Menstrual Hygiene and Health Development Impact Bond

Pillar 1 Assessments Report

Experience, Knowledge, Attitude and Practices of Menstrual Health and Hygiene Management

Produced by:

GAA Economic Development Consult, Nifas Silk Lafto Sub City, Woreda 01, Around Lebu Mebrat Hayil, Fekadu Wodajo Building 2nd Floor, Addis Ababa

Contact person:

Girma Aboma, General Manager

+251 911639461 or +251 913298016

Email: gaa.edconsult2013@gmail.com

Addis Ababa

27 December 2021

Table of Contents

List of tables

Lists of Charts

Acknowledgement

On behalf of CARE Ethiopia, GAA Economic Development Consult wants to thank all individuals, groups and organizations involved in this assessment. Without their active participation in the generation of data, it wouldn't have been successful.

We acknowledge Adama City Mayor Office for the understanding of the purpose of the study and writing support letters for all relevant sectors and the 18 kebeles to cooperate with the consultant. We are grateful for the Adama Education Office, specifically Ato Addis Arega for his support in the identification of study kebeles and schools as well as writing support letter for 13 schools. We sincerely acknowledge his participation in the study as key informants representing the education office. We would also like to thank Adama Health Office, Women, Children and Youth Affairs, and Water Office for their opinion as key informants.

We sincerely acknowledge Lemlem Kebede, Adama Science and Technology University for her participation in this assessment as key informant, and facilitating the survey with the girls pursuing their studies. We also thank Human Resources Managers at Brothers Biscuit Factory, Africa PLC and Nazareth and Arsi Soap and Oil Factory for their cooperation to conduct survey on women working at their respective companies.

We are grateful to Dhadacha Arara, Lugo, Goro, Migra, Gurmu, Irecha, Barecha, Bokku Shanan, Burka, Dhaka Adi, Malka Adama, Dabe Solloke, Kobbo Luto and Makuye Haro kebele administrators for their cooperation to work with the communities while they are in the middle of emergency law. Directors and girls' club leaders at Geda Birmaji, Goyas, Migra, Geda Robale, Goro, Adama Youth Acadamey, Adama model senior secondary school, Solloke, Ababo, Dhaka Adi, Bole Secondary, Dambala, Burka, Kobo Luto and Makuye Adama primary school for their cooperation in facilitating the survey in their respective schools and also in providing their opinion as key informants.

We sincerely acknowledge Manyalshal Ayele, Gardachew Tiruneh, Martha Alemayehu, and other CARE staffs for their constructive comments to the inception report and data collection tools. We also thank driver Dereje and Ameha for providing the driving services. Last but not the least we acknowledge the study team, namely, Girma Aboma (team leader), Talile (gender specialist) and Amanuel Tusa (WASH specialist) for the successful completion of the assessment.

GAA Economic Development Consult

Acronyms

AFD	French Development Agency
CVM	Contingent Valuation Method
DIB	Development Impact Bond
FGD	Focus Group Discussion
GBV	Gender Based Violence
KAP	Knowledge, Attitude and Practices
KII	Key Informant Interview
MHH	Menstrual Health and Hygiene
MRR	Non-Response Rate
NGO	Non-Government Organization
SDG	Sustainable Development Goal
VSLA	Village Saving and Loan Association
WCYA	Women, Children and Youth Affairs
WEJ	Women Economic Justice
WTP	Willingness to Pay

Executive summary

Introduction

This report is extracted from the pillar 1 assessment that focused on the experience, knowledge, attitude and practices of menstrual health and hygiene. This involved generating understanding about the MHH knowledge, attitude and practices among schoolgirls and adult women. It also aimed at creating understanding the experience of women and girls within the social norms and economic constraints, and forwarding recommendations for future improvement.

Methods

This assessment used cross sectional study design and collected data focusing on the experience, knowledge, attitude and practices of menstruation health and hygiene management. It used KAP survey on representative women and girls, from schools, university, women at home and working at factories. Qualitative data were collected through key informant interviews and focus group discussions. The focus groups were separately formed from schoolgirls, schoolboys, women and men. At school level, girls aged 10 years and above were included in the survey, while at community levels women aged between 19 and 49 years were included.

Discussions of results

Menstruation is a monthly challenge for women and girls, and lack of prior knowledge about it causes girls to feel shame, disgraced and disrespected when it comes unexpectedly at school. Society discriminates women on menstruation though it is a natural process and shows normality of the womb. Though the government with the support of development partners developed MHM implementation guideline at national level, the guidance paper has not yet been cascaded down to the local levels. There was some good initiatives here and there but this has not been well organized to ensure better MHM in schools. The following summarizes the findings by experience, knowledge, attitude and practices around menstruation.

Experience related to menstruation

Considerable proportion of schoolgirls reported that they were shocked when they see blood flowing through their genitalia (38.9 percent) while 43.8 percent were aware of menstruation and considered normal. Bullying, mocking and insults from boys are common for girls in schools (14 percent) and around home (16.6 percent), related to menstruation due to low awareness.

Significant proportion of schoolgirls reported that they are somehow comfortable talking about menstruation with their mother and sisters (82.6 percent) while larger percentages reported that they are not fully comfortable discussing about menstruation with their father and brother (64.1 percent).

Considerable percentage of schoolgirls misses classes for 2 to 3 days per month (as reported by 80 percent) because of the pains (82.5 percent), excessive blood (12.3 percent) and lack of access to menstrual materials (5.3 percent). Out of the 100 girls, 15 of them do not go to school during menstruation.

Despite the issue of affordability, majority of the schoolgirls and adult women prefer disposable sanitary pads to reusable or washable pads. Girls also reported that there are different preferences between disposable pads. Girls with heavy menstrual flow prefer EVE comfort, which is thicker while those with light menstrual flow use disposable pads like Always, which is thin.

Knowledge about menstruation

Most of the schoolgirls and women have some level of knowledge and understanding about menstruation, but less attention is given in terms of practicing appropriate menstrual hygiene management. They know the average age when girls start menstruation, causes of menstruation and source of menstrual blood. Girls get the first hand information from school through science course starting from grade 4, and they learn the details starting grade 7 under the biology course. The girls' club is the additional source of information on menstrual hygiene management. Girls from educated family background also get information about menstruation from their mother and/or sister.

Attitude towards menstruation

Society discriminates menstruation and menstruating women and girls. They consider a girl on menstruation as if she lost her virginity (only by seeing blood) or she is ready to have sex and marry a man (sign for maturity). If a woman or girl is on menstruation, it is a taboo to involve in religious events or get into the church compound. Community level discussions also indicated that if a woman is on period, men observe the menstrual blood on the cloth; they are not interested to receive food or drink from her because she is considered not clean. Some male teachers are also reported to reflect such attitude towards menstruation when girls ask for emergency pads.

These social taboos and misconceptions around menstruation have put much pressure on the psychology and emotions of girls. In some schools menstrual materials are available with the girls' club leader (mostly female) and vice director's office, and if the girls' club leader is not available, girls are not comfortable to ask male teachers for emergency sanitary pads. They prefer to stay at home during their menstruation, and when the teacher asks why they miss the class, they do not want to openly tell that it was because of the menstruation.

Practices of menstrual hygiene management

Activities carried out by girls' club are very important in terms of advancing the knowledge and understanding about menstrual health and hygiene management, and addressing the wrong attitudes towards menstruation.

Current disposable sanitary products available in the market are not affordable especially by poor families living based on subsistence economy.

Though use of offices and libraries for changing sanitary materials at schools is allowed by girls' club, it does not, however, ensure privacy and safety for girls, and there should be separate room for the purpose.

Menstruation is not an agenda for individuals, households and community at large because of the secrecy of the issues, discouraging social taboos and misconceptions and that it is not cultural to talk about it. However, if it is not openly discussed there will not be a solution.

Recommendations

Based on the findings from the assessment the following recommendations are forwarded, which among others include:

General recommendations

- Revitalize implementation of the national MHM policy and implementation guideline; and address issues with taxation of menstrual materials
- Ethiopian Standard Agency to involve in quality control and regulations
- Education sector should sufficient emphasize to menstrual health and hygiene management in schools.

- Religious leaders should collaborate in the promotion of MHH and support appropriate MHH practices

Recommendations aiming at improving knowledge about menstruation

- Continuous awareness raising activities; capacitating school girls' club to play promotion roles as well as training teachers on MHH
- Conducting campaigns on MHH at school and community levels

Recommendations aiming at addressing issues with attitude towards menstruation

- Prioritize addressing harmful social norms that perpetuate discrimination of women and girls due to menstruation.
- Empower school girls' club to influence social norms related to menstruation at school.

Recommendations aiming at improving menstrual hygiene practices

- Increasing availability of low cost, sustainable and affordable menstrual materials to enable good practices of MHH.
- Ensure there is space for changing sanitary materials with water, soap, basin, mattress and anti pains in schools. Looking for appropriately cleaned toilet facilities with water, soap, and basins can also be an option.
- Women and girls, especially from the poor families, need to be supported and capacitated to make their own sanitary materials. This involves training and providing initial capital to encourage them engages in the business.
- Creating conducive environment for women working at the factory to practice good MHH.
- Setting up appropriate disposal mechanisms for used sanitary products at all places.

1. Introduction, background and context analysis

1.1. Introduction

CARE International, being one of the world's leading multi-mandate aid agencies, has been fighting poverty and injustices in over 80 countries and supporting 65 million people each year to find routes out of poverty focusing on women/girls' empowerment. It contributes to lasting impact at scale in poverty eradication, social justice and in favour of Sustainable Development Goals (SDGs). SDGs 4 (Quality Education) and 5 (Gender equality) are central to CARE International's programmatic ambitions. It has launched a new vision to 2030 which outlines that Women's Economic Justice (WEJ) as one of its six priority impact areas. By 2030, it aims to change lives across multiple impact areas. It strives for a world that is equal for all genders. Gender equality is an important goal in its own right. It believes that it is not possible to eliminate poverty and meet social justice while gender inequality persists. Discrimination against women has negative implications for global security and development, economic performance, food security, health, climate adaptation and the environment, governance, and stability. Its 2030 goal is that 50 million people of all genders experience greater gender equality (particularly eliminating GBV, and increasing women and girls' voice, leadership and education).

CARE started working in Ethiopia in 1984 in response to severe drought and famine that devastated the population and claimed the lives of nearly one million people. Since then, the organization's activities have expanded to address the root causes of poverty and vulnerability. Its programs particularly support women and girls in rural and urban areas. As part of CARE Ethiopia's development of a focused and long-term program approach to poverty, the country office targets three groups of people, namely, pastoralist girls, chronically food insecure rural women and poor young girls living in cities and urban areas.

1.2. Background of the project

CARE Ethiopia is planning to implement a three-year program, the Development Impact Bond (DIB) in partnership with PRO PRIDE, a local NGO, in Adama and peripheries. The program is, the French Development Agency and by the BNPP and aims at the development of Menstrual Health and Hygiene (MHH) management activities in Ethiopia. The program aims to empower women and girls so as to improve their social status. The program targets everybody including men and boys in the awareness raising work and focuses specific aspect of the program on girls/women aged 7 to 49.

This assessment focuses on pillar 1 of the DIB program, that is, awareness raising and advocacy activities to improve MHH knowledge among communities, change beliefs about menstruation and create demand for products including: (i) mass awareness raising of communities through social marketing campaigns at regional level and engagement of influential groups/ individuals; (ii) targeted awareness raising sessions to engage directly with women and girls in small groups and with close follow up through a set of entry points, following training of trainees approach, for some of them; and (iii) advocacy at national level for better MHH integration among public services.

The assessment emphasizes outcome 1 of the program, that is, sensitization to healthy MHH practices and advocacy: Improving MHH knowledge, creating demand for sanitary products and advocating for support to women and girls from institutions (including entry points such as health facilities, media and schools) and communities.

The program is targeting 404,929 people in Adama administrative town and peri-urban areas. Within this wider population, additional targeted work will be done with an estimated 1047 university students, 1020 factory workers and 775 peri-urban women's groups and 92,519 school students.

1.3. Purpose and objectives of the assessments

Purpose of the assessments

The purpose was to provide analysis on the CARE Ethiopia's Menstrual Hygiene and Health Development Impact Bond (DIB) program, and it aimed at examining the attitude, behaviours and practices related to MHH and women empowerment, and establish baseline values for selected indicators.

Objectives of the assessments

The specific objectives for pillar 1 were to:

- Produce a study document which will be the backbone in the development of a social marketing MHH campaigns
- Generate a thorough understanding of the MHH knowledge, attitude and practices of women and girls, and the knowledge and attitude of boys and men towards menstruation
- Understand and generate regionally specific data on women and girls' experiences, on norms both that are sticky and where they are shifting, understand the practical conditions and economic constraints under which menstruation is being managed
- Forward recommendations

1.4. Context analysis

The issue of menstruation is not something that needs to be overlooked in the national and local development agenda. Menstruation is the monthly challenge for more than 30 percent of the 115 million Ethiopian populations, and for more than 62 percent of the total female population. Ensuring proper management of menstruation requires giving much attention to the issue by the family and other actors. It also requires allocation of resources by the government and development partners to the promotion MHH and the family to allocate money for the regular purchase of menstrual materials.

In spite of this, menstrual health and hygiene (MHH) remains a big taboo among the society and is continuously disregarded, misjudged and under budgeted (interviews with girls club). Menstruation is not openly discussed at household and community levels mainly because of the taboos and misconceptions around it (FGDs with women/men). If it is not considered as an agenda at all levels, achieving better menstrual health and hygiene could take more time than expected. Increasing knowledge and promotion of best practices on MHH can have significant impact on education, health, early pregnancy, and gender equality, which could increase the likelihood of young women actively contributing to the economic growth and political stability (interviews with WCYAs). Menstruation is a phenomenon shrouded with shame, taboos, ignorance and secrecy. For Ethiopian women and girls, it means having to manage practically dealing with discomfort and pain, as well as facing cultural, particularly religious restrictions (FGD with boys; interviews with girls club). Social norms link family honour with virginity and still in many communities, marriage with puberty (interviews with girls club). At the same time, both urban and rural poverty translate into problems of

affordability of products and lack of access to water and improved latrines as well as weak waste management systems.

The Ministry of Health (MoH) has developed MHM implementation guideline in 2016 to enable women and girls lead a dignified, productive and healthy life though practicing appropriate MHM. The specific objectives were (i) increased awareness, (ii) increased recognition of MHM in national policies, strategies and guideline, and (iii) enhanced intersectoral collaboration. The guideline comprises four components as a minimum requirement for MHM interventions under different settings – comprehensive awareness raising to create demand, WASH facilities, supplying sanitary pads, and management and disposal of sanitary products. The Hygiene and Environmental Health Case Team is given the primary responsibility for ensuring the appropriate implementation the guideline. The plan was to establish MHM technical team at all levels of government that report to the Hygiene and Environmental Health Taskforce. At kebele levels, the existing structures such as development agents, WASHCOs, natural leaders, faith based organizations, CSOs, youth and women associations and HDAs were supposed to play roles – promotion of MHM, facilitate annual public events like MHM day, use mini media to disseminate information, and identify and record any challenges related to MHM. However, practically these arrangements are not available or not functional at local level. In spite of these provisions, the strategy for ensuring affordable and sustainable menstrual materials has not been clearly presented. With the rapidly increasing devaluation of currencies and inflationary pressure, poor women and girls may not afford the high prices of disposable pads. This leaves considerable proportions of women and girls behind from enjoying dignified life.

2. Assessment design and approach

2.1. Methodological approach

Assessment SLOT#1 followed cross-sectional study design and focused on the *experience, knowledge, attitude and practices* of menstruation and its management. It aimed at producing document that informs the development of social marketing of MHH campaign. The assessment employed a mix of quantitative and qualitative methods to collect and analyze the data. The KAP survey focused on the adult women (19-49) and pre, middle and late adolescent schoolgirls (8-19). It also aimed at creating understanding on the knowledge and attitude of boys and men towards menstruation. The target population for the KAP survey were girls (aged 8-19) in the schools, in the university, and women (19-49) at home and factories in Adama and peri-urban areas. Men and boys in the study area and lived more than six months were included in the qualitative interviews and discussions.

Assessment SLOT#2 followed qualitative study design to identify sanitary products supply chain actors ranging from importers/manufacturers to consumers. This assessment looked into the type of sanitary products they manufacture or import and the price margins they make. Along with this the willingness to pay for MHH products of women was assessed through interviews and focus group discussions. It aimed at gathering the MHH economy as a whole in Addis Ababa and Adama City Administrations. A SWOT analysis was conducted on few important companies operating in the formal and informal MHH economy, and identified the perceived advantages and disadvantages of reusable pads by adult women, and with the retailers gathered information on why they store or not store MHH products.

A snowball sampling technique was used to identify sanitary products supply chain actors and included in the analysis. Utmost effort was made to identify manufacturers or importers, distributors and wholesalers in Addis Ababa, and wholesalers and retailers in Adama. At each

stage in the supply chain, the type of sanitary product supplied, selling price and perceived preferences were assessed.

2.2. Sample size and sampling technique

The survey was conducted on representative samples of the target population to understand the experience, knowledge, attitude and practices of women and girls on menstrual health and hygiene (MHH), and understand how boys and men respond to issues of MHH. The sample size was determined based on Cochran formula as we do not have information on the preferred population characteristics. This assumes 95 percent confidence interval, 5 percent desired level of precision and a design effect for considering cluster sampling technique.

$n = \frac{z^2 pq}{e^2} * d_{ef}$ Where **n** = sample size, $\mathbf{z^2}$ is the abscissa of the normal curve that cuts off an area **α** at the tails (z=1.96), **p** is the estimated proportion of an attribute present in the population (p=0.5), **q=1-p** (q=0.5) and **e** is the desired level of precision. This calculation gives 576. We also consider non-response rate (NRR) of 10 percent, which increases the sample size to **640**.

The entry points for the survey were schoolgirls from schools (grade 5-12), girls from university, women at home and those working at factories. Finally, 60 girls attending their studies at Adama Science and Technology University, 68 from factories (Brothers Biscuit Factory, Africa PLC, and Nazareth and Arsi Soap and Oil Factory) were included in the survey. As planned, 220 women at home and 260 schoolgirls were included in the survey. Later, two kebeles and two schools were included from Adama Zuria Woreda; from these additional of 40 women and 40 schoolgirls were included. A total of 688 women and girls were finally included in the survey. Fifteen schools (11 primary and 4 secondary schools) were included from 13 sample kebeles. Table below presents the lists of schools considered in the assessment.

Table 1. Schools selected to include in the assessment

Kebele	School	Focus grade level
Dhadacha Arara	Geda Birmaji Primary School (government)	Grade 5-8
Gurmu	Ababo Boru Primary School (government)	Grade 5-8
Gara Lugo	Goyas Primary School (private)	Grade 5-8
Migra	Migra Primary School (Government)	Grade 5-8
Goro	Adama Model Senior Secondary School (public)	Grade 9-12
	Adama Youth Secondary School (private)	Grade 9-12
Barecha	Geda Robale Primary School (government)	Grade 5-8
Irecha	Dambala Secondary School (government)	Grade 9-12
Boku Shanan	Burka Primary School (previously peri-urban)	Grade 5-8
Malka Adama	Malka Adama Primary School (prior peri-urban)	Grade 5-8
Dabe Solloke	Dabe Solloke Primary School (prior peri-urban)	Grade 5-8)
Dhaka Adi	Dhaka Adi Primary School (prior peri-urban)	Grade 5-8
	Bole Secondary School (previously peri-urban)	Grade 9-12
Kobo Luto	Kobo Luto Primary School (now peri-urban)	Grade 5-8
Makuye Haro	Makuye Primary School (now peri-urban)	Grade 5-8

2.3. Data collection and analysis tools

The assessments used participatory qualitative and quantitative methods and tools to gather data from primary and secondary sources. Experience, knowledge, attitude and practice survey of MHH was conducted on 688 women and girls (328 adult women and 360 girls). The survey data was supplemented by qualitative assessments through key informant interviews and focus group discussions. Relevant documents were also collected and reviewed to set the context.

Assessment of the current supply chain for sanitary products was made through participatory qualitative methods including in-depth interviews, key informant interviews, focus group discussions and reviews of secondary sources. The Willingness to Pay (WTP) for sanitary products was studied through Contingent Valuation Method (CVM) by including relevant questions in the KAP survey under pillar 1.

2.4. Limitations, risks and mitigation measures

Though utmost efforts were made by the consultants to find out solutions there were limitations and risks associated with these assessments. More explanations are provided as follows.

Limitations: This assessment faced two major limitations. The first one was that wholesalers resisted providing more information on the MHH economy, as they are only profit-oriented and they fear that their competitors could prevail. This made the effort of data collection very difficult. The second limitation was that sanitary products retailers (pharmacies and shops) were not comfortable to provide information on their annual sales.

Risks: Implementation of the assessments faced risks associated with the current security situations that pushed data collection by two days while on field. Administrative clearance was required from the command post, not from the region bureau of finance and economic cooperation.

Mitigations: The assessment team were committed to find ways of getting reliable information by showing up the support letter and convincing supply chain actors about the purpose of the study while giving due consideration on the sensitive issues.

The team lobbied the command post to obtain support letter for the target sectors and kebeles. In addition, the team provided allowance for one expert to accompany the team to the schools and communities.

3. Findings

3.1. Household characteristics

Marital status

Out of the adult women included in the survey, 66 percent were married, 26 percent were single and the remaining 8 percent were divorced. This means that the data collected through survey included the different dimensions of menstrual hygiene management from the view points of male headed, female headed and singles. In terms of status in the family, 65.6 percent were house wife while 34.4 percent were either single or divorced and hence responsible for the household. Table below presents the marital status of the survey participants.

Table 2. Marital status of the survey participants

	Adama	Periphery	Total
Marital status			
Married	61.80%	88.50%	66%
Single	29.30%	9.60%	26.20%
Divorced	8.70%	1.90%	7.80%
Status			
House wife	58.40%	97.70%	65.60%
Female head	41.60%	2.30%	34.40%

Age and education level

The average age of schoolgirls was 16.2 years while that of adult women was 29 years. Education level showed variation between Adama and periphery areas; majority of the adult women interviewed from Adama have secondary education (30.6 percent) and college diploma or above (39.2 percent) compared to those interviewed from the periphery kebeles, where 28.8 percent have no formal education, 42.3 percent have elementary education. Nearly 22 percent of adult women interviewed from Adama have primary education. On the other hand, the education level of schoolgirls included in this survey ranges from elementary (grade 5 and above) to university. Chart below presents the education level of adult women.

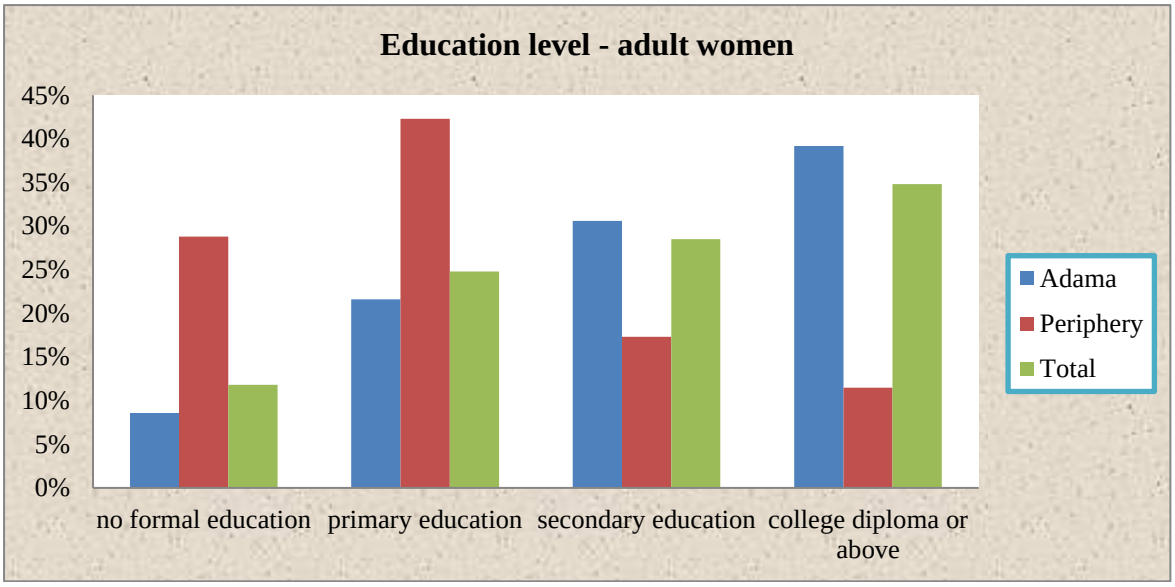


Chart 1. Education level of survey participants (adult women)

Livelihoods

The main economy of the surveyed women was observed to vary between Adama and its periphery kebeles. As it can be witnessed from the below chart, the economy of the majority of the women interviewed from the periphery kebeles was based on rain-fed agriculture while those from the Adama were based on the monthly salary[1]. The chart below illustrates the livelihood pattern of the surveyed women.

[1] In Adama wages paid for women as labourers and those working for factories are considered were considered as monthly salary.

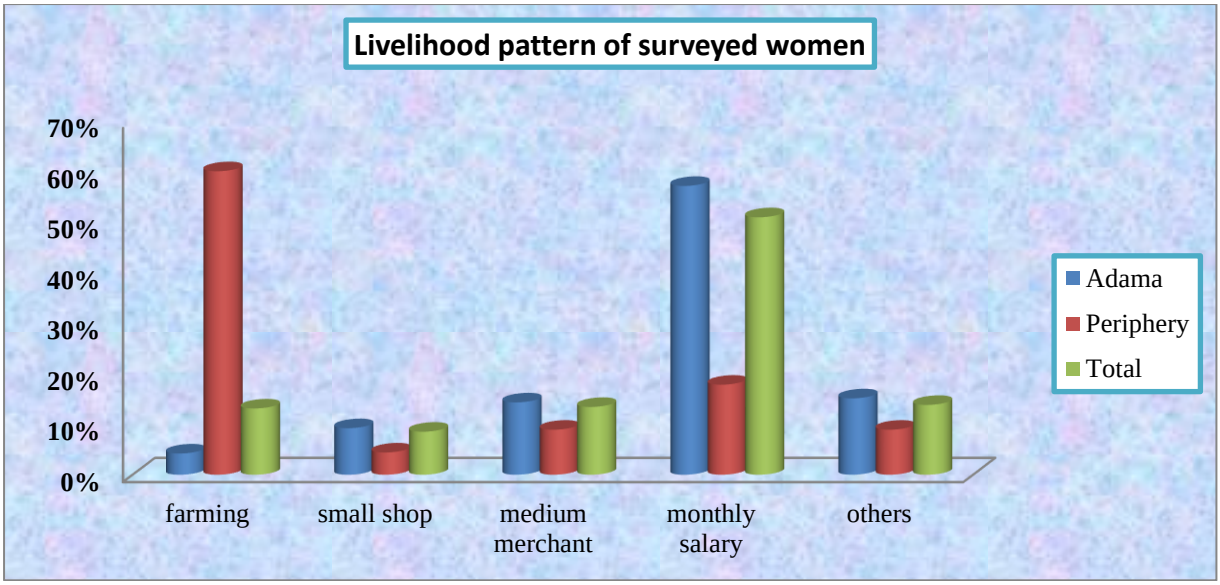


Chart 2. Livelihood pattern of surveyed women

Access to WASH and MHH

About 88 percent of the schoolgirls from Adama and 54 percent from periphery kebeles reported that there is water in the school, but not necessarily for menstrual hygiene purpose.. Similarly, 81 percent from Adama and 39 percent from periphery kebeles reported that there are sanitation facilities in the school. About 73 percent from Adama and 25 percent from periphery reported that there are hand-washing facilities in the school. Nineteen out of 100 schoolgirls from Adama reported that they change their sanitary pads in library or office of the vice director; while only 1 percent of the schoolgirls from periphery kebeles reported changing menstrual materials in the office or library, though this does not ensure privacy. Findings from the interviews and observations indicated that toilets in the schools are not suitable to change pads for two basic reasons – there is no separate toilets for girls and the toilets are not clean to be used for changing pads. Forty two percent of the schoolgirls interviewed from Adama reported that the girls' club lead provides them with soap during menstruation; while 14 percent from periphery kebeles access soap from the girls' club leader to wash during menstruation.

3.2. Experience related to menstruation

Survey findings indicated that there were mixed feeling about the onset of menstruation by school girls. About 39 percent reported that they were shocked when they first saw their menstruation at school because they did not have information. Similarly 9, 4 and 3 percent of the school girls were worried, frightened and felt shame, respectively when they first saw their menstruation. On the other hand, 44 percent of the schoolgirls reported that they had awareness about menstruation and hence considered as normal when they saw their menarche. Those girls having prior information about menstruations either purchased and/or obtain disposable pads from the school to manage it (as reported by 82.2 percent). Chart below presents the feeling of schoolgirls during their menarche, that is, during their first experience with menstruation.

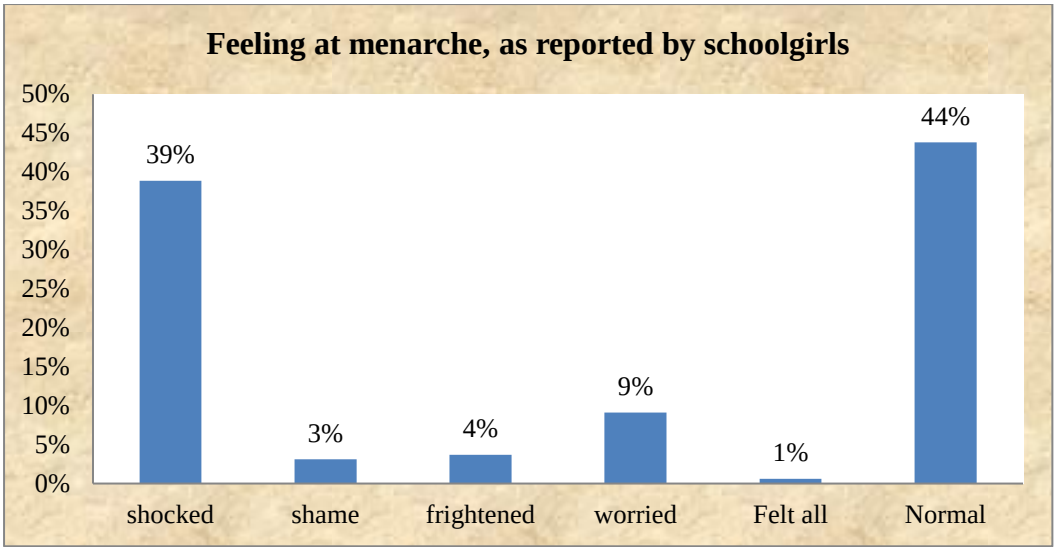


Chart 3. Feeling at menarche, reported by schoolgirls

Fourteen percent of schoolgirls reported bullying by boys in schools while 16.6 percent reported experiencing harassment by boys around homes. Focus group discussions indicated that not all of the schoolboys are involved in bullying girls but very few of them who lack good behaviour that stare at the blood stains and laugh at girls experiencing their menarche at school and/or those happening without knowing the date.

Menstruation, though a normal physiological process facing women and girls every month, it has not yet been taken as an agenda at household and community levels. About 20.5 percent reported not feeling confidence talking about menstruation, with significant difference when talking about it with mother or father. Seventeen out of 100 girls reported not feeling confidence discussing about menstruation with their mothers and sisters. This was mainly because of the social taboo associated with menstruation (57 percent reported that it is not something that people talk openly), feeling shame (as reported by 25 percent of the schoolgirls) and the secrecy of the issue (as reported by 18 percent of schoolgirls). When it comes to the father and/or brothers, 64 percent reported that they don't feel confidence to discuss about menstruation for similar reasons (57.9, 29.4 and 12.6 percent, respectively).

Similarly, 20.7 percent of women, who have daughter, reported not feeling confidence to talk about menstruation with their own daughters while 13.5 percent reported not feeling comfortable discussing about menstruation with their fellow women. The reasons for not openly talking about the issue are interrelated. The main reasons reported by mothers for not fully comfortable discussing about menstruation include, among others, the fact that it is not traditional or a culture to speak about the issues (41 percent), a taboo or it is not something talked about (35 percent), and secrecy[2] (16 percent). Similarly, women do not discuss menstruation amongst themselves because it is not something talked about (46 percent), not cultural to speak about menstruation (33 percent) and privacy (20 percent). Chart below presents the variations across the location (town and its peripheries) regarding the cultural barriers to talk about menstruation. Findings from the focus group discussions and the interviews indicated that talking about menstruation openly is a taboo across Adama and its peripheries. The finding from the survey however showed variation between Adama and peri-

[2] The choice 'taboo, habitual or secrecy' were what the questionnaire suggested as reasons for not talking about menstruation. By '**taboo**' we meant that it is something people should not talk about openly while '**not habitual**' means that people are not accustomed to talk about it. '**Secrecy**' stands for something that needs to be kept secret and not openly discussed. One is actually a reason for the other as they are interrelated (as they are social norms)

urban kebeles, which is due to the fact that 'not cultural' was due to 'a taboo' – one reason is a cause for the other.

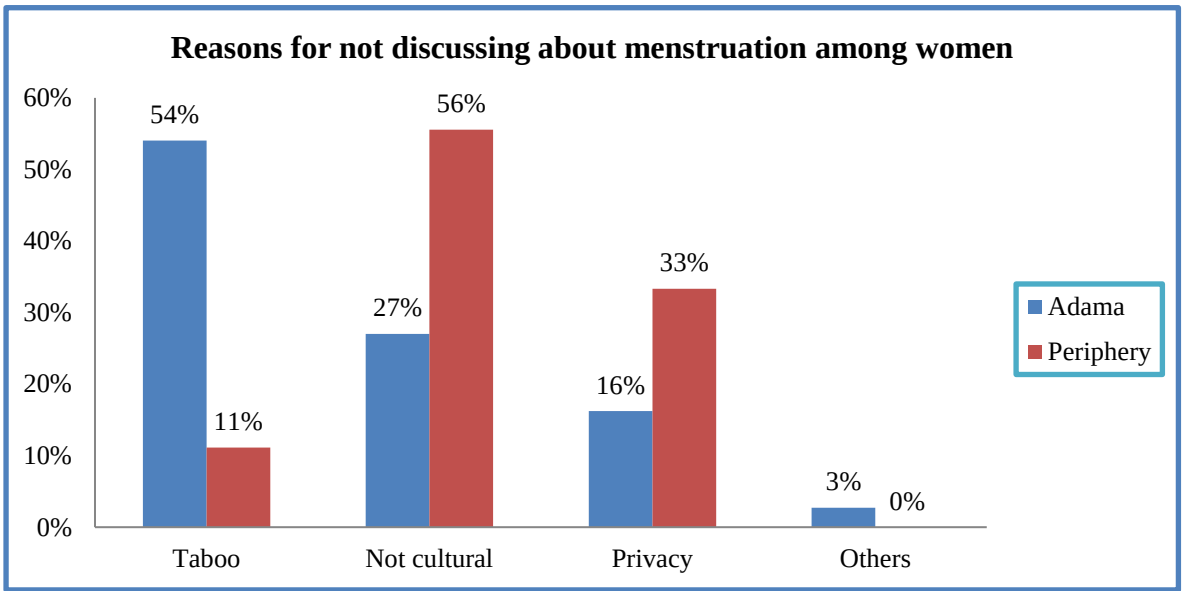


Chart 4. Reasons for not discussing about menstruation

Do girls go to school during menstruation? Menstruation, though a natural phenomenon, is considered as a taboo and something that is not openly discussed to find solutions. This has been affecting women and girls in different ways. The survey found out that girls coming from the poorest families are not going to school during the menstruation period (15.2 percent) in fear of the pain (as reported by 82.5 percent), excessive bleeding (12.3 percent) and lack of menstrual materials to manage their menstruation (5.3 percent). On the other side, girls from the middle and richer families reported going to school during menstruation, managing their menstruation. However, this doesn't mean that if they feel too much pain, they go to school. Similarly, women from the poor families reported not going to work during menstruation (19.6 percent), mainly due to feeling sick (48 percent), excessive bleeding (18 percent) and lack of privacy to change menstrual materials (2 percent).

3.3. Knowledge of MHH

The analysis showed that women and girls have some level of knowledge about menstruation but their knowledge is crafted within the societal ways of thinking about menstruation. The survey showed that very small proportion (5.4 percent) of schoolgirls lack sufficient knowledge and understanding about menstrual health and hygiene and how it can be managed. Even if it is not openly discussed, the level of understanding[3] about menstruation amongst the women and/or girls was found to be relatively good. The sources of information for menstruation slightly vary between schoolgirls and adult women, as illustrated by the chart below. For both schoolgirls and adult women, the major sources of information regarding menstruation were family (59 percent for schoolgirls; 49 percent for adult women) and school (32 percent for girls; 33 percent for adult women).

[3] Understanding or knowledge about menstruation was measured based on the responses to the questions, meaning the percentage of women and girls responded correctly to the questions

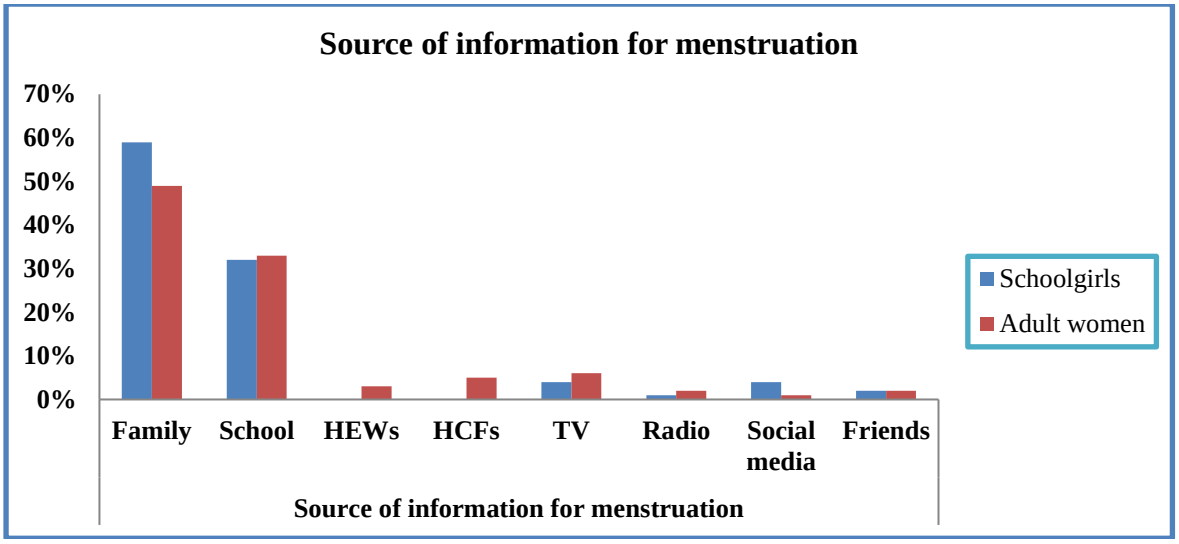


Chart 5. Source of information for menstruation

The survey also identified the preferred channel to hear about menstruation. In order of importance, women and girls reported their preference to hear about menstrual health and hygiene through family, school, health extension workers, health care facilities, television, radio, social media and internet. Fifty two percent of adult women and 47 percent of schoolgirls reported that they prefer family (mother, sister or daughter) to hear about menstrual health and hygiene. Similarly, 27 percent of girls included in the survey reported their preference to know more about menstruation through school (could be through girls club, female teachers or course). Chart below provides more information about the preferred channel of information for menstruation.

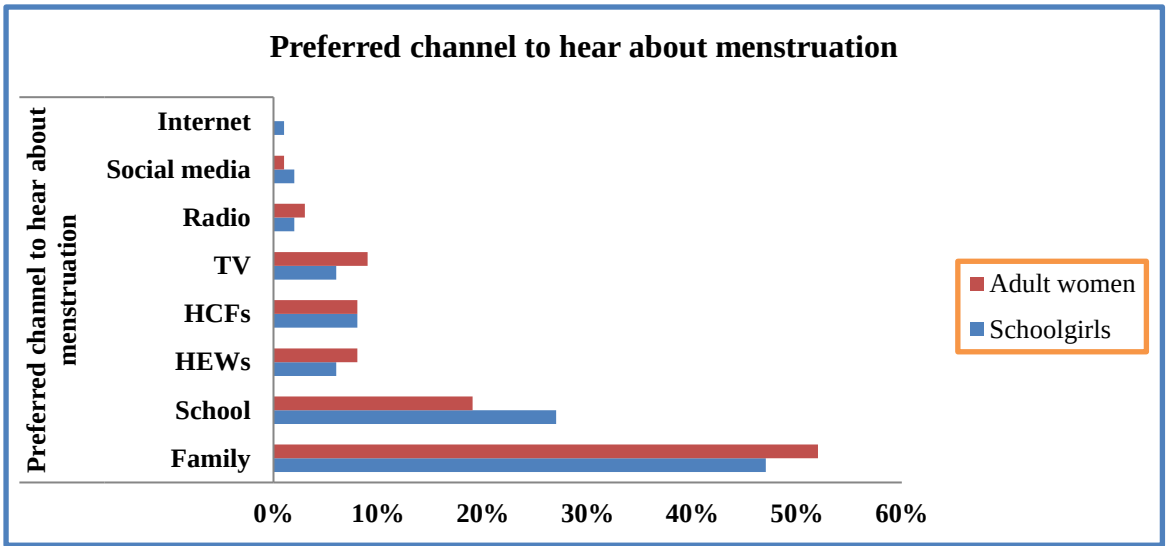


Chart 6. Preferred channel to hear about menstruation

Nearly half of the adult women and 43.3 percent of schoolgirls covered by the survey reported that they know about the taboos and misconceptions around menstruation and menstruating women. They reported that menstruating women and girls are considered as if they are not clean, and hence not allowed to prepare food and not take part in religious events (in case of Islam and Orthodox Christianity), not supposed to take bath as it is believed to increase the flow of menstrual blood, and the society consider menstruating women and girls as if the woman had sexual intercourse. From the perspective of Islam religion, the women on period do not involve in performing religious activities including prayer mainly because she

is not clean. According to Orthodox Christianity, a woman on period should not even enter into the church compound. Chart below illustrates the different taboos and misconceptions around menstruation as reported by the survey participants.

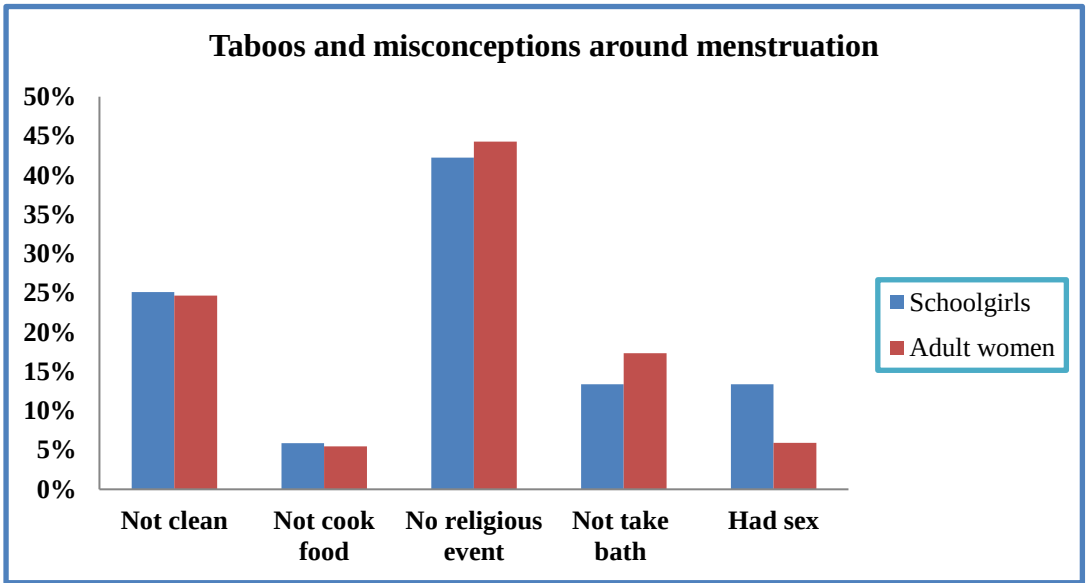


Chart 7. Taboos and misconceptions around menstruation

It is evident from the survey that schoolgirls have considerable level of knowledge about the average age for the onset of menstruation, causes of menstruation, materials for menstrual hygiene management, frequency of changing menstrual hygiene materials in a day, homemade washable menstrual materials, possibility of washing menstrual materials with soap and dry in open sun, that menstrual materials are not shared with others, the need to wash genitalia every day during the period, and the need for proper disposal of used sanitary materials. Sixty two percent of schoolgirls and 60 percent of adult women reported that they use only water to clean their genitalia during menstruation. Table below provides the proportions of schoolgirls with the above listed knowledge related to menstrual health and hygiene management.

Table 3. Knowledge of schoolgirls regarding MHH

Key knowledge areas	Adama	Periphery	Total
Know average age when menstruation start	97.20%	97.70%	97.40%
Know causes of menstruation	81.6%	62.3%	74.3%
Know materials to be used to manage MHH	93.90%	97.70%	95.40%
Know menstrual material changed 3-4 times	91.40%	82.80%	88.10%
Know homemade sanitary pads washed with soap	79.40%	85.90%	81.90%
Know washed MM dried in sun	62.90%	69.30%	65.30%
Know MM not shared with other	58.30%	70.50%	62.90%
Know washing genitalia at least once in 24 hours	99.10%	99.30%	99.10%
Know proper disposal of used menstrual material	89.70%	85.50%	88.10%

The average age when girls started menstruation was reported to be 13 years. Adult women reported that the causes for menstruation include a normal physiological process (57 percent), normal blood flowing through genitalia (22 percent), and a blood coming out when pregnancy is not happening (14 percent). Similarly, schoolgirls reported that physiological process (53 percent), menstrual blood flowing through genitalia (27 percent), and blood flowing out when pregnancy is not occurring (16 percent) as major causes of menstruation.

Nearly 79 percent of schoolgirls and 89 percent of adult women reported that uterus or womb is the source of menstrual blood.

3.4. Attitude towards menstruation

The local name for menstruation, as reported by schoolgirls, is *Yewer-Abeba* (56 percent), *Lagu* (20 percent), *Marsa Lagu* (6 percent), *Turi/Edif* (3 percent) and *Yetefetro Tsega* (1 percent). Similar pattern was observed on the local name for menstruation as reported by adult women.

Findings from the survey indicated that the society wrongly perceive menstruation and menstruating women and girls. Schoolgirls reported that menstruation is considered as a signal for maturity, which means that the parents should find husband for her (26 percent). Even if this is gradually changing, menstruating girl is considered as if she had sex or lost her virgin (10 percent in periphery; 7 percent in Adama). Girls also reported that a woman or girl on period is considered as a curse (wage of sin) and also related with sickness. Majority of girls included in the survey, however, reported not knowing the perceptions around menstruation. Chart below presents the different societal perceptions around menstruation and menstruating women.

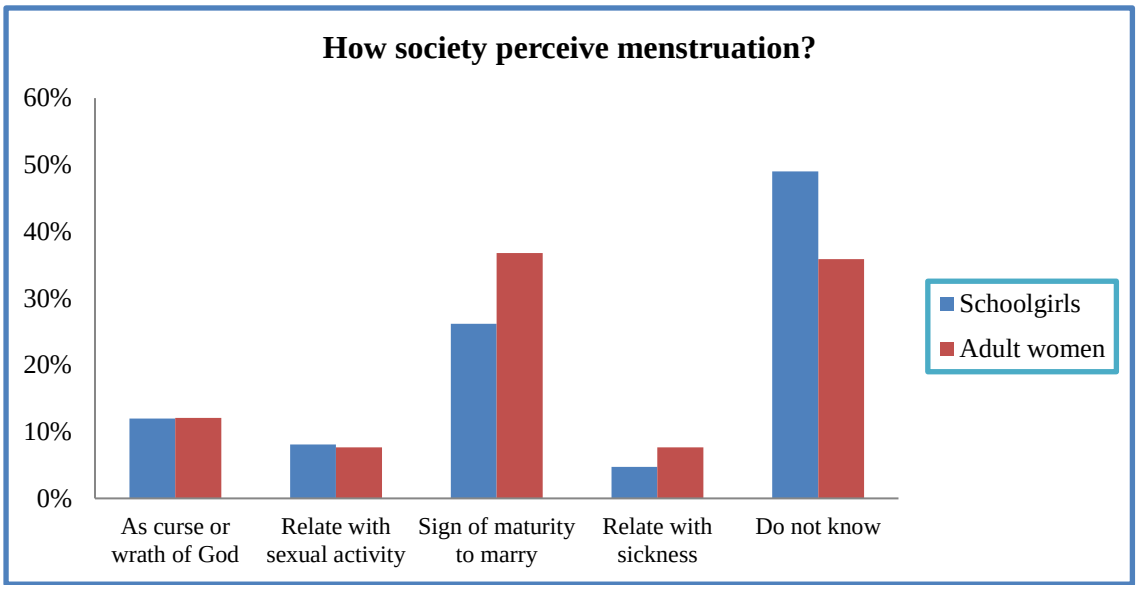


Chart 8. How society perceives menstruation

Nearly 58 percent of adult women and 45 percent of schoolgirls reported that such discriminatory perceptions around menstruation and menstruating women are learnt from the society (happening currently) or coming from ancestors (used to be perceived in the past). Similar patterns have been observed between the responses from Adama town and its peripheries. Most importantly, 46 out of 100 schoolgirls and 40 in 100 adult women perceive that menstruation is a normal blood flowing through genitalia happening every month when there is not pregnancy. On the contrary, 38 percent of adult women and 5.4 percent of girls included in the survey perceived menstruation as it is perceived by the society at large.

Because of the societal norms and values around menstruation are discriminatory, women and girls feel shame when they are on menstruation and isolate themselves from social interactions as well as religious activities. About 57 percent of the schoolgirls (62 percent in Adama; 53 percent in periphery kebeles) reported that they feel shame when they are menstruating, mainly due to fear of mocking by boys, the society consider menstruation as a

curse (16 percent), lack of menstrual materials to manage bleeding (9 percent) and because the society considers as if she had sexual intercourse (9 percent). Similar pattern was observed with the responses from the adult women – fear of mocking (46 percent), lack of menstrual materials (18 percent), society consider as a curse (17 percent), and people relate menstruation with sexual activity (14 percent).

Social norms and attitudes towards menstruation has been gradually changing over years but still there are believes among the society that menstruation is a curse, related with sexual intercourse, dirty and related with sickness as it has pain. Survey findings indicated that majority reported that boys/men normally react to menstruating women (81 percent) and girls (84 percent) while very few men and boys laugh, mock, disrespect and insult women and girls during menstruation when they see blood stains on their cloth. Chart below presents the reactions of boys and men towards menstruating women and girls.

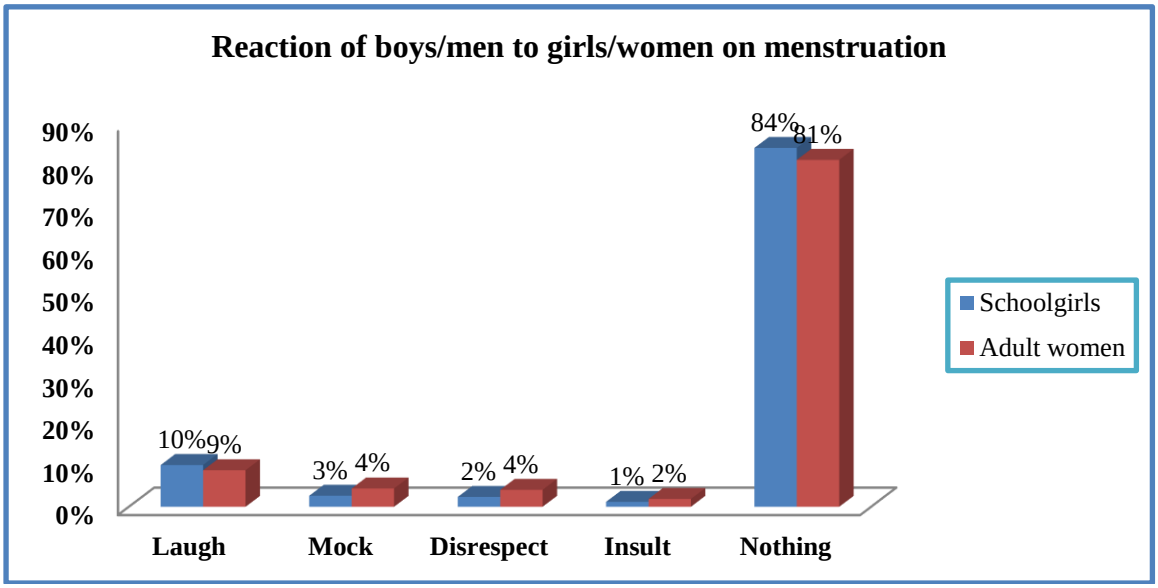


Chart 9. **Reaction of boys/men to girls/women on menstruation**

Survey findings showed that considerable proportion of schoolgirls (22 percent) shy away from boys' reactions towards menstruation and this was found to vary between girls from the town (17 percent) and the periphery (29 percent). When boys react to menstruation, 10 percent of the girls reported crying and feeling disrespected while 14 percent reported they felt fear when they experience negative reactions from boys. Similar reaction patterns were witnessed by adult women towards the behaviours of boys. Majority of girls (54 percent) and women (70.9 percent) reported that they are familiar with the behaviours of boys and men towards menstruation and hence felt nothing.

Such reactions of men and boys towards menstruation have been reported to put negative pressure on the life of women and girls. Almost all the girls (95.2 percent) and women (98.8 percent) included in the survey believe that addressing the problems associated with menstruation can boost the potentials of women and girls. Tackling the negative social norms and attitudes could significantly improve the education performance and competitiveness of girls and increase the productivity of women.

3.5. Practices of MHH

The assessment found out that there are different types of menstrual materials, all disposable, from retail shops, supermarkets and the school. Well to do families buy sanitary materials for their daughters while girls coming from the poor households either receive sanitary pads from school for emergency purpose or use cloth to manage their menstruation. Nearly 78 percent

of schoolgirls and 97 percent of adult women reported that they have access to disposable sanitary pads.

The survey showed that majority of the school girls (78 percent) and adult women[4] (81 percent) used disposable sanitary pads during their menstruation while very small proportions reported using cloth, reusable pads and underwear to manage their menstruation. Girls' focus group discussions indicated that they have access to disposable sanitary pads from schools, as emergency (as reported by 13 out 15 schools addressed as part of this study). This might have increased the proportion of girls using disposable pads. Chart below illustrates the type of menstrual materials used during menstruation.

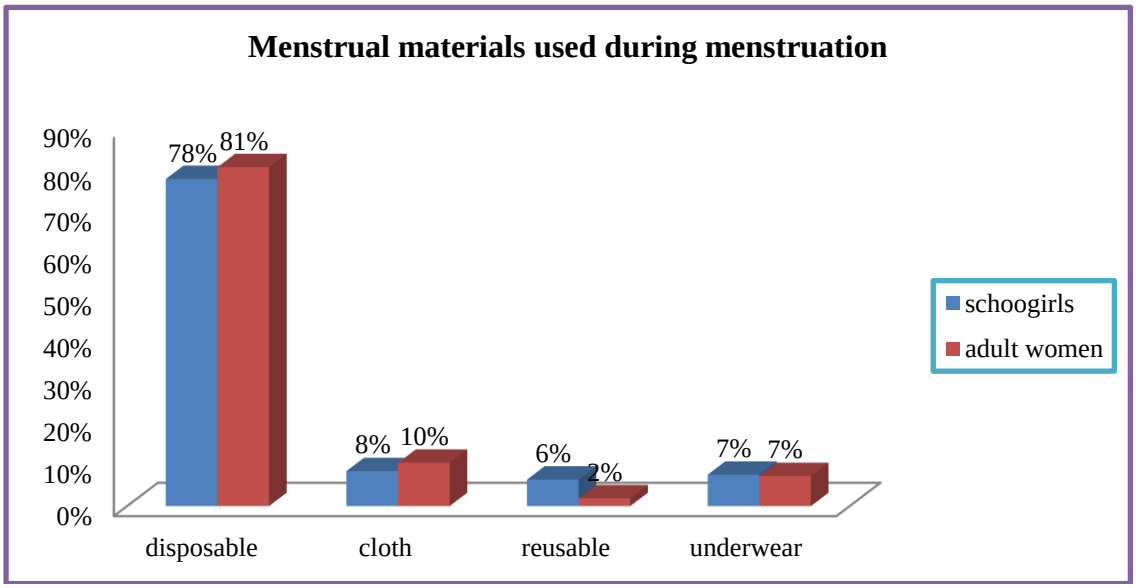


Chart 10. Menstrual materials used during menstruation

Large proportion of schools included in this assessment provide emergency sanitary pad (one piece) for girls who experience menstruation and do not have their menstrual material with them. This helps girls to manage their menstruation while at the school, and if the girl is from the poor family, she may not come back until the menstruation stops. However, significant proportion of girls (28.4 percent) reported that they are not comfortable to receive emergency pads from the school where male teacher leads the girls' club and hence responsible to supply sanitary pads (35.7 percent from the periphery; 23.9 percent from Adama). In some schools the sanitary pads are available from the head of the girls' club, the director and vice director offices, where the girls' clubs are led by female teacher. Nevertheless, the girls' club room is usually closed when the club leader is out of school (as reported by 59 percent) and girls are not comfortable to ask male teacher (21 percent). Some male teachers show bad behaviour when girls request emergency sanitary pads; they reported that male teacher usually disrespect girls coming to them to obtain sanitary pads for emergency purposes by saying '*you should have brought your sanitary pad with you*' which psychologically affect them. There are boys that mock at poor girls when they saw them visit the girls' club to obtain their emergency pads (6 percent). What is the most shocking, however, is that girls coming from the well to do families were reported disrespecting and undermining girls from the poorest families for not taking their menstrual materials with them and requesting the school for emergency purpose.

[4] The number of women and schoolgirls are the same while those from periphery accounts for 36.3 percent of the total sample

On the other hand, 20.1 percent of schoolgirls and 3.3 percent of adult women reported that they lack access to menstrual materials, and hence not using any material to manage their menstruation.

Women and girls are aware of the importance of cleaning genitalia during menstruation though there are religious dimensions that prevents the actual practices. According to the Islam religion, women and girls on menstruation should not wash her genitalia and do not take bath during the menstruation period. The reason given is that she is not clean even if she washes her genitalia as far as the menstrual blood stops.

The survey, however, found out that women and girls clean their genitalia at least once in 24 hours (as reported by 99 percent schoolgirls; 100 percent adult women). Thirty eight percent of schoolgirls and 39.5 percent of adult women reported using soap to clean their genitalia (there was a general view that using soap is good, but not sure if they knew washing with soap can cause infection). Majority of the schoolgirls (62 percent of schoolgirls) and adult women (59.6 percent) reported that they are using only water to wash their genitalia. Chart below presents the details of what they use to wash their genitalia during menstruation.

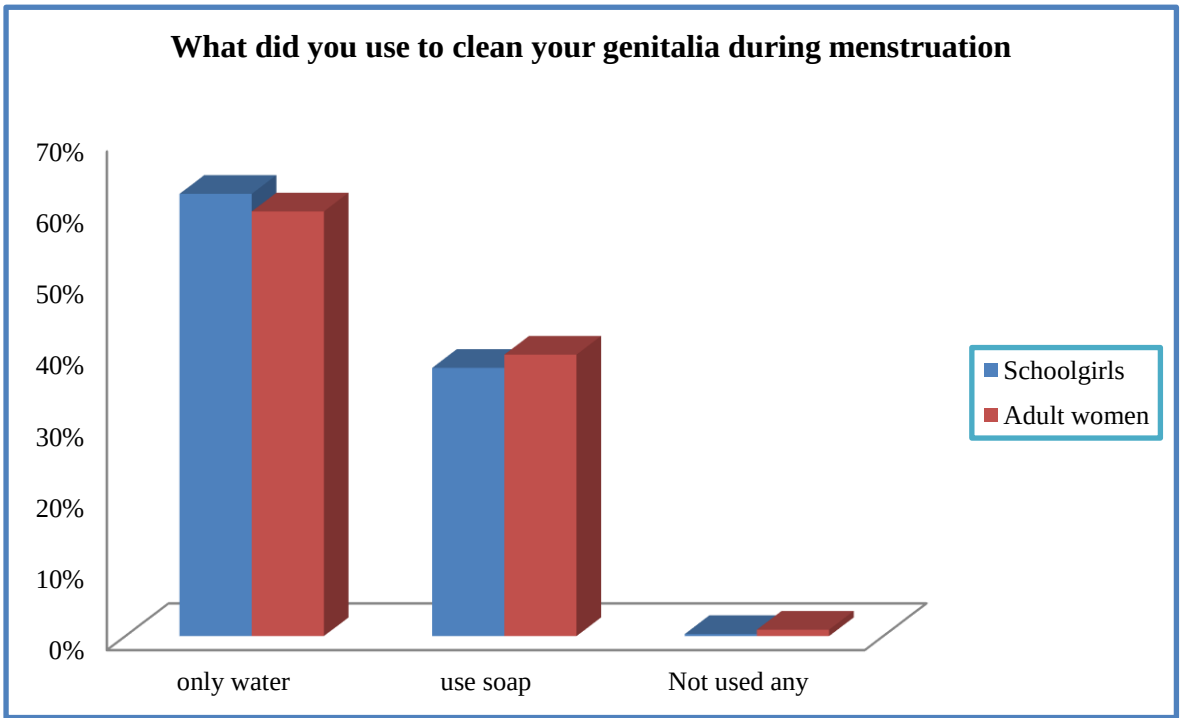


Chart 11. What did you use to clean your genitalia during menstruation?

Nearly 50 percent of the schoolgirls and 35.8 percent of adult women reported that they do not wash their body during menstruation. Findings from the focus group discussions confirmed that women and girls following Islam religion are not supposed to wash their body during menstruation, as she cannot be cleaned until the menstrual blood stops. While 38.1 percent of schoolgirls (39.4 percent from Adama, and 35.9 percent from periphery) reported that they wash their body at least once in 24 days. Lesser proportion of the schoolgirls (12.2 percent) reported washing their body twice or more in a day during menstruation (14.4 percent from Adama; 8.6 percent from periphery). Similarly, 49.1 percent of adult women reported that they wash their body once in a day while 15.2 percent reported that they wash their body twice or more in a day during menstruation.

The other most important element in managing menstrual health and hygiene is frequently changing sanitary pads. Majority of schoolgirls (54.9 percent) reported changing their

sanitary pads at least three times in 24 hours (most likely referring to girls from well to do families). Thirty eight out of 100 girls reported that they change their sanitary pads twice a day while others reported changing once in a day (most likely referring to girls from the poorest families). Similar pattern in the frequency of changing sanitary pads were witnessed by adult women. Chart below illustrates the frequency of changing sanitary pads by schoolgirls and adult women, as witnessed from the survey.

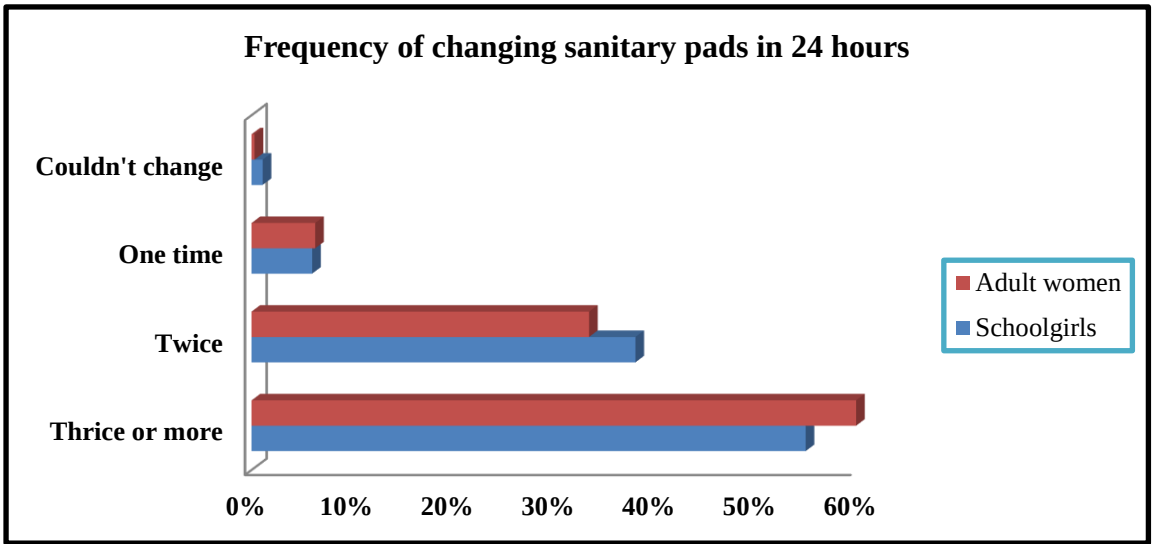


Chart 12. **Frequency of changing sanitary pads in 24 hours**

Women and girls were also asked about their experience related to washing and reusing menstrual materials including cloth and reusable pads provided by the school (like Kobo Luxo). In this regard, 59.4 percent of schoolgirls (most likely from the poorest families most often use cloth to manage their menstruation) reported washing their menstrual materials and reuse them (65.4 percent from periphery and 55.8 percent from Adama). On the contrary, 40.6 percent of the schools girls (most likely from well to do families) reported that they are not familiar with the washable/reusable menstrual materials (as they use disposable pads). Similarly, 64.8 percent of adult women reported washing menstrual materials and reuse them (90 percent from periphery and 60.4 percent from Adama) while 35.2 percent reported that they are not familiar with washing menstrual materials (referring to those who afford to use disposable pads). Women and girls who are familiar with reusable/washable menstrual materials reported that they dry washed materials in open sun and reuse for managing menstruation (67.9 percent of school girls; 83 percent of adult women). Twenty eight percent of schoolgirls and 29.2 percent of adult women have experience of urinal infection in relation to the use of sanitary products.

Used single-use menstrual materials need to be disposed properly. About 96.8 percent of schoolgirls and 97.8 percent of adult women reported that they dispose used menstrual materials in a proper place. Fifty five percent of schoolgirls (64.5 percent from Adama and 39.4 percent from periphery) dispose used menstrual pads[5] in waste disposal box while 40.8 percent dispose in the toilet (30.8 percent from Adama and 57.5 percent from periphery). According to the interviews with girls' club, solid wastes are collected and burned, which students considered it as waste disposal place. Use of toilet as disposal mechanism for used menstrual pad is not appropriate as it can clog the toilet[6] under urban condition. Chart below illustrates disposal places for menstrual materials.

[5] This talks about used menstrual pads, be it disposable or reusable pads
[6] Piped toilet that could be clogged by pads

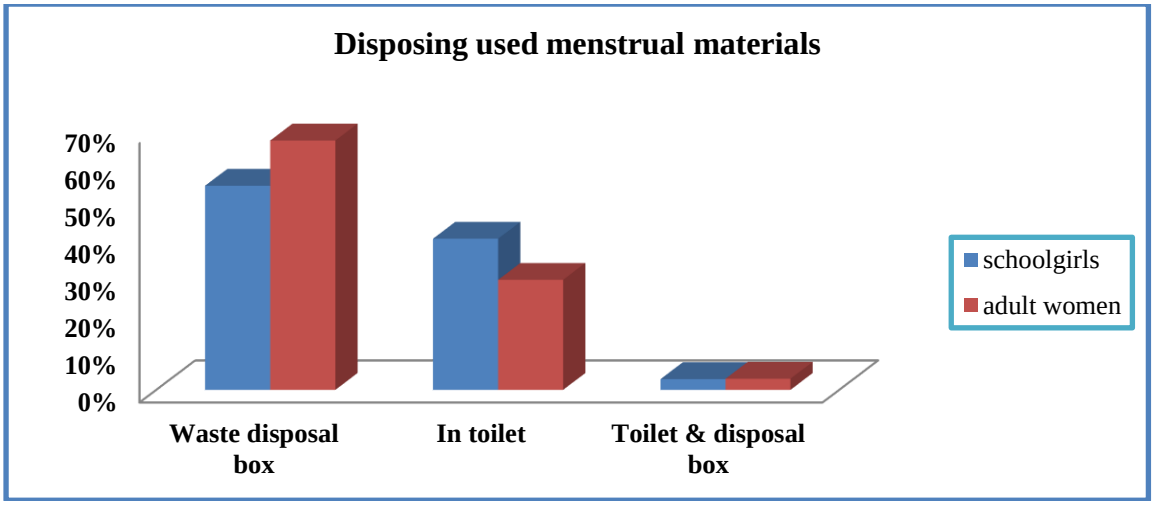


Chart 13. Disposing used menstrual materials

3.6. Barriers to improved practices of MHH

Findings from the focus group discussions and interviews indicated that there are barriers to achieve improved menstrual health and hygiene practices at home, schools and work places, which among others include harmful social norms, low awareness, low affordability, shortage of sanitary pads, lack of convenient place to change sanitary materials, lack of access to water and soap, and lack of appropriate disposal mechanism. The fact that the survey results indicated access to sanitary pads was coming from the effort the schools have been making to avail emergency pads. This, however, does not mean that they have full access to sanitary products, as they are only given one pad that serves until the girl get back to home. In most cases the budget for the purchase of emergency sanitary pads is contributed by girls and teachers, which is not sustainable.

Harmful social norms

Findings from FGDs in schools and with adult women revealed that the society gives names to menstruating women and girls, which among others include the following:

- If the boys saw blood stains on the girl's uniform, they say '*she lost her virginity' or 'she is raped' or 'she runs after male*' and these are reported causing shame, disgrace and affecting dignity and privacy of the girls, which further create frustration and emotional distress.
- According to Islam religion, menstruating women should isolate herself from gatherings and religious ceremonies because she is not clean. During the menstrual period, she should not share bed with her husband, not touch holly Qur'an, and should not wash her body because she cannot be clean until the menstrual blood stops.
- Orthodox Christianity also forbids women and girls on menstruation not to enter into the church compound; she has to stay alone and does not perform religious ceremonies.
- Across all religions the issues related with menstruation is not openly discussed, and if women or girls talk about menstruation, she is regarded as prostitute or street women/girl. Girls not feel confident to talk about menstruation with their parents because of the secrecy of the issue and the taboos attached to it, and parents usually avoid teaching their children that menstruation is normal physiological process and that it shows the normal functioning of the womb. Even wives feel ashamed to discuss

menstruation with their husbands showing the level of pressure put by the social norms.

- In some schools, in fear of the social pressure, girls avoid saying '*need sanitary pad*' but alternatively say '*want to buy bread*' to friends. Poor girls should request emergency pad from the school, and they feel shame to ask if the person supplying sanitary pad is male.
- At household level, if they saw blood stains on a girl, they say 'she is ready to get married' or 'she is ready to have sex' and hence the parent prevent a girl not to go out of home including school but force her to get married. Male FGD stated the local proverb that supports this idea '*Tutiwa Agotegote Liyawata Ababa, Yichin Liji Daruwat Satamata Tata*' which means that the girl should get married before getting into trouble.
- Some teachers badly treat girls that saw their menstruation at school by saying 'why didn't you get prepared before it came' rather than being supportive. Though changing gradually male teachers consider menstruation as 'dirt' and not willing to support girls, indicating where they are coming from.

Low awareness

Findings from FGDs and interviews indicated that though menstruation is a common challenge for women and girls, there are still low awareness at household and schools. Interview with the girls' club leader at Ababo primary school showed that girls coming from the poor and uneducated family background lack sufficient knowledge and understanding about menstruation. She said that lower grade girls, when they saw their menstruation, they come to her and say '*Mis, I am bleeding*' and others when they saw blood flowing through their genitalia, they '*shout and feel shame*'

Low affordability

Affordability is a big challenge among women and girls who have adequate understanding about menstrual health and hygiene. The number of sanitary pads required for the monthly menstrual hygiene management depends of the size of menstrual blood flowing. Considering average 5 days (3-7 days duration) per month, and changing 4 times per day, the monthly sanitary pad requirement would be roughly 20 pieces. The price of disposable pad per piece was reported to range between ETB 3 to 5. This costs ETB60 to 100 per month for a single women or girl. According to the 2007 population census, the average family size was approximately 4 persons. Considering two females in a household (a mother and daughter), the monthly cost for menstrual material excluding water and soap for washing and bathing would range between ETB120 and ETB200 per month. This sanitary pad cost totals to ETB1440 to ETB2400 per year per household. As per the discussions made with women and girls' group, the coping mechanism for lack of access to disposable pads was the use of piece of cloth, which also helps reduce the cost of the menstrual materials, especially for the poor families.

According to the focus group discussions a poor household living hand-to-mouth based on subsistence livelihoods cannot afford spending this much on menstrual materials. They prefer staying at home or not going to either school or work place during menstruation, and trying to manage their menstruation with pieces of cloth available to them.

This survey used contingent valuation method to estimate the willingness to pay (WTP) for sanitary products. The study participants know the disposable sanitary pads but reusable sanitary products were reported to be uncommon in the study areas. Only in one out of `5

schools reported supplying reusable sanitary pads to girls when they see their menstruation. This WTP for reusable pads were estimated based on contingent valuation method, following the explanation with respect to the type and key features of the product. Similarly, the tampons and cups are not known by the study participants, and the WTP for the product was based on the first hand information given by the enumerators about the product, and then asking the respondent to reflect on the maximum price that she is willing to pay for the product. The average WTP for disposable pads was estimated per month (and then computed for a year) while for the reusable menstrual materials, it was estimated per year. Accordingly, the average WTP (of schoolgirl) per 10 months for reusable sanitary material supplied through school was ETB37.43 and for that supplied through shop was ETB44.45. Similarly, adult women are willing to pay ETB 21.3 per month (for 10 months) while they reported their willingness to pay ETB34.3 every month if supplied through shop. On the other hand, adult women reported that they are willing to pay ETB36.4 per year for reusable menstrual materials if supplied through school while they are willing to pay ETB45.8 per year if supplied through shop. Chart below compares the average willingness to pay for sanitary materials with the average market prices.

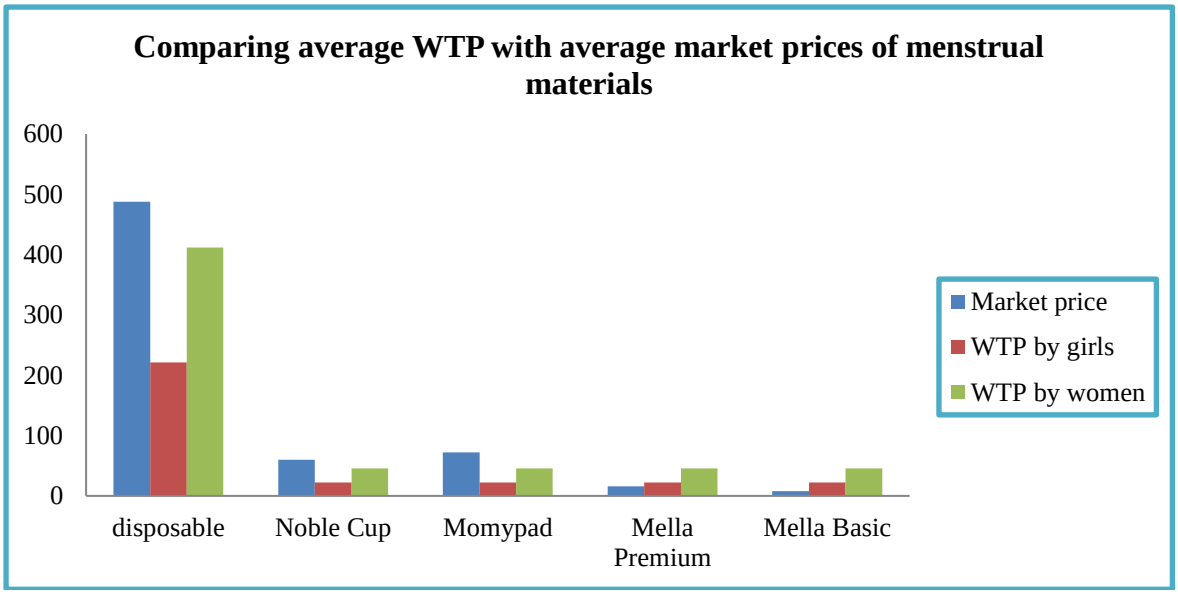


Chart 14. Comparing average WTP with market prices of sanitary materials

As it can be witnessed from the chart above, the willingness to pay for disposable sanitary product (by both schoolgirls and adult women) is less than the market price showing that women and girls have low capacity to pay for menstrual products. From the observations and discussions made with women and girls the level of understanding about the different reusable sanitary materials is very low, which also have implications on the willingness to pay for the products.

Considering selected menstrual products, the percentage share of the reported average WTP in the average market price is illustrated by the chart below. Accordingly, the percentage share of average WTP for disposable pads in the average market price is 55 percent for schoolgirls and 84 percent for adult women. This means that the maximum price schoolgirls can pay for disposable sanitary pad is less than the actual market price for the product, showing that the pocket money provided to them is not sufficient to cover the cost of menstrual materials. Similarly, the maximum price adult women pay for disposable product is only 84 percent of the actual market prices, indicating that the women have low capacity to pay for the product.

Similarly, the average WTP for reusable noble cup, reported by schoolgirls, was only 37 percent of the average market price, while 76 percent for adult women. This means that both women and girls lack the financial capacity to buy reusable noble cup at the current market price.

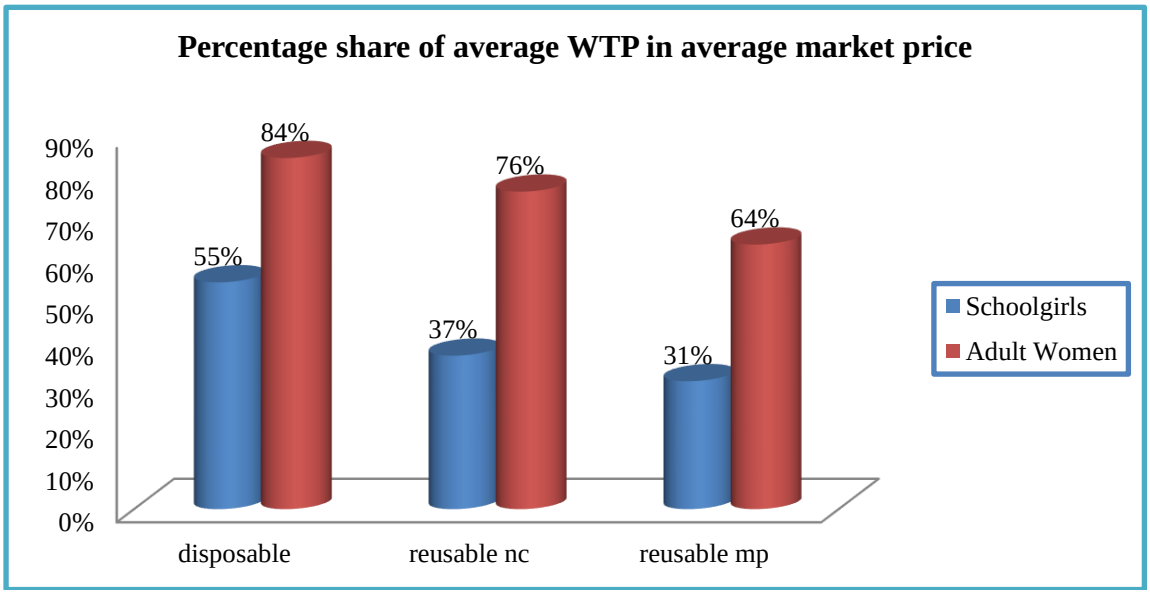


Chart 15. Percentage share of average WTP in market price of sanitary products

Generally, the average willingness to pay, reported by adult women, for reusable menstrual products was 0.1 percent of the average annual income while the average willingness to pay for disposable sanitary pad was 0.6 percent of average annual income.

Shortage of sanitary products

Qualitative assessments showed that there are shortages of emergency supply of menstrual materials at school level mainly because of lack of budget inspired by lack of specific plan for menstrual health and hygiene management. The best practices with some schools were that they mobilize money from girls' students and teachers to buy emergency sanitary materials. Though such initiatives are very inspiring considering existing context, it is not sustainable and adequate, and the government should give sufficient attention by making MHM services mandatory for the schools that will be fulfilled from their internal revenues and school grants. In addition, involving teachers and parents associations in the promotion and mobilization of resources for MHM is of paramount important. This not only increases class attendance but also improve the dignity, privacy and educational performance of girls.

As a copying mechanism the girls' club reported providing only one piece of sanitary pad for a girl that helps her in managing her menstruation until she gets back home. This means that a girl may not come back to school during the remaining days in fear of failing to manage her menstruation where there are not appropriate facilities in school. The fact that government schools have challenges in terms of meeting the students – class ratio, and are very much congested makes the environment worse for girls encountering menstruation in schools. In addition, the fact that school toilets are not clean and not separated by sex exacerbates the problem of menstrual hygiene management.

Lack of convenient place

Creating enabling environment for women and girls at home, school and work place is very important to improve menstrual health and hygiene management, and enhance productivity.

All schools included in this assessment lack separate room for menstrual hygiene management. Some schools use library and vice director's offices as emergency place for girls encountering menstruation to change menstrual materials, and/or uniforms if there is blood stains on the cloth. According to the focus group discussions with girls, these places (library or director's office) are not fully safe to change pads. This means that all the schools included in the assessment lack appropriate or convenient place to change menstrual materials at school.

Similarly, women working at factories lack convenient place to change sanitary pads. They have room for changing their clothes but this is not equipped with all necessary requirements including water, soap, menstrual materials and shower as well as mattresses.

Lack of access to water and soap

In all the schools visited there was no soap available for hand washing while a tap of water was observed in majority of the schools. In terms of the purpose of the study, however, none of the schools have water, soap, washing basin, and a space for taking rest. Furthermore, using soap for washing genitalia is not common, as majority of the survey participants reported using only water to clean genitalia during menstruation. Though there was a general understanding among women included in this study that using soap is good, there was no further investigation to check their knowledge about the side effect of using soap to clean genitalia. Considerable proportion of women and girls are using soap to clean their genitalia. Interviews with the girls' club showed that there is shortage of budget to supply soap for menstrual health and hygiene management at the school.

Absence of appropriate disposal mechanisms

Used menstrual materials need to be disposed appropriately so that they can be environmentally friendly. None of the schools visited, however, have appropriate solid waste disposal bin. Girls dispose used menstrual pads in toilet and in the open areas, where solid wastes are stored. This is critical in terms of aligning menstrual health and hygiene management with the environmental sanitation.

3.7. Opportunities for better MHH

Policy provisions

There is menstrual health and hygiene management policy at national level that gives direction to program design. In 2016 the Ministry of Health has developed menstrual hygiene management implementation guideline, which shows the level of commitment from the government side. However, this guideline has not yet been cascaded down to the local levels, which requires support from development partners.

Existing initiatives

There are opportunities for the betterment of menstrual health and hygiene management by building on the existing initiatives. Schools, with their own initiative, are supporting girls by purchasing sanitary products from their own pocket. They are using offices and libraries as places for changing sanitary pads and uniforms when the blood stains on clothes. Girls are supposed to wash their uniforms at home, and bring back the other uniform to school, which serves the same purpose. This means that any additional support to the schools can boost their

potential to create an enabling environment for menstrual health and hygiene management, and improve the educational performance of girls.

The other most important opportunity for improving the menstrual health and hygiene management in school is that there are structures like girls' club, chaired by a female teacher that work on raising awareness of girls on menstruation and its management. Strengthening this structure is another opportunity to improve menstrual health and hygiene. Currently, the club lacks sufficient supply of sanitary products, water, soap, convenient changing room, as well as washing basin. Fulfilling these elements can advance the club to the upper ladder towards achieving appropriate menstrual health and hygiene management.

According to the Adama Education Office Amref Health Africa has been implementing a project which supports menstrual hygiene management in three schools. Education office has been supporting the implementation of the project. This will be another opportunity to partner with in the future, and also learn from the process.

4. Conclusions and recommendations

4.1. Conclusions

Menstruation is a monthly challenge for women and girls, and lack of prior knowledge about it causes girls to feel shame, disgraced and disrespected when it comes unexpectedly at school. Society discriminates women on menstruation though it is a natural process and shows normality of the womb. Though the government with the support of development partners developed MHM implementation guideline at national level, the guidance paper has not yet been cascaded down to the local levels. There is some good initiatives here and there but this has not been well organized to ensure better MHM in schools. The following summarizes the findings by experience, knowledge, attitude and practices around menstruation.

Experience related to menstruation

Considerable proportion of schoolgirls reported that they were shocked when they see blood flowing through their genitalia (38.9 percent) while 43.8 percent were aware of menstruation and considered normal.

Bullying, mocking and insults from boys are common for girls in schools (14 percent) and around home (16.6 percent), related to menstruation due to low awareness. Not all boys show such a discriminatory behaviour but few of them are involved in harassing girls when observing blood stains on their cloth, while majority of boys are supporting girls when they see blood stains on their uniforms.

Significant proportion of schoolgirls reported that they are somehow comfortable talking about menstruation with their mother and sisters (82.6 percent) while larger percentages reported that they are not fully comfortable discussing about menstruation with their father and brother (64.1 percent). Menstruation is generally not considered as an agenda for the families, which means that budget is not openly allocated for the purchase of menstrual materials.

Considerable percentage of schoolgirls misses classes for 2 to 3 days per month (as reported by 80 percent) because of the pains (82.5 percent), excessive blood (12.3 percent) and lack of access to menstrual materials (5.3 percent). It should be noted here that the percentage of girls that lack access to sanitary pads is low mainly because 13 out 15 schools supply emergency sanitary pad when girls see their menstruation while in the school, though not sufficient. In some schools the teachers and girls contribute to purchase emergency sanitary

materials to help girls coming from the poorest families continuously attending their classes. Out of the 100 girls, 15 of them do not go to school during menstruation.

Despite the issue of affordability, majority of the schoolgirls and adult women prefer disposable sanitary pads to reusable or washable pads. Girls also reported that there are different preferences between disposable pads. Girls with heavy menstrual flow prefer EVE comfort, which is thicker while those with light menstrual flow use disposable pads like Always, which is thin.

Knowledge[7] about menstruation

Most of the schoolgirls and women have some level of knowledge and understanding about menstruation, but less attention is given in terms of practicing appropriate menstrual hygiene management. They know the average age when girls start menstruation, causes of menstruation and source of menstrual blood. Girls get the first hand information from school through science course starting from grade 4, and they learn the details starting grade 7 under the biology course. The girls' club is the additional source of information on menstrual hygiene management. Girls from educated family background also get information about menstruation from their mother and/or sister.

Attitude towards menstruation

Society wrongly perceives menstruation and menstruating women and girls. They consider a girl on menstruation as if she lost her virginity (only by seeing blood) or she is ready to have sex and marry a man (sign for maturity). If a woman or girl is on menstruation, it is a taboo to involve in religious events or get into the church compound. Community level discussions also indicated that if a woman is on period, men observe the menstrual blood on the cloth; they are not interested to receive food or drink from her because she is considered not clean. Some male teachers are also reported to reflect this wrong attitude towards menstruation when girls ask for emergency pads.

These social taboos and misconceptions around menstruation have put much pressure on the psychology and emotions of girls. In some schools menstrual materials are available with the girls' club leader (mostly female) and vice director's office, and if the girls' club leader is not available, girls are not comfortable to ask male teachers for emergency sanitary pads. They prefer to stay at home during their menstruation, and when the teacher asks why they miss the class, they do not want to openly tell that it was because of the menstruation.

Practices of menstrual hygiene management

Activities carried out by girls' club or providing Ethiopian Girls Puberty Book are very important in terms of advancing the knowledge and understanding about menstrual health and hygiene management, and addressing the wrong attitudes towards menstruation

Current disposable sanitary products available in the market are not affordable especially by poor families living based on subsistence economy

Though use of offices and libraries for changing sanitary materials at schools is currently practiced by girls' club, it does not, however, ensure privacy and safety for girls, and there should be separate room for the purpose

[7] It is recommendable to link this with 'Ethiopian Girls Book: Growth and Changes' available in Amharic, Afaan Oromoo and Tigrigna.

Menstruation is not an agenda for individuals, households and community at large because of the secrecy of the issues, discouraging social taboos and misconceptions and that it is not cultural to talk about it. However, if it is not openly discussed there will not be a solution.

4.2. Recommendations

Based on the findings from the assessment the following recommendations are forwarded, which among others include:

General recommendations

- The ministry of health should revitalize its commitment to enforce appropriate implementation of the national menstrual hygiene management guideline developed in 2016. Furthermore, tax exemption should be one of the strategy to ensure increased access to affordable and sustainable menstrual hygiene services.
- Ethiopian Standard Agency should involve in quality control and regulations of sanitary products
- Education sector should consider menstrual health and hygiene management as one of the program pillars, and enforce its implementation at all levels including the schools.
- Education sector should consider menstrual health and hygiene management as one of the standard in the construction of schools. It should also consider revising existing schools in terms of creating enabling environment for menstrual hygiene management in schools.
- The government of Ethiopia should exempt value added tax from the purchase of sanitary products to ensure affordability and sustainability of using menstrual materials.
- Education sector should work towards creating market linkages between local sanitary products manufacturers and the schools. This involves demand creation and introducing subsidy mechanisms to familiarize sanitary products markets with customers.
- Religious leaders should collaborate in the promotion of MHH and support appropriate MHH practices

Recommendations aiming at improving knowledge about menstruation

- Providing schoolgirls with the Ethiopian Girls Puberty Book, as it is approved by the Ministry of Education. This helps girls to learn about menstruation by themselves.
- The level of awareness on menstrual health and hygiene management is low at individual, household, school and community levels. Continuous awareness raising and promotion works are required to improve the level of understanding and knowledge about menstruation. Girls' club should be capacitated to play promotion and awareness raising roles among the school communities.
- Existing knowledge about menstruation is crafted by the societal norms and values. Public campaigns needs to be organized to teach about menstrual health and hygiene management, and show the public how social norms put unnecessary pressure on the life of women and girls.

- School teachers lack the necessary knowledge and understanding about menstruation. In order for them to be part of the change process, they should receive sufficient training and engaged in the whole process to build their confidence to teach the topic and to improve their own knowledge to make sure the information they convey is right. The project should also focus on continuous awareness raising campaigns at schools to increase knowledge about menstruation.
- Awareness raising and trainings aiming at improving the knowledge about menstruation should cover elements such as what the menstruation mean, causes of menstruation, average age for the onset of menstruation, and how to manage menstruation.

Recommendations aiming at addressing issues with attitude towards menstruation

- Though menstruation is a natural process the society perceives it imperfectly and this has been putting much pressure on the life of women and girls. All stakeholders should join hands to tackle the bad attitude towards menstruation and menstruating women and girls.
- The project needs to have specific objective and activities to address the social norms, taboos and misunderstandings around menstrual health and hygiene. Unless the root causes are sufficiently addressed it may not be easy to achieve the required outcomes related to menstrual health and hygiene.
- Schoolgirls from the well to do families laugh at girls coming from the poor families when collecting emergency pads from the school, which annoys and affect their emotions. Awareness raising campaigns should be organized in the school to address the issues associated with the attitudes towards menstruation and related issues.

Recommendations aiming at improving menstrual hygiene practices

- Working towards increasing availability of low cost, sustainable and affordable menstrual materials through retail shops, pharmacies and schools. This involves influencing policies and regulations to exempt sanitary products manufacturing and importing from taxes as it is not luxury item but a necessity for women and girls.
- Larger proportion of the study schools are currently supplying emergency sanitary pad (1 piece per girl per day during their menstruation) free of charge, but this does not enable changing sanitary pads 3-4 times per day.
- None of the schools have appropriate room for changing sanitary pads, though there are some practices of using offices and libraries. Any project supports to schools needs to focus on ensuring appropriate changing rooms with water, soap, washing basin, mattress and anti pains. Looking for appropriately cleaned toilet facilities with water, soap, and basins can also be an option.
- In some schools there are male teachers assigned to provide emergency sanitary pads, and this was not found to be comfortable for girls especially coming from poor families. The sanitary pads store key should be kept with the female teacher or senior schoolgirl to smooth the collection when needed.
- Women and girls, especially from the poor families, need to be supported and capacitated to make their own sanitary materials. This involves training and providing initial capital to encourage them engages in the business.

- Women working at the factory have place to change their cloth but lack room to change sanitary pads. Factories should allow women to access sanitary pads or collaborate with service providers to improve the menstrual health and hygiene management of women.
- Relevant institutions should think of setting up appropriate disposal mechanisms for used sanitary products at home, schools and work places

Annex 1. The Term of Reference

Terms of Reference for Assessments on

Experiences, Knowledge, Attitude & Practices of Menstruation and Its Management (SLOT # 1)

and

Current Supply Chain in Sanitary Products, Opportunities and Threats in Growing the Market (SLOT # 2)

August, 2021

Addis Ababa, Ethiopia

1. BACKGROUND

CARE International is one of the world's leading multi-mandate aid agencies, fighting poverty and injustice in over 80 countries around the world and helping 65 million people each year to find routes out of poverty, with a specific focus on the empowerment of women and girls. CARE contributes to lasting impact at scale in poverty eradication, social justice, and in support of the Sustainable Development Goals (SDGs). Gender equality (SDG 4 & 5) sits at the heart of our programmatic ambitions and radiates through all of our work.

CARE International has launched a new vision to 2030 which outlines that Women's Economic Justice (WEJ) is one of CARE's six priority impact areas. By 2030, we will measurably change lives across multiple impact areas. CARE strives for a world that is equal for all genders. Gender equality is an important goal in its own right. Additionally, we cannot eradicate poverty and achieve social justice while gender inequality persists. Discrimination against women has negative implications for global security and development, economic performance, food security, health, climate adaptation and the environment, governance, and stability. Our 2030 Goal is that 50 million people of all genders experience greater gender equality (particularly eliminating GBV, and increasing women and girls' voice, leadership and education).

CARE started working in Ethiopia in 1984 in response to severe drought and famine that devastated the population and claimed the lives of nearly one million people. Since then, the organization's activities have expanded to address the root causes of poverty and vulnerability. Our programs focus on the areas of livelihoods and food security, sexual and reproductive health and nutrition, emergency preparedness and response, water and sanitation, and governance. Our programs particularly support women and girls in rural and urban areas. As part of CARE Ethiopia's development of a focused and long-term program approach to poverty, the country office targets three groups of people: pastoralist girls, chronically food-insecure rural women and poor young girls living in cities and urban areas.

2. CONTEXT

Menstruation is an essential part of a woman's life. However, menstrual health and hygiene (MHH) remains a big taboo in many cultures and has been consistently overlooked, underestimated and underfunded especially in middle and low income countries. Increasing knowledge and promoting best practices on MHH can have a significant impact on education, health, early pregnancy, and gender equality, thereby increasing the likelihood of young women actively contributing to the economic growth and political stability of their countries. Although a universal aspect of women's lives, one that affects most women and girls monthly for most of their lives, menstruation as a phenomenon is shrouded with shame, taboos, ignorance and secrecy. For Ethiopian women and girls, it means having to manage practically, dealing with discomfort and pain, as well as facing cultural – particularly religious-restrictions. Social norms link family honour with virginity and, still in many communities, marriage with puberty. At the same time both urban and rural poverty translate into problems of affordability of products and lack of access to water and improved latrines as well as weak waste management systems.

The French development aid system, the French Development Agency (AFD), in partnership with the French Ministry of Europe and Foreign Affairs, is currently structuring a Development Impact Bond (DIB) to finance the deployment of Menstrual Health and Hygiene Management (MHH) interventions in Ethiopia in order to empower women and girls and improve their place in society. The DIB will be implemented by a consortium of service providers led by CARE, an international Non-Governmental Organisation ('NGO') globally recognised as a leading gender equality player. The DIB is a three-year program which focuses on Adama town and surrounding peri-urban kebeles in the Oromia Region. CARE Ethiopia is leading the program which will be implemented primarily by PRO PRIDE, a local NGO.

The programme will be implemented in urban and peri-urban communities of the administrative town of Adama, Oromia region. In 2019, the urban population of Adama was estimated at 374,930 (including 191,313 female and 183,616 male) and its peri-urban population at approximately 30,000 (including 15,300 women and 14,700 men) [8]. The population targeted by the DIB will be girls (aged 7-18), women (aged 19-49), boys and men. The Programme activities are categorized in to three pillars.

Pillar 1: Awareness-raising and advocacy activities to improve MHH knowledge among communities, change beliefs about menstruation and create demand for products, including**:**

- Mass awareness-raising of communities through social marketing campaigns at regional level and engagement of influential groups/individuals (i.e., religious and traditional leaders, Health Extension Workers, Health Development Armies, community-based organisations)
- Targeted awareness-raising sessions to engage directly with women and girls in small groups and with close follow-up through a set of entry points (i.e., schools, universities, factories and VSLAs), following for some of them a Training of Trainers or 'ToT' approach[9]
- Advocacy at national level for better MHH integration among public services

Pillar 2: Production and distribution activities to strengthen the local supply of a variety of MHH products that meet different needs, including:

- Subsidised distribution of MHH kits to schoolgirls through a voucher-based system[10]

[8] Based on Ethiopia's Central Statistical Agency projections for 2017, applying a 2.7% growth rate from 2017 to 2019.

[9] Training of Trainers (or 'ToT') refers to a training approach where a selection of leaders are identified to take training upfront to cascade it down to required level

[10] Vouchers will cover 80 to 90% of the MHH kit producer's cost. School girls will pay 10 to 20% of the product cost to collect the voucher (which serves as management fees for schools to reinvest in MHH). They can then redeem the vouchers in school/retail shops by paying a 10 to 20% mark up to the shops. The programme foresees one voucher per school girl over the 3 years, except for the poorest who can access two for free (no product/mark-up costs)

- Training schoolgirls and women factory workers in self-making reusable sanitary pads for personal use; Support to students in setting-up school shops and to retail shops nearby schools (e.g., pharmacies, hairdressers, other potential retailers linked to health or WASH) in order to supply a variety of MHH products (pads, tampons, soap, bucket, pain relief, etc.)
- Training peri-urban VSLA members on door-to-door sales of a range of MHH products
- Develop national and local networks of supply chain actors for a range of MHH products (i.e., manufacturers, importers, distributors, retailers)

Pillar 3: Water and sanitation infrastructure activities to improve the access to and utilisation of MHH-friendly, sustainable facilities in schools, includes:

- Construction or rehabilitation of MHH-friendly latrines and water pipe connection systems in schools, and equipment of MHH rest rooms
- Set-up of proper maintenance and waste disposal systems ensured by school management committees and student sanitation/hygiene clubs
- Advocacy for MHH-adapted latrines at households and in other entry points.

The program is aiming for three outcomes:

- **Outcome 1:** Sensitization to healthy MHH practices and advocacy: Improving MHH knowledge, creating demand for sanitary products and advocating for support to women and girls from institutions and communities.
- **Outcome 2:** Production and distribution of sustainable sanitary products: Strengthened and sustainable local market in the supply chain of a variety of types of disposable and single and multiple use/ecological sanitary products meeting different needs. The supply chain includes looking at importers/manufacturers/distributors, wholesalers and retailers.
- **Outcome 3:** Improved sanitary infrastructures and waste systems**:** Better menstrual health and hygiene through supporting access and utilization of sustainable sanitary infrastructures in institutions and households.

The holistic and interconnected design of the program means that for the individual there is the possibility of change across the whole journey from awareness to access and purchase, to use, to safe disposal with the program addressing issues of appropriateness, acceptability, accessibility, affordability and profitability. The impact groups that the program is most keenly targeting are women and girls in schools, university and industrial parks as well as young women not in those categories and living in peri-urban areas and those accessing health clinics. There will also be a strong focus on men and boys as well as on community norms and attitudes, resources and facilities.
Promotion of the micro and larger local private sector will be supported by identifying and helping to lessen the obstacles in the supply chain and by working with women's village groups, door to door sales women, school shops or retail outlets near these and the kick-starting of local factory production of reusable pads. Overall the program is targeting 404,929 people in the Adama administrative town and peri-urban areas. Within this wider population, additional targeted work will be done with an estimated 1,047 university students, 1,020 factory workers and 775 peri-urban women's groups and 92,519 school students (including with inclusive WASH and MHH facilities). As part of the activity of the program, CARE Ethiopia, seeks to procure the services of a Consulting firm to implement the assessment on two pillars of the program.

3. PURPOSE

The purpose of this assignment is to conduct assessments and provide analysis on CARE Ethiopia's DIB program, focusing on two of the Program Pillars- Awareness rising and Advocacy (Pillar I), and Production and distribution of sustainable sanitary products (pillar 2).

4. SCOPE

The term of reference for this assessment has two **assessment SLOTs**, and categorized as per the **Pillars** of the program. Assessment **SLOT #1** focuses on Pillar 1 of the DIB program, and will entail the assessment of the experiences, knowledge, attitude & practices of menstruation and its management. Assessment **SLOT #2** focuses on Pillar 2 of the DIB Program, and will entail the assessment of current supply chain in sanitary products, opportunities and threats in growing the market. Both of the assessment SLOTs will be conducted in Adama administrative town and surrounding peri-urban kebeles; while SLOT 2 in particular will also looking at importers/manufacturers/distributors, wholesalers and retailers of sanitary products in Addis Ababa. The detail scope of work for each of the assessment SLOTs are presented below (Page 5-9).

Assessment SLOT #1

Pillar 1: Assessment of Experiences, Knowledge, Attitude & Practices of Menstruation and Its Management

FOCUS OF THE ASSESSMENT

This assessment SLOT focused on **Outcome 1**, i.e., **Sensitization to healthy MHH practices and advocacy** of the program. Outcome 1 of the program addresses both awareness raising and demand creation, as demand creation messages can be coupled with awareness raising in most activities, and they center on the same audience. This outcome also includes advocacy around MHH. The awareness raising element is the work through the media and social media as well as directly with the community, to address fear, shame and taboos and increase knowledge of MHH issues by women, girls, men and boys.

It is also to create, activate and increase their awareness of healthy MHH practices and the demand/willingness to pay for products and facilities that allow women and girls dignity, reduce their stress, improve their health and increase their engagement in school, and work. The awareness raising element of the program has the widest reach in terms of direct beneficiaries. Awareness raising and demand creation will aim to target over 404,929 people, as per the table below.

Total Population CSA Projection Data July, 2019[11] with 2.7% annual growth rate since 2017			
Area	**Male**	**Female**	**Total**
Adama	183,616	191,313	374,929
Peri-urban areas	15,300	14,700	30,000
Total	**206,613**	**198,316**	**404,929**

Source: CSA Population Projection for Ethiopia 2014-2017

Note that the focus of the program is on the administrative towns, which include peri-urban communities. However, some of the awareness raising work, particularly through media and social

[11] Includes both the Adama town and rural/peripheral areas

media will have a wider reach, including to rural areas. The materials developed will be sensitive to these audiences.

The campaign materials will be targeting the media and social media as well as a dedicated website regarding periods, and printed materials (posters, pamphlets, etc.) which will be disseminated directly through the program. The media messaging will be through local government TV and radio, community radio, a program website, and online platforms such as Facebook, YouTube, Instagram and telegram. The approach will include developing a relationship with journalists and bringing into the materials developed the experiences/voices of people engaged in all the different aspects of the program as interactively as possible with feedback processes. The roll-out of the campaign will be relayed by artists, comedians/actors (community and professional), singers, and social influencers. Different mediums and a range of Social, Behavioural Change Communication (SBCC) materials will be piloted for different audiences and occasions, prior to roll out.

The social marketing campaigns will be twofold in regard to women and girls: one is to create awareness that there are several healthy[12] options for menstruation products, that there is a product adapted to each woman (flow level, price, accessibility, acceptability), and the other is to increase demand for all types of products across the board, as the campaigns will not support a specific brand. The underlying message for the whole community will be that it is acceptable to talk about menstruation, as opinion leaders will take up the message. The campaign is also at its core about gender transformation[13] – it will contribute to moving women and girls from period fear and shame with men and boys oblivious or humiliating women and girls, to period confidence and pride by women and girls with men and boys showing understanding and support.

OBJECTIVE AND METHODOLOGY OF THE ASSESSMENT

The overall objective of this assessment is to produce a study document which will be the backbone in the development of a social marketing MHH campaign. This assessment will generate a thorough understanding of the MHH knowledge, attitudes and practices of women and girls, and the knowledge and attitude of boys and men toward menstruation. The focus will be on understanding and generating regionally specific data on women and girls' experiences, on norms-both that are sticky and where they are shifting-and understanding the practical conditions and economic constraints under which menstruation is currently being managed.

The assessment will employ mixed methods-quantitative and qualitative approaches, including desk review, survey, key informant interview, focus group discussions, etc. methods that enhance participatory and inclusive. The consultant is expected to suggest and come up with details of methodology, data collection tools and the appropriate sampling method (s) which will be used in order to identify respondents and for the calculation of the representative sample size for the assessment.

The tools and questions, once drafted will be shared with the Program Management Unit and the Technical Units before finalisation. The analysis is also the first outreach of the program and will help steep the program staff in understanding the reality that women and girls face so that all activities are grounded by this experience. Staff from CARE and partners already in post and relevant local government staff (WYC, Education, Health, and Water) to be involved particularly in the data gathering process.

[12] It will underline that scraps of cloth are not a good option and can create health issues.
[13] Improvement among women and toward transforming the power dynamics and structures that serve to reinforce gendered inequalities.

The threats and all precautions of COVID-19 must be considered throughout the assessment period. These includes but not limited to:

- Wear mask at all times, wash hands with water and soap or clean with sanitizer before entering a house/school/clinics/office, etc. and while leaving, and properly dispose used masks, tissue papers, gloves and other wastes generated;
- make sure there is a distance of two adult strides (two meters) between the consultant and the communities as well as communities each other during information collection
- making sure data collection such as interviews to be taken in a well-ventilated area;
- To not shake hands with any of the data providers such as community members, school girls, government experts, health professionals, etc. while data collection,
- Limit the number of people who will assemble for example, focus group discussion
- To not be on duty if any of the consultant crew members have symptoms of COVID-19 such as coughing, fever, breathing difficulties

SCOPE OF THE WORK

The assessment should focus on:

1. **Experiences** of menstruation, physical and psychosocial and of menstrual management, (including costs of MHH and problems e.g. around washing, disposal, drying) by different segments of the female population (age, geography, socio-economic, disability)
2. **Knowledge, attitude and practice** of different segments of the population including influencers around menstruation and MHH, highlighting the misconceptions and taboos that continue to exist
3. It will identify economic, social, political, technical, environmental and other **barriers and opportunities** for better MHH (at home, at school, at work and in public places)
4. Exploration of points 1-3 as above re non-menstrual uses of pads for **those suffering from fistula or incontinence for other reasons** including linked to urinary tract infections and old age
5. Beyond the data provided by the assessment, **make recommendations to help steer the campaign strategy** that will follow from the assessment

REQUIRED QUALIFICATIONS AND EXPERIENCES OF THE TEAM

The required qualifications and experience from the Consultancy team include:

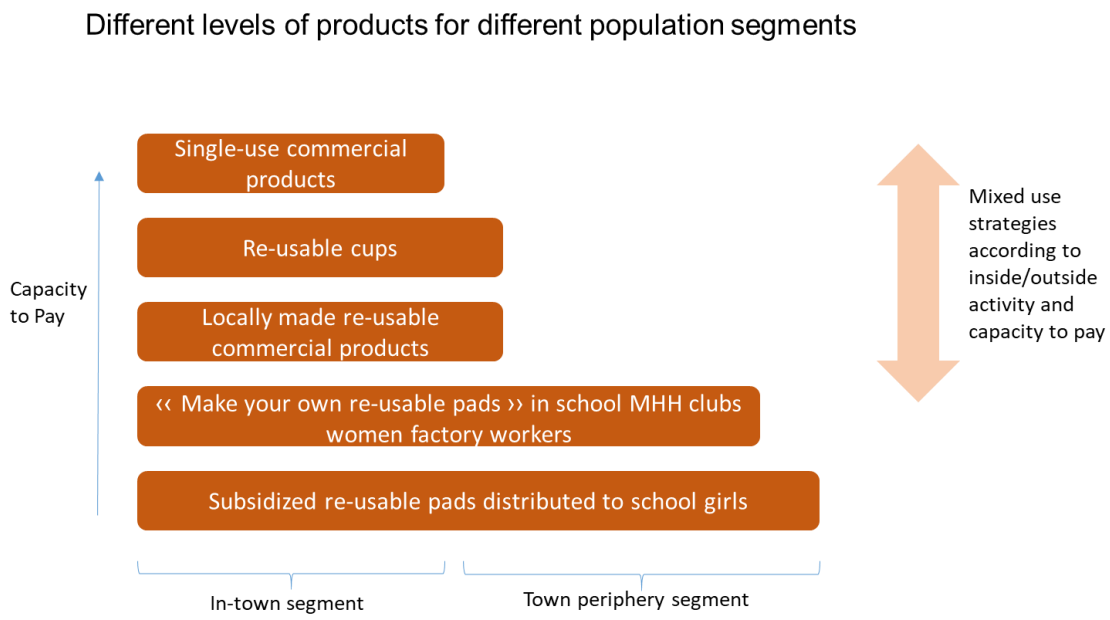
- Master's degree in gender studies, public health, sociology, development studies communications or any other relevant subject
- Proven track record and experience in MHH and gender-related work
- Experience of undertaking similar assessments
- Excellent command of written English

Assessment SLOT #2

Pillar II: Assessment of Current Supply Chain in Sanitary Products, Opportunities and Threats in Growing the Market

FOCUS OF THE ASSESSMENT

This assessment SLOT focused on Outcome 2, i.e., Production and distribution of sustainable sanitary products: Strengthened and sustainable local market in the supply chain of a variety of types of sanitary products meeting different needs. The supply chain includes looking at importers/manufacturers/distributors, wholesalers and retailers. The program will support women's group with the Factory, TVET and the MHH school clubs in producing the re-usable pads, and will support the extension of the distribution network of commercial reusable products as well as menstrual cups.



OBJECTIVE AND METHODOLOGY OF THE ASSESSMENT

The overall objective of this assessment is to undertake comprehensive analysis of the supply chains for different types of sanitary products and produce a valuable study document. This assessment – qualitative in depth interview and group discussion based-but including quantitative financial analysis, will generate a thorough understanding of the different types of sanitary products currently on the market and what the potential and what the constraints are, looking at importers/manufacturers/distributors, wholesalers, retailers and consumers. This is to help steer the MHH product sales side of the program, to identify changes to the barriers and seize opportunities to ensure increased and sustained supply - meeting the increased supply generated by the other aspect of this program.

The consultant is expected to suggest and come up with details of methodology that enhance participatory and inclusive, data collection tools and the appropriate sampling method (s) which will be used in order to identify respondents and for the criteria set for selection of representatives for the assessment. The methodology for the analysis, once drafted will be shared with the Program Management Unit and the Technical Units before finalisation. Staff from CARE and partners already in post and relevant government staff to be involved in supporting and feeding into the analysis.

The threats of COVID 19 and opportunities (around hygiene promotion) to be considered throughout the assessment.

SCOPE OF THE WORK

The assessment should provide:

1. **An overview of the MHH economy as a whole** in Adama town and Addis Ababa looking at importers/manufacturers/distributors, wholesalers and retailers and seeing where the pressure points are that the program could address. It will include a mapping of MHH wholesalers for Adama town and retailers selling MHH products for the area targeted by the project
2. **Through qualitative data gathering, detailed Information and SWOT analysis on some of the critically important companies** operating in the formal MHH economy (manufacturers, importers, whole sellers and retailers), identifying where and what type of support could be catalytic. The same analysis will be produced for the informal sector. These elements will feed into the advocacy agenda of the project. There will be a focus on regulatory barriers faced by the sector, and the consultant will provide suggestions as to other levers that could help enhance the coverage of customer needs
3. **A willingness-to-pay survey,** for each type of MHM product (reusable pads, cups, disposable pads, tampons) from adult women, divided into socio economic quintiles. This will inform market players, including those supported by the project. **A willingness/capacity to pay survey targeting schoolgirls** in the areas of intervention for reusable pads: this will inform the design of the subsidy scheme that the Programme will set up in schools
4. **A focus group survey on the perceived advantages and disadvantages of reusable pads and menstrual cups** by adult women, with a view to inform an awareness raising/marketing campaign but also inform product design for reusable pads
5. **A focus group survey with representative retailers** of the areas of intervention regarding the reasons why they stock or don't stock each type of MHH product, and the average margins they take on each type of product (absolute and %)

REQUIRED QUALIFICATIONS AND EXPERIENCEs OF TEAM

The required qualifications and experience from the Consultancy team include:

- Master's degree in marketing, economics, management or any other relevant subject
- Proven track record and experience in private sector surveys and gender-sensitive analysis
- Experience of undertaking similar assessments
- Excellent command of written English

5. DELIVERABLES

The key deliverable from this TOR is a consolidated report of the two assessment pillars of the DIB programming, including the following:

- Inception Report of maximum 15 (excluding data collection tools) pages to be produced and submitted. In the report the team shall describe the first findings of the desk review, detailed approaches and methodologies including sampling and sample size, data collection tools; and data analysis and detail plan of action for field work and staff mobilization.
- Draft Assessment Report (a separate report for each pillar/slot) of maximum 30 pages excluding annexes. (Structure will be shared later)
- Final Assessment Report incorporating any comments/feedbacks received from the validation workshop
- The final cleaned SPPS Raw Data with recent SPSS version
- Power Point Presentation summarizing the findings of the assessment finding report

6. TIMELINE

A total of 45 calendar days is estimated for the assignment. The assessments shall be conducted including the submission of final approved report (incorporated inputs/feedbacks from validation workshop) within maximum of 45 days starting from date of signed contractual agreement. The assessment team will present the detailed work plan and itinerary on how to meet the proposed duration of assessments. The assessments consist of three phases, and hence the assessments are expected to conduct the assessment through the following phases.

Inception Phase

- Contract, kick-Off and access to data: Contract is signed, and a discussion of the assessment takes place with the consultant teams. First documents, including project documents, log frame (draft) and documents. The consultants conducted desk review/study, existing data needs to be analysed and interpreted.
- Inception Report: In the inception report the consultants will describe the design of the assessment and will elaborate on how data will be obtained and analysed. The use of a data collection planning worksheet or a similar tool is required. On the basis of the information reviewed and analysed, the assessment team shall prepare and submit an inception report including details of methodology, sampling procedure and size, quantitative and qualitative data collection tools, detailed workplan with indicative targets to be interviewed, surveys to be undertaken, dates of field work/itinerary, and name of team members in charge, if any. The survey data collection tool shall be submitted in both English and Amharic version for review and comments. The assessment team is required to undertake a sample pre-test of its data collection tools at field level and adapt the tools for data collection based on the pre-test findings before actual data collection. Data triangulation and quality control are very important and need to be discussed in the inception report. The field trips will only take place upon official approval of the inception report by CARE.

Data Collection and Interview Phase

- Field Data Collection and Interview Phase: Data needs to be gathered, analysed and interpreted. Interviews with selected beneficiaries and stakeholders are conducted on the spot. During the field data collection, the assessment team shall hold an independent briefing meeting with the appropriate stakeholders; ensure adequate contact and consultation with, and involvement of, the different stakeholders; working closely with the relevant government authorities and agencies during their entire assignment. At the field, the assessment team will collect the most reliable and appropriate sources of information and will harmonise data from different sources to allow ready interpretation. For both assessments, mainly SLOT 1 assignment, it is mandatory for the assessment report to include quantitative and qualitative data disaggregated by age, sex, residence, and target groups-schools/students, communities, factories, etc.
- Debriefing meeting: It is expected that the assessment team will summarise the findings of the field work, discuss the reliability and coverage of data collection. Presentation of preliminary findings after first collection of data and field trips in a meeting with CARE Ethiopia, PRO PRIDE and via skype or video conference with CARE France (if needed).

Data Analysis and Final Report

- Data Analysis/Synthesis and Submission of Final Report Draft: This phase is mainly devoted to the analysis of data and interpretation of the results, preparation of the draft report and submission of the draft of the final report, for CARE to provide feedback. The assessment team will make sure that the assessment is objective and balanced, affirmations accurate and

verifiable, and recommendations realistic. It is expected that the assessment team will present concrete recommendations which are addressed to the specific stakeholders. The data analysis and presentations shall include data disaggregated by Woreda, sex, age and others status. Following the data analysis, the final draft report shall be submitted both in hard and electronic copies as per the reporting requirement that will be shared later. The reports have to be presented in English.

- If CARE Ethiopia considers the final draft report of sufficient quality, they will circulate it for comments to concerned CARE Ethiopia staffs in the CO, PRO PRIDE, CARE France, AFD and others, and convene a meeting in the presence of the assessment team. On the basis of comments expressed by CARE's team, and collected by the focal person, the assessment team will amend and revise the draft final report.
- Submission of Final Report: After amending and revising the final draft report as per the comments of CARE, PRO PRIDE and AFD, the assessment team will submit the final report in both hard and electronic copies, as per the reporting requirements.
- Validation Workshop (De-Briefing) Phase: The assessment team has to present the revised draft final report at a validation workshop in Adama town. The purpose of the validation workshop is to present the draft final report to the main stakeholders, to check the factual basis of the assessment, and to discuss the findings, conclusions and recommendations. On the basis of comments made by workshop participants, and collected by the focal person, the assessment team has to write the final version of the report, in which the rules applying to the integration of comments are those stated in the previous section. The final assessment reports will be published on the CARE and AFD websites, if needed.

The timeframe of the assignment and the deliverables are as follows:

Tasks	**Responsible**	**Outputs/deliverables**	**LOE**
Desk Review and inception phase • Collection and review of all relevant project and other relevant documents	Consultant	Gain project background	7
• Prepare and submit draft inception report	Consultant	Draft inception report submitted-methodology, data collection tool, action plan	
• Provide feedback on the inception report	CARE	Gain feedbacks on the inception report	
• Revise and amend the inception report & submit final inception report	Consultant	Final and approved inception report	
Field Phase • Prepare detail work plan • Field data collection	Consultant	Data/information gathered at field level	15 days
Synthesis and draft report phase • Analyze data, prepare and submit draft report	Consultant	Draft report	15 days
• Convene (CARE) meeting and present the draft findings (the assessment team at CARE Ethiopia HO)	CARE/consultant	Gain feedback on the draft report	
Draft final report phase • Amend and revise the draft report and	Consultant	Draft final report	5 days

submit final draft report			
Validation workshop (de-briefing) phase • Present the final draft final report at validation workshop to stakeholders	Consultant /CARE	Gained feedbacks from stakeholders	1 day
Amend, revise and submit final report	Consultant	Final report produced and submitted with hard and soft copy	2 days

7. CRITERIA FOR SELECTION OF CONSULTING FIRM

CARE Ethiopia is looking for licensed consulting firm having a minimum of 5 years of experience in conducting similar assessments. The required assessment team members mentioned above under each assessment pillar/ SLOT should have:

- Excellent knowledge and understanding of the MHH, hygiene and sanitation, school WASH, gender related programs/projects, more generally in Ethiopia and, preferably, the Oromia region.
- At least two to three lead consultants must have minimum of 7 to 10 years of experiences conducting similar assessments/studies.
- The consulting firm/team should deploy adequate data collection crews/teams consisting of experienced and trained supervisors and enumerators for data collectors at field level. The consultant must provide necessary training to data collectors when necessary and undertake pre-test.
- Demonstrated experience of working in similar donor funded projects is advantageous.
- Knowledge in project monitoring and assessment/review of similar programs/projects.
- Good writing skills in English and experience in producing written assessment/research reports.
- Experience in statistical analysis packages such as SPSS or other similar software.
- Strong interpersonal skills and capacity to work with people at all levels.
- Committed to work and meet the deadline as agreed for the task.

8. BID ASSESSMENT[14]

CARE Ethiopia will score bids based on technical proposal (80%) and financial proposal (20 %). The first three firms/consultants with the highest technical points will be considered for the next round where the financial proposal will be assessed. The proposal with the highest combined technical and financial score will be selected. CARE Ethiopia has the right to negotiate, and the final bid selection made by CARE Ethiopia is final. In the event that errors were made in the calculation of the lump sum costs or total price in the financial proposal submitted by the bidder, the unit prices shall prevail, and the lump sum costs, and total price shall be recalculated accordingly.

9. MODE OF PAYMENT

The payment will be done according to the following time frame/arrangement. First instalment (40% of the total cost) immediately after submission and acceptance of inception report following

[14] Please note that CARE reserves the right to reject any and all non-responsive or otherwise unacceptable proposals.

the signing of contractual agreement, and the second instalment (60% of the total cost) after satisfactory completion of the task and acceptance of final report.

10. LOGISTICS AND SERVICES

CARE Ethiopia will not provide any logistical support throughout the assessment period including transportation, working offices, computers, printers, photocopy, etc. therefore, all required expenses fees for the assessment including logistics and payments for consultants, supervisors, enumerators, stationaries, etc should be covered by the consulting firm, and hence included in the financial proposal.

11. PREPARATION OF THE PROPOSAL

Eligible consulting firms for this task should apply to conduct both SLOTs/Pillars of assessments. The bidders shall submit proposals-technical proposals (with a separate sealed and stamped envelope) and financial proposal (with a separate sealed and stamped envelope) in a single envelope. The technical and financial proposals should be marked properly and should include the name and detailed contact address of the bidder.

12. OUTLINE OF THE TECHNICAL PROPOSAL

The technical proposal should not exceed (20-25 pages) including annexes, and it is mandatory that the proposal should include the following:

- Title
- Understanding of the task/assignment
- Technical aspect of the proposal (assessment design, qualitative/quantitative approach)
- Suggested approach and methodology (sampling design and strategy, data collection methods, data processing & analysis, data quality control measures)
- Detailed work plan
- Summary table of most recent past performance record of similar works with project title and assessment type, organization's name, date and references/contacts. From these all works, the bidders are expected to show or link at least 2-3 similar/related assessment work documents for online reviews of the bidder's work
- Summary table of proposed assessment team members engaged in the task with education background/qualification, experiences, roles in the assessment
- Detailed consulting company/firm profile, recommendation letter and CVs of the team members must be included and submitted with technical proposal in the annexure of the technical proposal.

13. FINANCIAL PROPOSAL

The financial offer should be broken down in details as like the following format:

- Consultancy fees
- Daily allowance and accommodation costs during field work
- Data collection cost for enumerators, supervisors, any devices (if any)
- Transportation and communication cost
- Data processing & analysing cost
- Miscellaneous (stationeries, printing, etc.)
- Tax related costs
- All costs should be quoted in ETB
- All the pages of the financial proposal should be signed by the respective person of the firm/bidder

14. APPLICATION PROCESS

Along with technical and financial proposal, interested potential Licensed Consulting Firms who fulfil the required criteria must submit the following documents:

- Cover Letter
- All the required legal documents (renewed license, VAT registration certificate, TIN, Tax clearance, etc.)
- All documents must be submitted not later than **10 DAYS** starting from the announcement date, with the following address:

CARE Ethiopia Country Office
Procurement Unit
Yeka Sub-city, Woreda 07, House # 671
P.O. Box 4710, Addis Ababa, Ethiopia

Annex 2. Names of consultants engaged by the firm

Curriculum Vitae of Girma Aboma

Personal data

- Name: Girma Aboma Ariti — Birth date: 14 March 1975
- Nationality: Ethiopian — Religion: Christian
- Permanent address:

Woreda 01, Nifas Silk Lafto Sub City, Addis Ababa, Ethiopia
Tel: +251 911 639461, email: abomag40@gmail.com

Education level

- Received Masters of Science Degree in Agricultural Economics from University of Agricultural Science Dharwad, India in 2002
- Received Bachelor of Science Degree in Agricultural Economics from Alemaya University of Agriculture, Ethiopia, in 1996

Training attended

- Attended more than 10 trainings inside and outside the country, which among others include advocacy and policy influencing, monitoring, evaluation and impact assessments, budget advocacy, parliamentary advocacy, equity and inclusion, water resources management, community development, gender analysis, research methods, and data analysis.

Work experience and employment history

He has work experience of over 24 years; with government, with non-government organizations, and as independent freelance consultant. His employment history is as follows.

- ✓ From 6 January 2014 to date working as independent freelance consultant in the areas of social and economic development
- ✓ From 12 March 2007 to 05 January 2014, worked for WaterAid as Research and Influencing Coordinator (7 years)
- ✓ From February 2005 to January 2007, worked for Poverty Action Network of Civil Societies in Ethiopia as Research and Dialogue Unit Head (2 years)
- ✓ From March 2004 to January 2005, worked for Oromia Agricultural Research Institute as Acting Head of Planning and Programming Service (1 year)
- ✓ From October 1996 to February 2004, worked for Oromia Agricultural Research Institute as Head of Socioeconomics Research Program (8 years)

Publications

He has wrote more than 27 research articles published in research proceedings, journals, stand alone research papers and as policy briefing papers. This excludes researches and studies conducted for different organizations as freelance independent consultant.

References

- ✓ Tseguereda Abraham, email: TsegueredaAbraham@wateraid.org, Tel: +251 911619426
- ✓ Salfiso Kitabo, email: skitabo@water.org, Tel.: +251 911228861
- ✓ Zinash Kefale, email: ZinashKefale@wateraid.org, Tel.: +251911606778

CV of Talile Asres

Curriculum Vitae of Talile Asres

Personal data

Full Name: Talile Asres Gebremariam
Nationality: Ethiopian
Sex: Female
E. mail: talile2@yahoo.com or talile2@hotmail.com
Tell: +251-911702206/0912690230

Education level

- ✓ Masters in Management of Development, Wageningen University (WUR), the Netherlands (graduated with first class honor), 2008
- ✓ BSC in Public Health, Haramaya University of Ethiopia (graduated with distinction), 2003

Employment history

- From February 2016 to date, she is a programme officer - MEAL at Christian Aid, Addis Ababa
- From June 2014 to January 2016, she was working as an Education, Accountability and Learning (MEAL) Officer at ActionAid Ethiopia
- From September 2010 to June 2014, she was working as a Monitoring, Evaluation and Learning (MEL) Officer at GOAL Ethiopia
- From 2003 to 2010, she was working as a Lecturer and Researcher at Haramaya University, Public Health Department

Work experience

She has over 15 years of work experience in Health, Higher Education and International Development with Governmental and Non-governmental organizations. She has received trainings on Research methodology, Monitoring and evaluation, Gender and inclusion and Technical report writing. After seven years of working for health sector (managing health cases, supervising staff, and conducting researches), she has then joined International NGOs working on Monitoring and Evaluation, Partners management and Communication for the last eight years. She has adequate skills in research, monitoring and evaluation, gender analysis/mainstreaming, capacity building. She is computer literate, efficiently using analytical software (including SPSS, EPI-info and Access; and digital data management like KOBO and Power BI) and Microsoft office (word, excel and power point).

Competence

- ✓ Competent in statistical software such as SPSS, EPI-info and Access; and digital data management (KOBO and Power BI)
- ✓ Proficient in using English and local languages such as Afaan Oromoo and Amharic languages

References

- ✓ Alemu Nurgi, Manager of FSIRD Consult, email: anurgi@gmail.com
- ✓ Girma Aboma, Manager of GAA Economic Development Consult, email: abomag40@gmail.com

CV of Amanuel Tusa

Curriculum Vitae of Amanuel Tussa

Personal data

Name: Amanuel Tussa
Nationality: Ethiopian
Email: amantussa@gmail.com
Mobile: +251 911840885

Education level

University	Award	Year graduated
Southborough University, WEDC, UK	Master Degree in Water and Environmental Management	2014
Alpha University	Bachelor Degree in Management	2008
Jimma University	Diploma in Environmental Health	1995

Training attended

- Strategic influencing, management development, budget planning and monitoring, report writing, participatory hygiene and sanitation transformation, global information system (GIS) and data collection, planning, monitoring and evaluation, water quality testing and management, participatory rural appraisal, as well as project monitoring and evaluation

Employment history

- From 2014 to date, working as freelance consultant with GAA Economic Development Consult, in the areas of WASH and gender analysis
- From 2009 to 2014, working as senior hygiene and sanitation officer for WaterAid Ethiopia
- From 2005 to 2009, working as project coordinator for WaterAid Ethiopia sub-office located in Ticho town of Tena Woreda, Arsi zone of Oromia
- From 2003 to 2005, working as community development officer at Merlin Ethiopia
- From April 2002 to November 2003, working as environmental health expert at Arsi Zone Health Department
- From February 1998 to March 2001, worked as project coordinator at Water Action (as seconded staff)
- From March 1995 to December 1997, worked as environmental health technician at Adola health center, Asella Hospital

Competences

- Efficient in using computer software including MS Office, SPSS and others
- Proficient in using English and two local languages – Amharic and Afan Oromo

References

- Tewodros Wondmneh, Mobile: +251 9 11108008
- Gossa Wolde, Mobile: + 251-911794938
- Tefrei Abebe, Mobile: + 251-911402126

Annex 3. Detailed assessment method

Summary of Assessment Methodology

Study design: cross sectional study design was used for this assessment. Mixes of primary and secondary information were collected through qualitative and quantitative methods to meet the objectives. It involved inception meeting to discuss and agree on outstanding issues, and data were collected using the approved inception report and tools.

Data collection methods: both quantitative and qualitative methods were used to collect data. The survey was conducted on 688 women and girls. Enumerators were identified and trained to administer the questionnaires to the representative samples. Close follow ups and supervisions were made by the assessment team that involved checking the filled questionnaires on daily basis, and providing feedbacks to the enumerators on the next day until the whole survey was completed. The study team conducted key informant interviews using the unstructured questions and also conducted focus group discussions with girls, women, boys and men, as per the inception report. Project related documents as well as other government policy documents were reviewed in line with the purpose of the assessment.

Data analysis and writing reports: the survey data were checked for errors, code book prepared, entered into SPSS by data encoder, edited and analyzed based on the objectives. Qualitative data were compiled into themes and analyzed thematically to complement the survey findings. The draft reports were then produced based on the results of the analysis.

Difficulties encountered: the fact that the time of data collection overlapped with the emergency law that limits working with the communities, especially gathering people for focus group discussions. It was also difficult to find lists of women in the study kebeles that limited preparation of sampling frame. As this assessment was done for the project the team advised to jump 8 houses to include the women in the survey.

Limitations: This assessment faced two major limitations. The first one was that wholesalers resisted providing more information on the MHH economy, as they are only profit-oriented and they fear that their competitors could prevail. This made the effort of data collection very difficult. The second limitation was that sanitary products retailers (pharmacies and shops) were in fear of revenue authority and they resisted the assessment team in providing accurate information on the supply and demand for sanitary products.

Risks: Implementation of the assessments faced risks associated with the current security situations that pushed data collection by two days while on field. Administrative clearance was required from the command post, not from the region bureau of finance and economic cooperation.

Mitigations: The assessment team were committed to find ways of getting reliable information by showing up the support letter and convincing supply chain actors about the purpose of the study while giving due consideration on the sensitive issues.
The team lobbied the command post to obtain support letter for the target sectors and kebeles. In addition, the team provided allowance for one expert to accompany the team to the schools and communities.

Annex 4. List of persons/organizations consulted

S.no	Name	Sector	Position	Telephone
1	Tibeso Geleto	Migra Primary School	Director	0945579118
2	Medehanet Tadesse	Migra Primary School	G.C leader F. Teacher	0902844711
3	Roman Hussein	Damabal Secondary School	Vice Director	0936226432
4	Meseret Yetebarek	Damabal Secondary School	G.C leader, F. Teacher	0913650190
5	Jemal Geda,	Guyyas Primary School	Director	0973532088
6	Eden Eshetu	Guyyas Primary School	F. Teacher (Biology)	0918827163
7	Teshome Abduro	Burka Boku Primary School	Director	0943902831
8	Birhane Midheksa	Burka Boku Primary School	F. Teacher	0910022617
9	Damme Hirphasa,	Soloke Kurfa Primary School	G.C leader, F Teacher	0949377814
10	Ayyantu kasim	Soloke Kurfa Primary School	Vice Director	0928146330
11	Rahel Zelalem	Bole Secondary School	Vice School	0922200101
12	Aregash Taye	Ababo Primary School	Director	0939237397
13	Mezmur	Ababo Primary School	Vice Director	
14	Tsehay Abera	Geda Robele primary School	Vice Director	0920935777
15	Mohammed Aliy	Geda Bermeji Primary School	Sch. Representative	0912227093
16	Etalem Dirrisa	Geda Bermeji Primary School	GC Leader, F. Teacher	0912295043
17	Simegn Kasaye	A.Town. Gurmu Kebele	HEW	0911655714
18	Kedist Agizew	A.Town Gurmu Kebele	HEW	0910786747
19	Legese	Health Office	Environmental Health Dept.	
20	Se'ada	Water Office		
21	Foziya Ibrahim	Women. Children and Youth Affairs	Head	0910084577
22	Ethiopia Tesfaye	Women. Children and Youth Affairs	Gender unit	0962117026
23	Addisu Arega	Education Office	SIP Leader	0911264436
24	Chala Hussen	Kobo Luto primary school	Director	0926180427
25	Yeshi Bekele	Kobo Luto primary school	Girls' club leader	
26	Diribe Delelegn	Makuye primary school	Girls' club leader	0967265983
27	Mulatu Tadese	Makuye primary school	Director	
28	Lemlem Kebede	Adama Science & Technology University	HAPCO Director	0911348347
29		Dhadacha Arara	HEWs	
30		Dhadacha Arara	HEWs	
31	Ganame	Dhaka Adi	HEWs	
32	Beka	Dhaka Adi	Deputy kebele manager	
33	Alemayehu	Adama woreda	Supervisor	0910769182

Annex 5. Literature and documentation reviewed

Lists of documents reviewed

- Menstrual Health and Hygiene (MHH) Development Impact Bond (DIB) Log frame and metrics, Revised 2409
- Menstrual Health and Hygiene (MHH) Development Impact Bond (DIB) Delivery Plan, 210414
- MHM Assessment by COWASH, 2019
- MHM in Ethiopia, National Baseline Report, UNICEF WASH, May 2017
- Period Program Ethiopia (PPE), Adama and the peripheries, revised 081021