreeing 9% disagreeing to the statement "Marriage is the best option for Sania and Mounia." Almost all girls in Amhara (99%) either strongly disagreed or disagreed with the statement, followed by 80% in Oromia, and 59% in SNNP regions. About two-third (72%) of the girls said that most adolescent girls in Sania's position would ask not to get married and 63% of them said most parents would not agree to marry their daughter in similar situations. Most girls (87%) said that Mounia and other girls expect Sania to ask not to get married in this situation. About two-third (68%) of girls said that other parents expect Aisha and Ahmed not to marry their daughter in this situation.

Table 39: Knowledge and attitude of schoolgirls and their opinion about communities' practice on child marriage at end line, February 2021

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Do you agree or disagree with the following statement? Marriage is the best option for Sania and Mounia.							
Strongly disagree	18.0%	98.0%	54.0%	64.0%	56.4%	48.0%	59.8%
Somewhat Disagree	27.0%	1.3%	4.0%	16.0%	2.3%	5.0%	8.9%
What would most adolescent girls in Sania's position do in this situation?							
Ask not to get married	41.0%	98.0%	80.0%	88.0%	82.7%	20.0%	72.3%
Agree to get married	49.0%	1.3%	17.0%	3.3%	9.0%	79.0%	22.4%

Characteristics	Afar	Amhara	Gambella	Oromia	SNNP	Somali	Total
Unsure-don't know	10.0%	0.7%	3.0%	8.7%	8.3%	1.0%	5.3%
What would most parents in Aisha and Ahmed's position do in this situation?							
Not marry their daughter	3.0%	84.7%	67.0%	73.3%	85.7%	39.0%	62.8%
Marry their daughter	91.0%	15.3%	23.0%	16.7%	6.0%	55.0%	30.7%
Refuse to answer	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.1%
Unsure-don't know	6.0%	0.0%	9.0%	10.0%	8.3%	6.0%	6.4%
What would Mounia and other girls expect Sania to do in this situation?							
Ask not to get married	51.0%	96.7%	98.0%	89.3%	88.0%	91.0%	86.8%
Agree to get married	38.0%	2.7%	0.0%	5.3%	6.0%	5.0%	8.6%
Unsure-don't know	11.0%	0.7%	2.0%	5.3%	6.0%	4.0%	4.6%
What would other parents expect Aisha and Ahmed to do in this situation?							
Not marry their daughter	2.0%	81.3%	84.0%	75.3%	86.5%	59.0%	67.5%
Marry their daughter	92.0%	18.7%	8.0%	21.3%	6.8%	32.0%	27.4%
Unsure-don't know	6.0%	0.0%	8.0%	3.3%	6.8%	9.0%	5.0%

Girls who participated in FGDs are knowledgeable about the negative effects of early marriage. They mentioned increased exposure to domestic violence, health complications and problems, including death during childbirth among the negative consequences of early marriage on girls. Participants also described girl's education and improving community awareness as solutions to prevent early marriage.

4.10. Impact of Existing Guidelines and standards

National MHM implementation guideline

The menstrual hygiene management policy and implementation guideline was developed in 2016 to provide comprehensive resources on menstrual hygiene in Ethiopia. The Federal Ministry of Health with the support of UNICEF, WAE and SNV developed the guideline. The purpose is to enable girls and women in Ethiopia to lead dignified, productive and healthy lives through appropriate menstrual hygiene management. Experiences of various organizations working on MHM in Ethiopia and international best practices are considered during the development of the guideline. Also, stakeholders contributed their inputs through comments and feedback on the draft document during a validation workshop. The guide supports organizations working on MHM to encourage all girls and women to adopt safer menstrual hygiene practices in the community, in institutions (particularly in schools and health facilities), at workplaces, and in emergency situations. The MHM guideline was launched in advocacy workshop on May 30, 2017 with the participation of stakeholders following the celebration of the international menstrual hygiene day for the first time in Ethiopia.

Interviewed individuals participated during the development of the guideline acknowledged that the guideline played a vital role in bringing the issue of menstrual hygiene and health to the agenda of government at federal and regional level. Informants noted that the commitment of the top decision makers of the country on the issue of menstrual hygiene has improved. For example, the President's office organized a conference on menstruation hygiene management during which the president underscored the commitment of the government. Following the development of the guideline, the Government of Ethiopia reduced tax on sanitary pads. Also, the international menstrual hygiene day was celebrated for the first time in the country in 2017 with the collaboration of the President's office and various ministries.

According to interviewees, stakeholders swiftly accepted the guideline and started mainstreaming menstrual hygiene management activities in existing national programs such as the health extension and the OneWASH national program. Menstrual hygiene management is included in the health extension program, specifically in the integrated refresher training for health extension workers and women development army. Informants said that the contribution of the guideline is especially remarkable for school MHM initiatives, citing construction of safe spaces and standard design for WASH infrastructures as examples of the outputs of the guideline. Also, the

guideline considerably contributed for mainstreaming menstrual hygiene management activities into the joint Ministry of Education and Health led puberty education and menstrual hygiene managements in school initiatives. Although there are efforts in mainstreaming MHM in the OneWASH national program, the achievement so far is somewhat little, according to informants. An interviewee from the Federal Ministry of Health summarized the contribution of the guideline in mainstreaming MHM in existing national programs as follows:

“The contribution of the guideline in mainstreaming MHM in existing national programs is very good for the menstrual hygiene management in school initiatives, better for the health extension program, some how good for the joint Ministry of Education and Ministry led puberty education, and little for the OneWASH national program.”

Informants noted that although the guideline contributed for mainstreaming MHM in existing national programs, still there are gaps and needs further effort. The national programs do not well consider budgeting and sustainability issues for effective mainstreaming of MHM. There are gaps in sensitizing offices about their role and responsibilities in menstruation hygiene management and still the programs didn't give due attention to MHM activities comparing to other priorities. Weak supply system for supplies and use of different promotional approaches are affecting mainstreaming MHM in existing national programs.

Informants said that every Ministry have interest on menstruation hygiene managements activities following UNICEF's interventions on menstrual hygiene. The guideline motivated the federal Ministers to strengthen MHM activities. The Federal Ministers provide training on menstruation hygiene management to regional bureaus. The application of the guideline is relatively good at the federal level. But the guideline has little contribution in strengthening at regional & woreda levels and there are differences from region to region. Unavailability of a specific Ministry that lead the implementation, limited commitment in taking actions, and budgeting problems are the factors affecting the implementation of the guideline. Regarding the involvement of Civil Society Organizations (CSO), development partners, Community-Based Organizations (CBO), and the private sector the contribution of the guideline is minimal, according to informants. Although some are discharging their roles and responsibilities on menstrual hygiene and health, their involvement is still is at infancy stage. Besides, such stakeholders cover minimum area of the country through MHM projects. Since most of such stakeholders relied on project grant, sustainability of their MHM interventions is of a concern. The guideline assigns responsibilities to every actor and encourage them to cooperate to discharge their responsibilities effectively. However, there is a need for further actions in strengthening intersectoral collaboration among different actors.

Best practices from implementation of menstrual hygiene managements guideline are shared among various government sectors at different structures. The best practices are shared through various mechanisms such as during celebration of menstruation hygiene day, through documentary films, and organizing meetings at federal, regional, zone, woreda and community level. Schools also share best practices through experience sharing visits. Yet, informants noted that there is a lot to do in identifying and documenting best practices.

National Standards for Sanitary Pads

UNICEF Ethiopia supported the development of national standards for production of disposable and reusable sanitary pads in the country. The standards specify the requirements for disposable and reusable sanitary pads to support the local industry in order to make progress through uprising competitiveness and maintain comparative market advantage both domestically and internationally.

Following the development of the national standards, some local garment product entrepreneurs, women groups, and schools were trained on production of reusable sanitary pads. The trained local garment product entrepreneurs, women groups, and schools then started producing reusable sanitary pads based on the minimum national standards, according to informants. However, interviews said that there is little progress in production of

reusable sanitary pads at local levels due to various reasons. On the one hand, only few entrepreneurs, women groups, and schools are involved in production of reusable sanitary pads. On the other hand, those started production encounter many challenges. Unavailability of raw materials locally is the major challenge affecting local production of reusable sanitary pads. Due to unavailability of raw materials at local level, the producers must travel long distance to get the raw materials, affecting their profit from the business due to increased transport costs. Another challenge is lack of refreshment training to producers to improve their skills that leads to poor motivation to continue in the production of reusable sanitary pads. Besides, there is no strong marketing and promotion of locally produced reusable sanitary pads. According to an informant from the Federal Ministry of Health, due to poor marketing system most of the time products remain for long at production sites. Due to these challenges, informants fear that the production of reusable sanitary pads based on the minimum national standards could not be sustainable.

Regarding supply service chain of sanitary pads, mainly the private sector is running the supply system. The government (Ministry of Health and Education) and development partners are also involved in supply of sanitary pads to schools. However, there are many hurdles in the supply chain of sanitary pads. According to an informant, the supply chain of sanitary pads is not established based on evidences and a regulatory system is not put in place for effective supply. Poor transportation means and inaccessibility are a challenge to effectively supply sanitary pads for communities and schools in remote rural areas of the country. Lack of financing mechanism for suppliers and poor monitoring and evaluation are among the challenges affecting the supply chain, according to interviewees. Concern on business viability (competitive market) and lack of strong marketing and promotion mechanisms are hindering the effective supply of locally produced reusable sanitary pads.

5. Conclusions and Lessons Learned

5.1. Conclusions

Overall Conclusions

Menstruation is a natural physiological process that requires proper management. Unlike other normal bodily functions, menstruation is linked with religious and cultural meanings that can affect the perceptions of young girls and how the adults in the communities around them respond to their needs. Social norms and cultural practices around menstruation negatively impact women and girls' lives and reinforce gender inequalities and exclusion. These exclusion and shame lead to misconceptions and unhygienic practices during menstruation. Often, relatives and teachers are not prepared to respond to the needs of girls during menstruation.

Findings from this study showed that both schoolgirls and boys have access to information about menstruation at school. Knowledge and attitude changes about menstruation and MHM among schoolgirls and boys. Qualitative study participants also reported improved knowledge and attitude change among the school community and the general community. Study participants attribute the positive changes entirely to the program interventions. The program intervention significantly contributed to improving menstrual hygiene knowledge and practices at school by creating access to safe spaces/ rooms, WASH facilities, and sanitary pads for emergency use. Awareness creation helped the schoolgirls and boys to improve their knowledge, and the safe space room and sanitary materials improved the schoolgirls' practice on menstrual hygiene management at schools.

The qualitative study findings showed improvement among the community related to perception towards menstruation and menstruating women. Yet, still exists norms and myths that discriminate menstruating girls and women from social events. Although schoolgirls know that girls can do any activity during menstruation, girls still do not perform some activities they consider as 'heavy work' while menstruating.

The program interventions played a vital role in improving access to facilities and hygiene materials for MHM at schools. Girls have access to quality sanitary pads for free, safe places for changing pads, rest, and consultations, access to water and latrine facilities. Despite the remarkable achievements in improving access to WASH facilities at schools, interruption of water supply, damage to latrines, and poor hygiene of latrines remained a challenge. Here, the improper use and, in some cases, reports that boys damaging latrine facilities deliberately is a concern. There are a few issues in some schools regarding safe spaces, such as the small size of the rooms in relation to the number of girls, location of the rooms (located close to classes), and damaged structures that lead to lack of privacy. Though the program availed sanitary pads at schools, the issue of sustainability is a significant concern. The challenge is even more for those girls in remote areas where there are no shops locally to purchase sanitary materials.

Conclusions Against the Specific Objectives of the Program

Objective 1: Promotion of acceptable minimum standards for local production of reusable sanitary pads in schools, among women groups and local garment product entrepreneurs

The development of the national standards was a first step to start production of reusable sanitary pads at local level in the country. After getting training, some local garment product entrepreneurs, women groups, and schools are engaged in production of reusable sanitary pads. But still a lot needs to be done to improve the involvement of local garment product entrepreneurs, women groups, and schools in local production of reusable sanitary pads. This study also identified many challenges affecting the local production of reusable sanitary pads, including unavailability of raw materials at local level, lack of refreshment training to producers, and weak marketing and promotion.

Objective 2: Effective supply service chain of sanitary pads established nationwide and reusable menstrual cups established in one woreda

The private sector, the government, and development partners are involved in the supply of sanitary pads. But there are many gaps in the supply service chain of sanitary pads due to various reasons such as lack of a regulatory system, poor transport access, marketing and financing problems.

Objective 3: 80% of adolescent girls in selected schools practicing appropriate MHM

The program's target under this objective was 80% of girls to practice appropriate menstrual hygiene management. Findings from this evaluation showed remarkable improvements in the MHM practices among schoolgirls for most indicators compared with the baseline figures. The program achievement was above the targets for practices in using sanitary pads and washing reusable menstrual materials with water and soap. Most schoolgirls are also using the sanitary material of their choice (disposable sanitary pads). Although the figure was slightly below the target, the percentage of girls changing menstrual materials 3-4 times over 24 hours has significantly increased from the baseline. Obviously, the increase in knowledge about menstruation and MHM is a factor for the improvements in these practices as the findings showed a statistical significance change in knowledge of schoolgirls for most indicators.

However, this evaluation findings showed gaps in drying reusable menstrual materials in the open sun and proper disposal of menstrual blood absorbent. The practice in drying reusable menstrual materials was even lower than the base line findings, although there was limitation in the survey. Here, those girls who said they dry reusable menstrual materials in "hidden places" were not asked if the places are in the open sun, a limitation to conclude

whether there was actual reduction or not from the baseline. Although the percentage was slightly lower than the baseline, there was no statistical difference in the practice of proper disposal of menstrual blood absorbent.

Objective 4: 80% reduction of school absenteeism or dropout due to MHM related causes among adolescent girls in target schools

Schoolgirls, school directors, and teachers who participated in FGDs reported that school absenteeism and interruption due to menstruation have significantly reduced. School directors and teachers said that the availability of facilities and materials for MHM also enhanced girls' academic performance. The program interventions make schoolgirls' lives easy by creating access to WASH facilities, sanitary materials, and services at schools and improving girls' and boys' knowledge and attitude. Having access to sanitary pads and the safe space, and support from teachers played a vital role in reducing school absenteeism and interruption. Also, study participants noted that, previously, parents were not permitting their menstruating daughters to go to school, and they didn't do such a thing now. Another main factor was the attitude and practice change among boys as teasing becomes uncommon and girls do not miss school for fear of teasing.

Analysis of secondary data from school registers also showed a declining trend in school absenteeism among girls over four consecutive years (2008 E.C. to 2011 E.C.). The findings indicated that the percentage of schoolgirls who missed at least one day of class per month has reduced almost by half in 2011 E.C compared with the figure in 2008 E.C. However, the end line quantitative survey findings showed only a slight reduction in the percentage of girls that reported ever missed attending class due to menstruation. Although the figure was lower compared with the baseline figures from both the school MHM survey and the 2016 national WASH KAP survey, the difference was insignificant. Pain was the main reason for missing classes during menstruation at end line. Here, the unavailability of pain-relieving medicine at schools remained a challenge. Despite the insignificant change, it is worth mentioning here that most girls during the baseline reported missing three or more days during menstruation while most of them at end line miss three or less days. The secondary data analysis on school absenteeism also showed notable reduction in the percentage of girls who miss four or more days of class per month. Besides, there was a statistically significant reduction in the proportion of girls who ever interrupted class due to menstruation related problems compared with the figure in the 2016 national KAP survey.

School dropout rate among schoolgirls showed a declining trend over the four consecutive years from 2008 E.C. to 2011 E.C. Girl's school dropout rate in 2011 E.C. was lower compared with the figure in 2008 E.C. across all the six regions.

Objective 5: Qualitative improvement in the perceived safety, dignity and empowerment of girls in the program areas

This evaluation indicated empowerment of girls as evidenced by a significant increase in the percentage of schoolgirls who feel confident to manage menses at school compared with the baseline. Availability of safe spaces at schools enabled schoolgirls to change sanitary materials and keep their hygiene during menstruation safely. The supply of sanitary pads at school avoids embarrassment from accidental blood leak while at school, though sustainable supply remained a concern.

Knowledge and attitude of schoolboys and their perception are crucial for schoolgirls' safety and comfort at school and to improve menstrual hygiene management. Schoolgirls would feel comfortable around boys who understand well about menstruation and have a positive perception about it. Nearly all interviewed schoolgirls reported that they do not ever get teased by their friends due to menstruation. Qualitative study participants, including girls, across all surveyed schools, also reported that boy's teasing of girls during menstruation has significantly reduced, and menstruation is no longer a topic of fear and discomfort for girls while at school. Not only boy's attitude

towards menstruation and menstruating girls has changed, but the increased awareness also makes boys supportive of girls.

The practice of discussion about menstruation with other people among girls has significantly increased from the baseline, indicating girls now do not consider menstruation as a secrete issue. But still, some girls do not feel free to discuss the issue, especially with males. Here, some boys consider menstruation as a topic for females only.

School teachers' attitude and willingness to openly discuss menstrual hygiene management with schoolgirls is critical. Because teachers' attitudes and beliefs about menstruation can place restrictions on menstruating schoolgirls, limiting their ability to participate in school life fully and education. Teachers are actively engaged in educational activities about MHM and are supporting girls during menstruation. However, some study participants noted that some male teachers might not be comfortable discussing or teach about menstruation, and some girls may feel awkward discussing the issue with male teachers.

5.2. Lessons Learned

Lesson #1: Awareness creation activities about menstruation among schoolboys are vital. Findings from this study revealed that attitudinal changes among boys towards menstruation prevent teasing of menstruating girls and girl's school absenteeism due to fear of teasing. Moreover, the attitude change makes schoolboys supportive instead of being bully and mockery. Boys who participated in FGDs said they are willing to help a girl who missed a school class during menstruation by copying notes and giving their clothes if they saw menstrual blood stained a girl's cloth to cover the stain.

Lesson #2: Availability of safe spaces is essential in creating a facility for changing pads, rest, and consultation for girls at school during menstruation. Girls found the safe spaces as necessary for managing their menstrual hygiene, and they are using the facilities for the intended purpose. Here, the construction of safe spaces needs to consider the number of girls in the school to ensure the rooms' adequacy and proper site selection to safeguard privacy.

6. Recommendations

The following are recommendations based on the study findings:

- Although this study revealed notable improvements in schoolgirls' MHM practices, there are poor practices in drying reusable menstrual materials in the open sun and proper disposal of menstrual blood absorbent materials. Hence, future school MHM education programs should focus on addressing the gaps in these practices.
- Similar interventions also need to address cultural and religious taboos and beliefs that impede girls from social and religious activities during menstruation by capitalizing on the program's achievements on knowledge and attitude changes among school communities and the general community.
- This study indicated that open discussion about menstruation is becoming a norm, and teachers are actively engaging in MHM activities. Yet, more efforts need to be done in future programs to enhance male teachers' participation as some study participants said that some male teachers could be uncomfortable discussing or teaching about menstruation.
- Future school MHM programs should focus not only on the construction of WASH facilities but also on ensuring uninterrupted water supply by installing adequate water storage containers, proper use and periodic maintenance of latrines, and improving the hygiene of latrines. Here, the actions would include:
 - In similar programs, there is a need for advocacy to ensure woreda education offices and schools allocate some budget for maintenance and repair of water and latrine facilities. If woreda education

offices and schools agree to allocate budget, UNICEF could consider school teachers' training on minor maintenance and repair of water and latrine facilities.

- Schools should strengthen education programs to students on the proper use of the facilities to prevent damage and improve the hygiene of latrines.
- A report in one school in Somali region, that boys damaging latrine facilities deliberately, is a concern that the school need to address through education and appropriate disciplinary measures on perpetrators.
- In future similar programs, UNICEF should consider the number of girls in the school in determining the size of safe spaces and appropriate site selection to locate the facilities in areas that ensure the privacy of girls.
- Continues availability of sanitary pads is a pressing challenge that could potentially diminish the program's achievements. Hence, besides providing sanitary pads to schools, similar future programs should also focus on putting a place a system to produce sanitary materials locally through:
 - Strengthening the local production of reusable sanitary pads by supporting those local garment product entrepreneurs, women groups, and schools that already started production. The interventions should focus on establishing supply system of raw materials at local level, providing regular training, and establishing marketing and promotion system for locally produced reusable sanitary pads.
 - Supporting schools (those schools yet not engaged in the activity) to produce locally-made sanitary materials by providing seed money, tools, and training to teachers.
 - Conduct advocacy for woreda education offices and schools to allocate some budget for the production. Here, since some schools have started allocating budget and raise money from school communities for buying sanitary pads, experience sharing among schools could be considered to learn from their practice and to motivate other schools to do the same.
- This evaluation showed reduction in missing class during menstruation due to lack of WASH facilities and places for changing sanitary materials. However, girls are still missing class due to menstrual pain. Hence, similar programs should focus on ensuring the availability of pain-relieving medicine at schools by providing pain-relieving medicine to schools and creating a link with woreda health offices and nearby health facilities for sustainable supply of drugs.

7. Gender and Human Rights, Including Child Rights

Menstrual health is central to girls' wellbeing and is connected to their rights to health, education, safety, and non-discrimination. Different types of taboos and myths exist across the diverse culture of Ethiopia. These cultural beliefs and taboos are among some of the factors that make menstruating girls' life difficult. These challenges diminish girls' health, education, safety, and autonomy and underscore the relevance of menstrual health to rights' agendas that seek to advance girls' wellbeing, particularly in a patriarchal society like Ethiopia.

The program interventions addressed the needs of schoolgirls for managing their hygiene during menstruation. The availability of sanitary pads at schools enabled schoolgirls to manage their menstruation with dignity and avert embarrassment from accidental blood leaks. Awareness creation activities of the program about menstruation among schoolboys were vital for girls' rights for safety and non-discrimination by bringing attitudinal changes of boys and preventing their practice in teasing and mockery towards menstruating girls.

By creating access to WASH services and safe spaces, the program addressed girls' rights for essential services for MHM at schools and keeping their health. Most importantly, the program was in line with girls' rights to education as the interventions were vital for schoolgirls to attend their education properly during menstruation.

8. References

Belayneh Z and Mekuriaw B. (2019) Knowledge and menstrual hygiene practice among adolescent school girls in southern Ethiopia: a cross-sectional study. *BMC Public Health*. 19 (1595).

Das P, et al. (2015) Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India. *PLoS ONE*. 10(6)

Elledge M, et al. (2018) Menstrual Hygiene Management and Waste Disposal in Low- and Middle-Income Countries—A Review of the Literature. *Int. J. Environ. Res. Public Health*. 15 (2562).

FMOH. (2016) Federal Democratic Republic of Ethiopia Ministry of Health. Menstrual Hygiene Management in Ethiopia: An Intersectoral issue: Policy and Implementation Guideline.

Gena H. (2020) Menstrual Hygiene Management Practices and Associated Factors among Secondary School Girls in East Hararghe Zone, Eastern Ethiopia. *Advances in Public Health*.

Gultie T, et al. (2014) Age of Menarche and Knowledge about Menstrual Hygiene Management among Adolescent School Girls in Amhara Province, Ethiopia: Implication to Health Care Workers & School Teachers. *PLoS ONE*. 9(9).

Gultie T. (2014) Practice of Menstrual Hygiene and Associated Factors among Female Mehalmeda High School Students in Amhara Regional State, Ethiopia. *Science Journal of Public Health*. 2 (3).

House S, et al. (2012). Menstrual hygiene matters: A resource for improving menstrual hygiene around the world.

Kitesa B, et al. (2016) Assessment of Knowledge and Practice of Adolescent In-School Girls Towards Menstrual Hygiene Management and Determining Factors in Lucy village of Ethiopian Great Rift Valley. *International Journal of Immunology*. 4 (6).

Mason L, et al. (2013) 'We Keep It Secret So No One Should Know' – A Qualitative Study to Explore Young Schoolgirls Attitudes and Experiences with Menstruation in Rural Western Kenya. *PLoS ONE*. 8(11).

McMahon S, et al. (2011) 'The girl with her period is the one to hang her head': Reflections on menstrual management among schoolgirls in rural Kenya. *BMC International Health and Human Rights*. 11 (7).

Prestwich G, et al. (2014) Menstrual hygiene management amongst schoolgirls in the Rukungiri district of Uganda and the impact on their education: a cross-sectional study. *Pan African Medical Journal*. 19 (253).

SNV. Girls in Control: Compiled Findings from Studies on Menstrual Hygiene Management of Schoolgirls. Ethiopia, South Sudan, Tanzania, Uganda, Zimbabwe.

Sommer M and Sahin M. (2013) Overcoming the Taboo: Advancing the Global Agenda for Menstrual Hygiene Management for Schoolgirls. *American Journal of Public Health*. 103 (9).

Sommer M, et al. (2016) A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools. *PLoS Med*. 13 (2).

Tamiru S, et al. (2015) Towards a sustainable solution for school menstrual hygiene management: cases of Ethiopia, Uganda, South-Sudan, Tanzania, and Zimbabwe. *Waterlines*. 34 (1).

Tegegne T and Sisay M. (2014) Menstrual hygiene management and school absenteeism among female adolescent students in Northeast Ethiopia. *BMC Public Health*. 14 (1118).

UN Women. (2014) World survey on the role of women in development 2014 gender equality and sustainable development.

UNICEF (2017). KAP Baseline Survey on Water, Sanitation, and Hygiene in Eight Regions of Ethiopia.

Upashe S, et al. (2015) Assessment of knowledge and practice of menstrual hygiene among high school girls in Western Ethiopia. *BMC Women's Health*. 15 (84).

Annexes

Annex 1: Evaluation Framework

Table 40: Evaluation framework by indicators

Indicators	Data sources
Quantitative indicators	
Knowledge and skills	
Proportion of schoolgirls that feel confident or very confident that they have the practical skills needed to manage their menstruation	Structured interview with schoolgirls
Proportion of schoolgirls that correctly answer questions about common myths and misconceptions about menstruation	Structured interview with schoolgirls
Proportion of schoolgirls that correctly answer questions about how to take care of one's body during menstruation - post menarche information	Structured interview with schoolgirls
Proportion of post menarche schoolgirls who know about menstruation	Structured interview with schoolgirls
Proportion of schools that provide menstruation education to boys and girls	IDI with school directors and teachers
Proportion of schools where menstruation education for girls includes training on practical skills	IDI with school directors and teachers
Proportion of schools where menstruation education for girls includes information to clarify myths and misconceptions about menstruation	IDI with school directors and teachers
Facilities and services	
Proportion of schools with female friendly sanitation facilities, including safe spaces	Observation of school WASH facilities
Proportion of schoolgirls with female-friendly changing space at school	Structured interview with schoolgirls
Proportion of schoolgirls who were able to change their menstrual materials when they wanted to while at school	Structured interview with schoolgirls
Proportion of schoolgirls using disposable products that are comfortable disposing their menstrual waste with the available methods	Structured interview with schoolgirls
Proportion of schoolgirls using reusable materials who were able to wash and dry their reusable materials how and when they needed during their last menstrual cycle	Structured interview with schoolgirls

Indicators	Data sources
Proportion of schools with a private area with facilities to manage menstruation that is accessible to those with limited mobility	Observation of school WASH facilities
Proportion of schools with a functional safe space for changing pad, rest or consultation	IDI with school directors and observation
Proportion of schools with materials for washing and drying pads	IDI with school directors and observation
Materials	
Proportion of schoolgirls who were able to access menstrual hygiene materials when they needed them during their last period	Structured interview with schoolgirls
Proportion of schoolgirls that used their preferred menstrual material during their last menstrual period	Structured interview with schoolgirls
Proportion of schoolgirls who felt comfortable wearing their menstrual hygiene materials during their last menstrual period	Structured interview with schoolgirls
Proportion of schoolgirls who have access to caring systems and referral services for menstrual pain management	Structured interview with schoolgirls
Social support	
Proportion of schoolgirls who experienced or witnessed teasing during menstruation	Structured interview with schoolgirls
Proportion of schoolgirls who worried about using the school toilet/latrine during their last period	Structured interview with schoolgirls
Proportion of schoolgirls that believe other people in the community disagree or strongly disagree that girls should not go to school when menstruating	Structured interview with schoolgirls
Proportion of schoolgirls that agree or strongly agree that they feel embarrassed to purchase menstrual products	Structured interview with schoolgirls
Proportion of schoolgirls who feel they could ask a teacher or staff member if they needed advice about how to manage their period at school	Structured interview with schoolgirls
Proportion of schoolgirls who did not ever miss school due to menstruation	Structured interview with schoolgirls and secondary data
Proportion of schoolgirls who make their own decisions about how to manage their menstruation	Structured interview with schoolgirls
Proportion of schoolgirls who were first married or in union before age 15 and before age 18	Structured interview with schoolgirls
Proportion of schoolgirls who heard or witnessed a marriage among children in their neighborhood in the last year	Structured interview with schoolgirls
Proportion of schoolgirls who report that child marriage has decreased in their community	Structured interview with schoolgirls
Qualitative indicators	
Cultural beliefs, norms, taboos, myths, and stigma related to menstruation in the community	FGD with schoolboys and girls and IDIs at woreda, community and school level
Attitudes of schoolboys towards menstruation and their perception about teasing	FGD with schoolboys
Knowledge of schoolboys and girls towards menstruation	FGD with schoolboys and girls
Menstrual hygiene management practices and utilization of safe spaces	FGD with schoolgirls

Indicators	Data sources
Type of sanitary materials (including underwear) used by the schoolgirls and their perception about the materials supplied by UNICEF or government	FGD with schoolgirls
Availability, functionality, adequacy and safety MHH friendly WASH facilities at schools	FGD with schoolgirls and IDI with school directors and teachers
Knowledge of teachers about menstruation and their practice related to talking about menstruation with students	IDI with school directors and teachers
Girls' school attendance, absenteeism, enrolment and dropout rate, including reasons for missing school	IDIs at woreda, community and school level
Impact of existing guidelines, standards on menstrual hygiene and health to bring the issue to the agenda of government and decision makers	IDIs at woreda level
Implementation of MHH interventions in schools, effectiveness and challenges, involvement of stakeholders	IDIs at woreda, community and school level

Annex 2: TOR

Annex 3: Data Collection Tools

Annex 4: List of Individuals Interviewed