



Master's Thesis, Master of Disaster Management (MDMa)

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**Women and girls' experiences with safety, hygiene and sanitation in connection with Menstrual Health Management in Nyarugusu refugee camp**

Kasulu, Tanzania

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Submitted on: July 2017

## Acknowledgements

First, I want to express my appreciation to all the women, girls and men who participated in this study. I am grateful for your time, your friendliness and all the stories you shared with me.

Thanks to all my interpreters. Fortunata, thanks for teaching me about the importing things in life!

To all the organizations in Kasulu: Thanks for everything! I enjoyed meeting so many dedicated and hardworking people. Especially thanks to TWESA, UNFPA and Oxfam.

I also want to express my sincere gratitude to three women without whom I would never have had this amazing experience. Kimberley Height from TWESA, Maria Hyttel from WOMENA and my co-supervisor Siri Tellier. I admire how enthusiastic, innovative and remarkable you all are. Thanks for all the inspiration and guidance.

A huge thank you to my supervisor Flemming Konradsen for your time, patience and commitment.

Thanks to my family and friends, particularly Karoline for making sure I made it all the way to Tanzania... and Simone and Valdemar for making sure I came home! Lastly, thanks to my Mom for support and encouragement.

## Abstract

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<b>Year:</b>	June 2017
<b>Thesis title:</b>	Women and girls' experiences with safety, hygiene and sanitation in connection with Menstrual Health Management in Nyarugusu refugee camp
<b>Key words:</b>	Africa, Menstrual Health Management, Refugee camp, Interventions, Challenges
<b>Research institution:</b>	Master of Disaster Management Copenhagen School of Global Health University of Copenhagen
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Tanzania hosts more than 300,000 refugees from Burundi and DR Congo. Around 130,000 of them live in the Nyarugusu refugee camp, and about half of these are women and girls depending on various humanitarian organizations for support to restore their life and dignity. Inappropriate water, sanitation, bathing, and laundering facilities affect women and girls because they are critical components for them to manage their menstruation. Ignoring women and girls' menstrual health management (MHM) may impact their health and prevent daily activities like school, income generating activities and chores.

The purpose of this thesis is to assess the appropriateness and level of MHM for women and girls in the Nyarugusu refugee camp. First, the thesis investigates women and girls' perception of MHM in the camp and their expressed needs for MHM support. Then it examines the MHM interventions implemented in the camp and analyses the needs of women and girl with the interventions implemented by humanitarian actors in relation to the Access Framework. Finally, it discusses avenues for future interventions targeting MHM.

The research design used is qualitative. In-depth and key informant interviews were conducted and observation was applied to support the previous two methods. The findings reveal that the MHM interventions in Nyarugusu are not appropriate and sufficient enough to meet the needs of women and girls in the camp. The interventions are not providing them with the necessary support to handle cultural and bodily restrictions. There is a lack of underwear, water, soap, buckets, privacy, and sanitary materials to maintain proper hygiene during their menstruation period. The humanitarian organizations have overlooked women and girls' needs for MHM support for years and struggle now with the implementation of MHM interventions due to lack of experience, understanding and knowledge. But it is clear that focus on the issue is increasing even though a cohesive strategy is still absent.

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## List of Acronyms

MHM - Menstrual Health Management

TWESA - Tanzanian Water and Environmental Sanitation

UNHCR - United Nations High Commissioner for Refugees

IRC - International Rescue Committee

UNFPA - United Nations Population Fund

UNICEF - United Nations Children's Fund

NFI - Non-food items

WaSH - Water, sanitation and hygiene

MHA - Ministry of Home Affairs

CCCM - Camp Coordination and Camp Management



## Background and rationale

The civil war ending in 2005 left Burundi without sufficient food production or a functioning health care system (1). Since then, the country has had some of the highest rates of maternal mortality, diseases, and malnutrition (2). On top of that, Burundi has seen an increase in violence and homicides since an attempted military coup and street protests in 2015 (1). These conditions have since 2015, made about 400,000 people flee from Burundi (3). About 235,000 of them have fled to the neighbouring country of Tanzania. The Office of the United Nations High Commissioner for Refugees (UNHCR) stated in March 2016 that about 1,000 new refugees enter Tanzania every week (4). In addition, Tanzania already hosts about 70,000 refugees from DR Congo, who have fled violence and attacks from armed militias back in the 90's. (5). By the end of 2016 a new influx of Congolese refugees occurred in Tanzania due to new unrest and instability. This caused and continues to cause problems with overcrowding and lack of water resources in the existing camp, and there are now three refugee camps in Tanzania along the border to Burundi (6). There is a camp close to Kasulu about 50 km from the Burundian border called Nyarugusu, which is the oldest and, and with its over 130,000 people, is the world's third-largest refugee settlement (6). In addition, there are two newer camps in Tanzania – Mtendeli and Ndutu placed close to Kibondo (see location of the camps on Map 1).

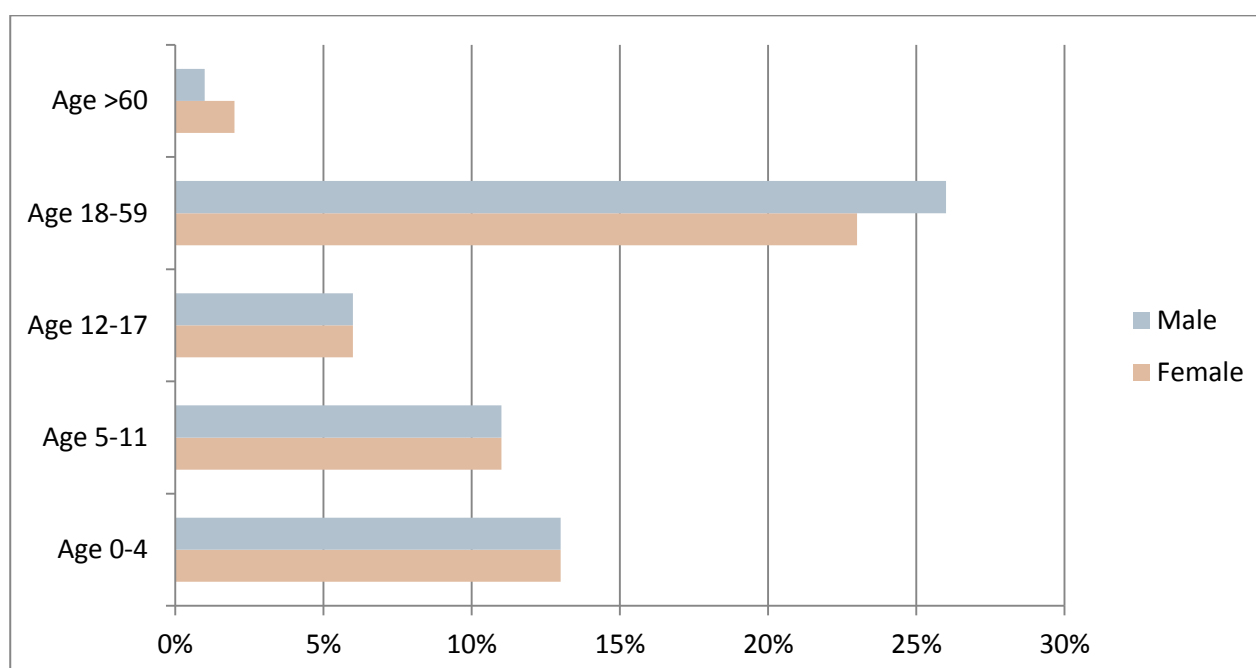


Map 1: Map of the area between Burundi and Tanzania.

The Nyarugusu refugee camp opened in November 1996 with the Ministry of Home Affairs (MHA) - Government of Tanzania as the main authority. The non-governmental organisations and UN-agencies are present on the ground to support relief and other assistance to the affected populations. In the camp work is being done under the different clusters<sup>1</sup>. Sector meetings are being held regularly for the relevant actors. For example MHA and TWESA are the actors doing Camp Coordination and Camp Management (CCCM) with UNHCR as the main responsible for the cluster. Regarding community involvement the camp is organized around three levels of entities, the camp zones and the over 140 villages that the camp is divided into, and then the clusters. Each community entity has one leader, and the whole camp has a president.

Water, sanitation, and hygiene (WaSH) conditions are very important for refugee health, especially in refugee camps where people live in close proximity like those in Tanzania (7). Some diseases can easily spread through a camp due to poor WaSH conditions, and create an additional disaster like hepatitis or cholera outbreaks (8).

Figure 1 : Demographic of the Nyarugusu refugee camp (9).



<sup>1</sup> Clusters are groups of humanitarian organizations, which can be both UN and non-UN. There is one cluster for each of the main sectors of humanitarian action like health, WaSH, education, CCCM etc. They are responsible for coordination within their area and each cluster is led by an UN-agency.

About half of the refugees living in Nyarugusu refugee camp are women and girls (3). See the demographic of the camp according to UNHCR in March 2017 on the previous page in Figure 1 (9).

When refugees arrive at a camp they have lost most of their possessions, and in the camp it can be extremely difficult for them to acquire new things due to lack of livelihood activities and skills. Women and girls therefore often depend on humanitarian organizations for support to restore their life and dignity. Inappropriate water, sanitation, bathing, and laundering facilities affect women and girls in refugee camps because they are critical components for them to handle their menstrual period. The impediment can be huge because it is compromising their ability to maintain proper hygiene, safety, and privacy. Ignoring women and girls' menstrual health management may impact their health, inhibit daily activities like school, income generating activities, and domestic duties (10, 11). The rationale of menstrual health management support is to respect women's rights to be a functioning part of a community all the time so they do not miss out on things like school or livelihood. It is a way to approach gender-sensitive challenges with a practical focus, and it helps the women to feel respected, when their needs are being acknowledged and prioritized (12).

Some organizations use the term Menstrual Hygiene Management, which refers to the needed interventions to assure that women and girls have clean menstrual management material to collect blood that can be changed in private as often as necessary, use soap and water for washing as required, and have access to disposal of used menstrual management materials (13). Others use Menstrual Health Management instead because they perceive it as a wider topic than just concerning the hygiene perspective. Also, societies often consider decent hygienic practices as something good, while neglect of these practices as something disgusting and disrespectful. The word hygiene can therefore imply that there is something unclean about menstruating, which helps continuing old biblical or cultural interpretations of menstruation as an impure fluid to be avoided (14). In this thesis, the term Menstrual Health Management (MHM) is therefore used.

In the last couple of years, many agencies have raised concerns regarding the lack of MHM services and adequate facilities for women and girls in refugee camps. The few studies made about women and girls and menstrual period in emergencies show that hygiene kits often are insufficient and create problems for women and girls of reproductive age. There are different

aspects to the problems, such as lack of menstrual management materials due to cost, unfamiliar sanitary material, lack of changing and washing facilities, distress, inadequate communication, lack of guidance, and shame (12, 15). An evaluation conducted in the wake of the 2004 Tsunami in Sri Lanka showed that after visiting about 10 relief camps only one place had a relief package including sanitary pads (16). Another example is in Pakistan, where men used the pads for other things because as a result of bad communication nobody knew what they were meant to be used for (15).

The needs of women and girls regarding MHM are often overlooked due to cultural, economic, or political reasons (15). There also does not seem to be a consensus regarding who is responsible for MHM, or exist any sufficient guidance on implementing MHM interventions. So even though an increasing number of organizations incorporate MHM into their work, the result is often unsatisfactory and lacking elements like guidance, awareness etc. within MHM (10). One of the biggest gaps in knowledge about MHM in emergencies is the lack of evaluation of what works and what does not (15).

Not much literature exists about MHM in Tanzania. Only two reports have been found: one on MHM and one on WaSH in Tanzanian schools. The first showed that the majority of the girls lacked knowledge about their body changes and how to manage menstruation, there were poor and unsafe MHM facilities, poor waste disposal, no easy access to sanitary materials and so on (17). The second showed that WaSH facilities are often inadequate and in poor condition, there are not enough latrines and water for washing is lacking (18).

## **Research questions and objectives**

### ***Research Questions***

- A. What are girls and women's perceived needs and challenges for managing their menstrual health in the Nyarugusu refugee camp?
- B. How are girls and women's MHM needs and challenges addressed by humanitarian actors, and what are the gaps for adequately and effectively addressing their MHM needs?

### ***Main objective***

Assess the appropriateness and level of MHM for women and girls in the Nyarugusu refugee camp in order to inform the design of future interventions by humanitarian actors.

### ***Specific objectives***

- A. Describe women and girls' perception of MHM in the Nyarugusu refugee camp and their expressed needs for MHM support.
- B. Describe the MHM interventions implemented in the Nyarugusu refugee camp.
- C. Analyse the needs of women and girls with the interventions implemented by humanitarian actors in relation to the Access Framework.
- D. Discuss avenues for future interventions targeting MHM.

## Theoretical framework

The Access Programme has developed a framework to analyse and improve access to health care through three different approaches: health seeking, health services, and livelihood (19). Novartis foundation for Sustainable Development has funded the program and the development of the framework, which was done in cooperation with the department of Public Health and Epidemiology at the University of Basel in Switzerland. It was originally produced with a focus on Africa; in particular, access to malaria treatment in Tanzania. The Access Framework is a good tool to analyse the connection between girls and women's needs and an MHM intervention, because it considers access as one concept representing a defined set of five different dimensions. These are defined in the framework as:

- Availability: The existing health services and goods meet clients' need.
- Affordability: The prices of the services fit the clients' income and ability to pay.
- Accessibility: The location of supply is in the line with the location of clients.
- Adequacy: The organization of health care meets the clients' expectations.
- Acceptability: The characteristics of providers match with those of the clients.

To determine each of the dimensions, one sets up different relevant questions that will help one assess the levels of the dimensions. In the end the result of the five dimensions can be used to assess the appropriateness of the MHM interventions implemented. In connection to MHM, the questions will be as in table 1.

**Table 1: The five dimensions of the framework and examples of questions to determine their level**

Availability	What type of MHM distributing interventions exist in the camps? Which organizations conduct them? Does the supply cover the refugee girls and women's need?
Affordability	Are there any direct costs to get the product and services for the refugee women? Are there any indirect costs like bribes, lost income and time, transport etc.?
Accessibility	What is the physical distance between the services and the refugee girls and women's home? How do they cover the distance and how long does it take?
Adequacy	Do the interventions meet the refugee girls and women's expectations? Are the type of product and services suitable to match their needs and expectations?
Acceptability	What type of MHM awareness interventions exist in the camps? Which organizations conduct them? Do the products and services provided take local traditions and social values into account?

## Methodology

### *Study Area and Population*

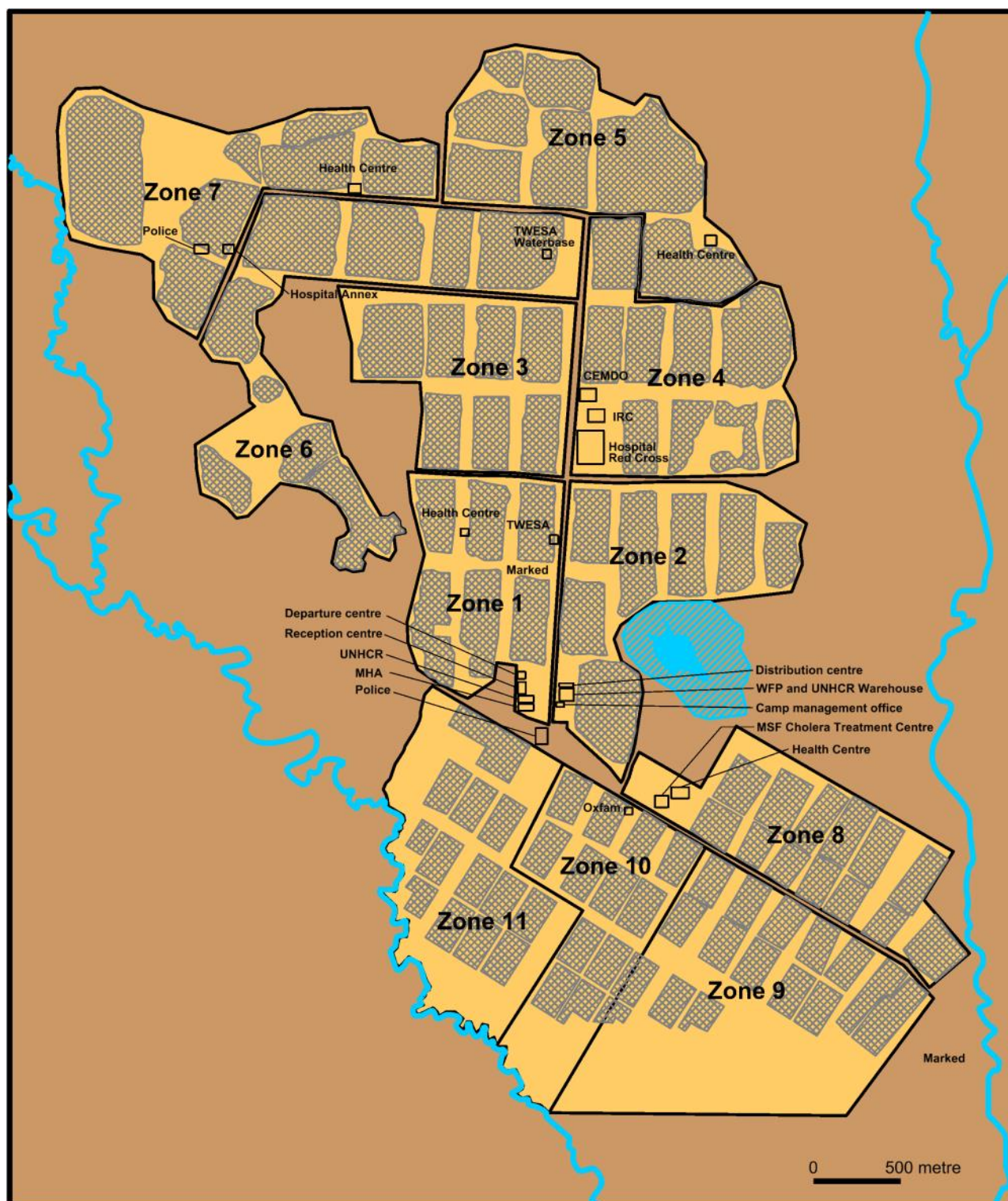
The field study was carried out in the Nyarugusu refugee camp in Tanzania, located close to the border to Burundi. It is about 150 km from Lake Tanganyika, where one can find Congo on the other side. Kasulu is as the nearest bigger city, an almost two hour drive away, but here you find the main offices of all the organizations working in the camp. Nyarugusu is one of three camps in the area, it is the oldest and contains over 130,000 people. The two newer and smaller camps in the area are Mtendeli and Ndutu (20), but they are not a part of this study.



Picture 1: The Congolese part of Nyarugusu. A side and the walking path along the main road.

The people living in the camp have fled from DR Congo or Burundi. They come from various backgrounds but their common status as refugees makes them all vulnerable due to the uncertainty, hardship, and potential risks. Many of the Congolese refugees have stayed in the camp for 20 years, but new Congolese refugees are still arriving to the camp every day. The first Burundians started arriving in the beginning of 2015. New Burundian refugees are still entering Tanzania every day, but are now send to other camps due to overcrowding and lack of resources.





Map 2: Map of Nyarugusu.

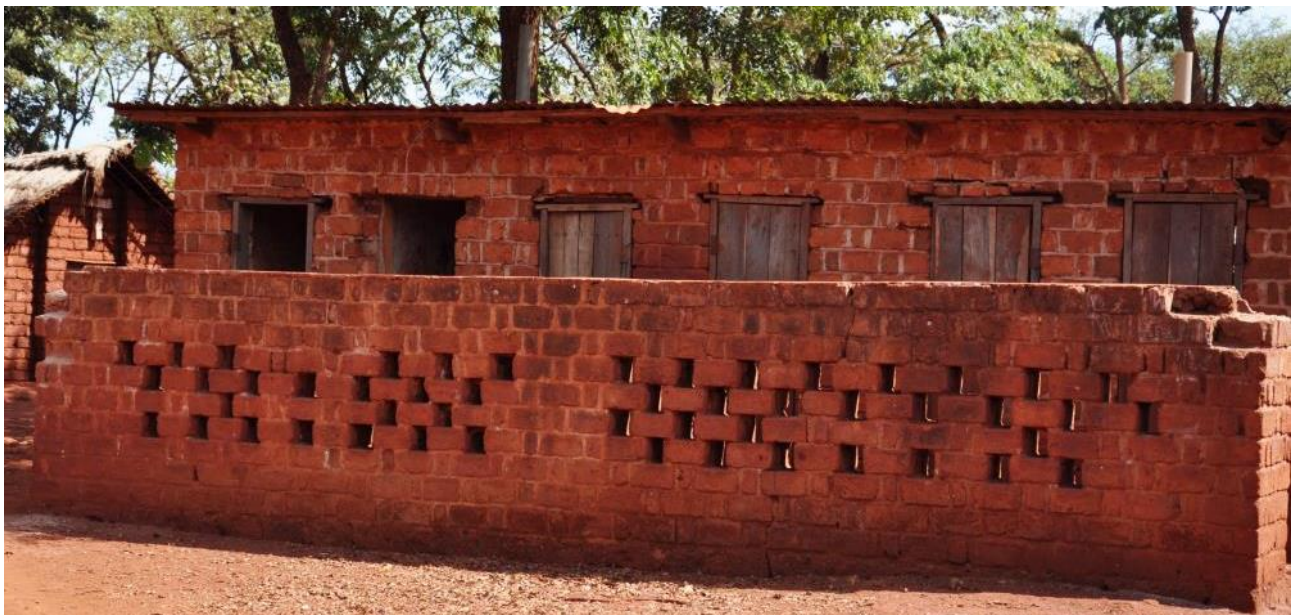
Because of these capacity issues the living conditions are deprived. The camp is divided in two areas: one for the Burundians and one for the Congolese. The Congolese mainly live in zone 1-7 and the Burundians in 8-11 (See Map 2). Most Congolese live in small houses of bricks made from the soil and roofs made of straw and branches. The state of these houses is not very good, often



leaking with a bad indoor climate due to fireplaces and many inhabitants. The Burundians generally live in tents, which seem to be quickly worn down because of weather and soil conditions. People live very close. In the camp there are also a hospital, health clinics, a police station, primary and secondary schools, markets, two distribution centres, warehouses and offices of organizations and government officials. Through the camps goes a long main road (See Picture 1).

### **WaSH in the camp**

The WaSH management in the camp is managed by Tanzanian Water and Environmental Sanitation (TWESA) and Oxfam, they each have an area for which they are responsible for all WaSH related subjects like water, latrines, hygiene etc. The areas are divided by the origin of the population, TWESA is responsible for the Congolese and Oxfam for the Burundians. The level of the WaSH facilities in the two areas is very different because they have been included in the camp with 20 years apart. See Picture 2 for the standard of public latrines in the Congolese part.



Picture 2: Public latrines in the Congolese part of the camp.

The water in the camp is extracted from underground or surface inlets. After being treated in tanks, the water is led to water points. Sometimes people have to be at the water point at the right time to get water because of unstable supply. In October 2016 about 3,700,000 litres water was produced per day. Same month the population of the camp was around 132,000 people,

which gives average water consumption per capita per day at 28 litres. In the calculation is however not included the amount of water lost by leaks and spills. There was in October 2016 608 usable water points in the Congolese part of the camp and 539 in the Burundian which gives 108 Congolese per their water points and 124 Burundians per their water points. For every water point exists a water group consisting of refugees with the responsibility of cleaning the facilities and report to the organizations if something is wrong. The groups may make their own rules for how much water people in their area can get due to water shortage.



Picture 3: Distribution centre where the refugees on this day could collect soap.

Chambers for bathing exist. When people arrive in the camp every household gets a kit containing one bucket and one plastic basin etc. Every month each refugee gets two pieces of 250-gram soap in the general distribution. This soap has to cover all needs like cleaning the house, clothes, dishes, buckets, bodies etc. In the Congolese part the households have their own place to bathe. In the Burundian part they share with other families. On Picture 3, one sees the situation at the distribution centre while soap is being distributed.

There exist three kinds of latrines in the camp: emergency, transitional and family toilets. Congolese households have a family latrine. In the Congolese part has been registered 9.828

family latrines giving crude latrine coverage of 6.65 by October 2016. In the Burundian part of the camp there is a fenced transit area for newly arrived people waiting to find out whether they are staying or moved to one of the camps up north. The area has emergency toilets, but these people do not have status as refugees yet and are therefore not included in this study. In the rest of the Burundian area there are transitional toilets, which are shared by more families. Construction of family household toilets has begun recently. In the Burundian part is in October 2016 registered 4.582 family shared latrines, which gives crude latrine coverage of 14.57. In addition, there are latrines at public places like schools, markets and the hospital etc. all over the camp. The conditions of these latrines are generally not good. See annex A for data from TWESA about the number of latrines and water points etc. for each week in 2016 in the camp.

## ***Study Design***

This study is a qualitative study with a field study component. Qualitative research was chosen as the design for the research question and objectives, because it fitted working with detailed, complex, and sensitive issues (21). Besides that, it made it possible to collect data via multiple suitable methods. The study used triangulation with the following three methods: observation, key informant interview and in-depth interview.

### **Observation**

Observation was used to study the situation in the camp, the girls and women's overall living conditions, and the level of the WaSH facilities - including how women and girls used them. Four different women were observed, each of them visited at their home. The women were chosen randomly during a walk around the camp, where they were asked to participate in the study. The women presented their life and available facilities while being followed. They conducted daily activities like cooking, cleaning and collecting water etc. The purpose with the observations were to see if there was something that people might not reveal in an interview because they were embarrassed or did not think about it, because it for them was an everyday simple thing. It made it possible to register if women and girls' accounts of what they did in specific situations, actually reflect their daily reality.



The first couple of days in the camp were spent following the engineers from TWESA. This was to give a clearer understanding of the dynamic in the camp and its resources. It gave an insight to the available WaSH facilities and the challenges of supplying water and latrines.

### **Key informant interview**

Six interviews with representatives from organizations working with MHM in the camp were conducted. This was done to find out what the organisations running the camp see as problems regarding women, girls, and MHM. In addition it was used to examine if the organisation does anything specific to fulfil the MHM needs of women and girls regarding hygiene, and sanitation. All interviews were conducted at the office of the concerned organization. The office and outdoor areas of the UN agencies in Kasulu, where many interviews took place can be seen on Picture 4.



Picture 4: The main office of the United Nations in Kasulu.

Before the Burundians came in early 2015 nobody was working with MHM in the camp. Back then the only thing supporting women that way was UNHCR distributing kangas, which are garments worn by women - usually a piece of cotton fabric with a size of 1.5x1m. With the Burundian

refugees came new organizations and with them new ideas. So Oxfam, Save the children and Plan International arrived and started distributing kits with focus on MHM support. Plan International and Save the children have changed focus and stopped, but other organizations have been taking over. There are by the end of 2016 seven organizations working with MHM in Nyarugusu. They conduct different kinds of projects targeting special groups and involve themselves on very diverse levels. It was only possible to interview six of the organizations, see table 2 below.

**Table 2: The organizations working with MHM in the camp.**

Organisation	Job title of interviewee	Sex of interviewee	General work in the camp
TWESA	Donor and fundraising consultant	Female	WaSH activities and camp management.
UNHCR	Assistant community services officer	Male	Main responsibility is protection. But work with all things.
UNFPA	Inter-agency Coordinator	Male	Population in general focusing on sexual and reproductive health.
Oxfam	Health promotor and technical team leader	Female	WaSH like hygiene promotion, water supply, construction of latrines etc.
IRC	Project coordinator	Male	Empowerment, child and woman protection, health, education and people with special needs.
UNICEF	WaSH Consultant	Male	Children focusing health, education, protection and WaSH.
Red Cross	Not interviewed.		Provides comprehensive health services.

### **In-depth interview (IDI)**

A total of 31 interviews were conducted with women, girls and men living in the camp. The in-depth interviews were used to ask personal and difficult questions like: “Have you/your wife ever had any challenges handling your/her periods? Could you possibly give an example?”. This method

was suitable for this study, because it allowed for collection of knowledge about people's experience, actions, and intentions, and how people were affected by the interventions. Most of the interviews took place in a private room or shelter at the office of either TWESA or Oxfam. Managers from the two organizations helped find the interviewees by walking out to the water points etc. asking them to follow them back to the office to participate in an interview about water, hygiene and sanitation. Due to child protection issues, assistance from Oxfam was extremely important before the interviews with the girls. Seven interviewees were found by walking around in the camp asking random women and men if they would mind participating in an interview. The interviewees then decided where the interview took place, which were either their home or another private place. For data about the refugees interviewed see table 3 next page.

### **Admittance to the camp and finding the interviewees**

To conduct this study, access to the camp and the interviewees was considered. TWESA had indicated their support, and therefore helped with planning transport and getting the right permits to gain access. First of all the formal admission, which meant that the Tanzanian officials running the camp had to approve the study. An application for a Research Clearance at the Tanzania Commission for Science and Technology was therefore sent, and the approval was received October 2016. After that an application for a Camp Permit was sent, which took a couple of days to get.

Secondly, there was the approach towards the women and girls. Here it was an advantage that I was a female myself, because women and girls in this culture did not share personal and intimate things with males. The trouble was that I did not speak their local language and therefore needed an interpreter, which had to be a female as well. It seemed to be both a benefit and detriment to the study that I was from another culture and not a part of the community. It seemed to be easier to talk with me about certain things because I was not a part of the community, and other times it seemed like they for the same reason had some expectation to what I could assist them with. Access to the women, girls and men was achieved through WaSH personnel or while doing the observations. The access route did not seem to influence their views and needs regarding safety, sanitation, and hygiene. The women and girls participating in this study represented a wide range of the camp, so they did not have the same age, level of education, maternal status, disease, or

Table 3: Data for all the refugees interviewed.:

Interviewee No.	Gender	Live in Zone	Age	Nationality	Level of education	Occupation	Marital status	Number of children	Number of people in household	Years lived in camp	Religion
1	Woman	2	19	Burundian	Secondary	None	Not married	1	11	17	Christian
2	Woman	8	30	Burundian	Primary	CEMDO	Married	3	5	1	Christian
3	Woman	10	19	Burundian	Secondary	None	Not married	1	8	1,5	Christian
4	Woman	9	30	Burundian	Primary	None	Married	3	5	1,5	Christian
5	Woman	8	32	Burundian	Primary	None	Married	5	10	1,5	Christian
6	Woman	8	21	Burundian	Primary	None	Divorced	2	5	1,5	Muslim
7	Woman	9	31	Burundian	Primary	None	Married	6	8	1,5	Christian
8	Woman	8	25	Burundian	None	None	Married	1	3	1,5	Christian
9	Woman	8	20	Burundian	None	Bar maid	Married	0	7	1,5	Christian
10	Woman	9	24	Burundian	Secondary	Nurse	Not married	0	10	1,5	Christian
11	Woman	2	20	Congolese	Secondary	Student	Not married	0	10	17	Christian
12	Woman	2	44	Congolese	None	None	Widow	7	12	20	Muslim
13	Woman	2	25	Congolese	Secondary	None	Not married	1	2	20	Christian
14	Woman	1	40	Congolese	Secondary	None	Married	8	10	20	Christian
15	Woman	1	47	Congolese	Secondary	None	Married	2	10	21	Christian
16	Woman	1	40	Congolese	None	None	Married	0	3	20	Christian
17	Woman	4	50	Congolese	Primary	Farmer	Husband left	5	6	20	Christian
18	Woman	4	40	Congolese	Secondary	Farmer	Married	8	9	17	Christian
19	Woman	2	48	Congolese	Secondary	Tailor	Married	3	5	20	Christian
20	Woman	5	32	Congolese	Primary	None	Widow	6	7	2	Christian
21	Woman	5	21	Congolese	Secondary	None	Married	0	5	1,5	Christian
22	Woman	1	29	Congolese	Secondary	Hair	Married	5	7	17	Christian
23	Girl	8	14	Burundian	Secondary	Student	Not married	0	6	1	Christian
24	Girl	8	15	Burundian	Secondary	Student	Not married	0	2	1	Christian
25	Girl	9	15	Burundian	Secondary	Student	Not married	0	6	1,5	Christian
26	Man	1	40	Congolese	Secondary	None	Married	7	9	20	Christian
27	Man	1	32	Congolese	Secondary	Teacher	Married	3	5	20	Christian
28	Man	1	31	Congolese	Secondary	None	Married	3	7	30	Christian
29	Man	1	23	Burundian	Secondary	None	Married	1	3	1,5	Christian
30	Man	8	22	Burundian	Secondary	None	Married	2	4	1,5	Christian
31	Man	8	23	Burundian	Secondary	None	Married	1	6	1,5	Christian

handicap. The refugee women and girls however, had to be menstruating, which meant be of reproductive age, i.e. between approximately 15 and 49 years of age (22).

When finding the men, it seemed at times like an obstacle that both the interpreter and I were women. It was difficult to approach the men on the streets asking if we could interview them. They had a tendency to ignore the interpreter and be more interested in talking about other things like livelihood and shelter constructions. Half of the men were found through WaSH personnel who then explained to the men the purpose of the interview beforehand. On the other hand all of the men probably would have had difficulties talking about MHM with a male interpreter as well, because it could be embarrassing to acknowledge knowing about a sensitive topic such as MHM in front of another man from one's community.

TWESA arranged an introduction and supplied contact information for people in the other organizations working with MHM in Nyarugusu.

### **Informed consent**

All interviewees was informed that it was voluntary to participate, that they could end the interview whenever they wanted, and that they did not have to answer a question if they did not want to. They were guaranteed full anonymity. All interviews were audio recorded. Before starting I asked for permission to do that, and the interviewees was given the choice to say no or to leave. Only the representative of IRC said no, everyone else allowed for the recording. No organizations or women refused to participate.

### **Interview guide**

Three different interview guides with open-ended questions were developed. There was one interview guide for the in-depth interviews with men and another for women and girls, then a third for the key informant interviews with organizations. The in-depth interviews started with general questions about life in camp and WaSH conditions. After that, more specific questions related to MHM were asked, and in the end the participants was asked if they had something to add. The number of in-depth interviews with women depended on when the level of saturation was reached, that is, they were conducted until the participants started saying the same things and stated the same opinions, and continuing would therefore not have contributed anything new



and addable to the study. The saturation level for interviews with women was reached after 22 interviews. That level for the interviews with men and girls was not reached after six and three, but no more interviews could be done due to access challenges and lack of time.

The key informant interview guides included questions about the organization in general, the MHM Intervention they have implemented or planned to conduct, their organization's policies regarding the topic etc. The number of interviews depended on how many organizations worked with MHM in the camp, and if they had the resources to grant me an interview. See annex B for the interview guides used to conduct the interviews.

Before every interview I started with a presentation of myself, my name, nationality, my occupation as an engineer and explained that I was in Nyarugusu as a student to do research for my Master in Disaster Management about Women's experiences with WaSH and MHM. I did not introduce myself as a representative of my host organization TWESA, I explained that I did not belong to any specific organization. All interviews with both refugees and organizations lasted between 30 and 60 minutes.

### **Language**

The in-depth interviews were done in collaboration with two different female interpreters, one university graduated Tanzanian in her early twenties and a university graduated Congolese refugee from the camp in her late thirties. The women and girls in the camps were Burundian or Congolese, and thus spoke Kirundi or Swahili. Unfortunately it was not possible to find a female Kirundi and English speaking interpreter, why all interviews were done in Swahili and English. Luckily, many Burundians refugees in the camp spoke Swahili fluently, why it was not a problem to find interviewees. The key-informant interviews were conducted by me alone because the representatives from all the organization spoke English.

### ***Data Analysis***

All interviews were transcribed from the recordings afterwards. A male interpreter, a university educated Congolese refugee from the camp, transcribed both the Swahili and English part of all the interviews with women, girls and men in November 2016. I transcribed the interviews with

organizations between November 2016 and January 2017. Notes were taken as well during interviews and observation.

The analysis results in the transcribed interviews were deductively coded on the basis of the already chosen dimensions and theories in the chosen theoretical framework. For this study, it meant that the five dimensions in the framework together with the objectives ruled the data that was highlighted in the material and written into a large table. After that, the data was collected in a number of findings with themes.

## ***Timeline***

**Table 4: Timeline for the thesis.**

Aug 2016	Sent application for research clearance
Aug - Sep 2016	Wrote thesis proposal
Oct 2016	Conducted interview guides etc. in CPH
Medio Oct 2016	Flew to Tanzania
Ultimo Oct 2016	Preparations in Dar Es Salaam and got a research clearance
Primo Nov 2016	Got the camp permits
Primo Nov - Medio Dec 2016	Field work in Kasulu
Medio Dec 2016	Meetings in Dar Es Salaam
Ultimo Dec 2016	Departed Tanzania
Jan – July 2017	Final transcriptions, analysed data and wrote thesis.
July 2017	Handed in the final thesis

## ***Ethical considerations***

It was considered during the whole process if the study was ethical to complete, and if there was a potential to do harm while conducting it. For example, can an interaction create expectations or hopes among the women and girls, or maybe talking about an unpleasant experience can be traumatic or embarrassing. Maybe it could have even been frowned upon to talk to me, which for the participants could have had consequences such as exclusion from the community or harassment. To prevent these things, I started with presenting the study and myself. I made sure to emphasize that the study was about the conditions in the camp regarding MHM and not about

topics like violence or diseases, which could have been stigmatizing. I did not give the women, girls or men anything for participating except a soda to drink while being interviewed. I made it clear that the result would be anonymous and handed over to the organizations in the camp, so they can use it in their future planning and development. Other ethical considerations I had concerning anonymity, informed consent, and privacy and can be read in the section about data management. As previously mentioned, I also applied for a Research Clearance at the Tanzania Commission for Science and Technology, which also stands as an ethical clearance for my research.



Picture 5: Tents in the Burundian part of Nyarugusu.

## Findings

The analysis of the data resulted in seven themes regarding the perception of MHM, 16 different themes related to the dimensions in the theoretical framework, and one about the challenges for organizations with the intervention. The findings will be presented in four sections with every connected theme as a subsection. First the perception of MHM in the camp will be described and after that the women's expressed need for MHM support. Then the findings related to the dimensions in the framework will be explained and finally a short description of the challenges of the organizations regarding MHM projects will be given.

### ***The perception of MHM in the Nyarugusu refugee camp***

This section is about the daily life in the camp, how men and women perceive MHM and how MHM affect the women.

#### **The daily life in the camp**

Both interviewed organizations and refugees expressed that there are not many livelihood activities or opportunities for life skills development in the camp, and therefore most people do not have an income. Refugees are not allowed to leave the camp, so they cannot seek possibilities elsewhere. Overall in the camp every free spot is farmed, which refugees do to accumulate extra food (See Picture 5). But the land area is limited, why it is not possible for everyone to do so. Most of the women therefore only have domestic chores as their daily activities. They in general wake up in the morning and do chores like clean the house, collect water and firewood, cook, take care of the children, and wash the dishes and clothes. In the afternoon they might hang out with other women or just stay at home. On Picture 6 is a typical Burundian home in the camp seen. In the evening they do all the chores again and then go to bed. For the girls it is pretty much the same except that they also go to school during the day six days a week. The men do not have domestic chores, but some of them might help out. Many of them hang out with other men during the day and only stay at the house for dinner and sleep.

***"I do all the work at home. When I wake up, I clean the house, wash dishes, collect water, cook and wash clothes. Those are the activities I do. In the afternoon I do the same. Evening I cut the firewood, that I use for cooking. After cooking I eat, wash myself and sleep." Woman No. 1.***





Picture 6: A tent in the Burundian part of Nyarugusu.

### **Bodily limitations for women and girls**

Many of the women have limited mobility during their period due to physical and mental issues. All the girls and almost all the women expressed feeling pain and discomfort while menstruating such as stomach and back pain, dizziness, tiredness, headaches etc. Some to such a severe extent that they have sought medical help. About two third of the women said they feel so bad that they struggle with daily activities like collecting water or firewood, clean, cook or go to school.

***"It limits my daily activities because I feel like I have no strength and find it difficult to walk." Woman No. 8***

Some do their best coping with the pain, others plan and stock supplies for their period. Many however depend entirely on others to help them, most rely on their mothers, daughters or nieces and very few on their husbands. All men except one said their wives feel pain, man No. 28 did not answer.

### **Social perceptions and norms**

Few girls and women mentioned that mental issues during their period give them physical limitations. They are simply afraid someone will think they smell bad, why they stay at home. Man No. 26 mentioned that his wife has to stay home because cloths prevents her from walking properly and she bleeds through her clothes, which makes her feel bad and ashamed.

About half of all interviewees did not perceive any taboos or stigmas concerning MHM. But at some point during the interviews every one of them mentioned restrictions for women during their period. About half of all women and girls stated that during menstruation a woman cannot cook, collect water, use the buckets to wash her pads or clothes, have sex, sleep next to her husbands or simply approach a man. Some could not explain why these rules exist, others said it is a cultural thing or because it can harm the men to be in contact with a menstruating woman because she is unclean.

***“When the time comes, I always have to tell my husband since he finds it disgusting. Even when we sleep, we do not share the same mattress. The food, my children are the ones cooking for the family. I have to wait until I come back to normal and that is when we can start having contact again.”***

***Woman No. 18***

The Burundian men did not observe any stigmas or taboos, all the Congolese men could identify some in their culture. They either mentioned that a man cannot have sex with a menstruating woman because it will put a curse on him or that a he is not allowed to share anything with her because everything she touches can harm him during her period.

***“Our culture does not allow a man to get in contact with such things.” Man No. 28***

Few women said their husbands are straightforwardly disgusted by them during their period. Besides restricting them in their daily activities, they also tell the women things like they smell and make them feel like a pariah in the family. Woman No. 16 explained how her husband has two wives, and that he will refuse to stay with either of them during their period because he is so revolted by them.

When asked if they talk about MHM with others, some women said no because it is a private and secretive thing. Few can talk with their husband about MHM, which mainly means informing him that she is menstruating. The rest of the women and all the girls talk with female friends, family members or neighbours. They give each other advice and support, they might ask for help with chores or to borrow soap and pads from each other etc. All men except man No. 28 talk with their wives about MHM.

***“We do not know how to talk so we end up getting pains in our hearts.” Woman No. 20***

### ***The women and girls’ need of MHM support***

This section is about what women and girls need and wish for regarding MHM support. The interviewed women and girls all stated that they concerning MHM support need the following things to manage their menstruation:

- Sanitary materials like cloths, disposable or reusable pads etc. to manage their period.
- Privacy for changing, washing and drying themselves and their reusable materials.
- Water, soap and basins for washing themselves and their reusable materials.
- Ways to dispose of used materials like pads, old cloths and water.
- Suitable clothing and underwear to support the sanitary materials.

All these five components depend on each other, and all of them have to be considered together and not separately, because they influence each other and none of them can exist as a MHM support alone. For example, distributing reusable materials increases the amount of water and soap needed and distributing disposable materials increases the level of waste.

#### **Sanitary materials**

The sanitary materials have to be appropriate to the local context and reflect what the women used before becoming refugees. Many of the Congolese women have lived in Nyarugusu for 20 years, why they might never have had their period outside the camp. But common for all the Congolese women is that they all expressed using cloths to manage their period before they received any assistance from the organizations. Almost half of all the Burundians said they used disposable pads before they arrived in the camp, the rest of them used pieces of cloths.

When asked if they can identify another method than pads and cloths to handle their period, all Congolese women said no. They either could not imagine that one exists, or they seemed confused about the question. The same applied for half of the Burundian women and the girls, but the other half would welcome a new method if it could make life easier for them.

***“For African women here, I do not think there are other methods than the ones we are using. If there are others, we welcome them. But now we are fine with the ones, we are using due to unawareness. Before we were using pieces of clothes, but now we are okay with the pads. Women have appreciated them and used them effectively. So I think new ones also can be good.” Woman No. 2***

Some women explained that they consider four to six reusable pads be enough to fulfil their need, others that eight to 12 reusable pads are enough and few need somewhere between 16 and 24 reusable pads.

### **Facilities**

All the women and girls expressed a need for support regarding water and soap to wash themselves and their reusable sanitary materials. In average they would like to wash themselves at least 2-3 times a day during their period. They explained that it is important to them to feel clean to maintain their dignity, but also that it is important for them to wash the reusable sanitary materials because they otherwise will not last for that long.

***“When I have my menstruation, I do not want to have shortage of water and shortage of soap, because the pads and fabrics need soap and water to be washed and I cannot go from morning to evening with the same pad. You need to change and wash. When I do not have soap and water I just change and wear another one and I have to keep the dirty one until I get water and soap. But I heard that it is not healthy and sometimes I only have one pad. As for now I do not have pads, I only use fabrics because I do not have money to buy them.” Woman No. 17***

The women also said they require a place to dry the sanitary materials without risking getting them stolen or stepping over a cultural barrier. Many of the women requested a specific basin or bucket for their personal hygiene purpose alone.



## **Privacy**

The women and girls almost all expressed a need for privacy when handling their period. They called for available latrines with good shielding and preferable a lock mechanism without people standing outside rushing them. They would like to be able to change their sanitary materials in peace. The same applies for the bathrooms. The women also expressed a need for privacy when washing and drying their reusable sanitary materials. Many said they wash them while bathing, but they still need a private place to dry and store the pads afterwards.

## **Health problems and Pain management**

Some women said that using cloths and old pieces of fabrics causes them to get rashes between their legs. Few of the women stated that they fear using old cloths may give them long term health problems.

***“At first we were using the fabrics, but then we realized the effect they had on us, we got some rashes. So now we are using the reusable pads, which you can wash and wear again when they are dried. I like the reusable pads, because you do not get the rashes when you use them and they do not cost you a lot of money every month like disposable ones.” Woman No. 21***

Many of the women experience so much menstrual pain that they feel a need for medical treatment, why they expressed that help with pain management during menstruation would help their quality of life. Woman No. 20 said, she has severe pain in her genitals every time she has her period. Many of the women explained, that they have already sought consultation at the healthcare facilities, but few have been given any treatment. Many of them use traditional medicine instead.

***“Some get sick to the extent they need to be hospitalized, others do not get any kind of problems when they are menstruating. So it depends on the person because we are all so different in so many aspects and it depends of the nature of your body. My problems started when I was raped. Since then, I experience some pain. I cannot do any hard work, when I am menstruating. Because if I do so, I get back pains and start bleeding a lot. And it causes me some problems as it hurts in my private parts...” Woman No. 20***

## ***Women and girls' need for MHM support vs. the MHM interventions implemented in relation to the Access Framework***

This section contains the findings related to the five dimensions in the theoretical framework. The section is divided into five subsections, one for each dimension. The subsections are then again divided into the sections for each theme related to that dimension.

### **Availability**

#### ***Sanitary materials at the marked and in the shops***

From both observations and the interviews with some women it was clear that one can find both reusable and disposable pads at the marked and in some of the small shops around the camp. On Picture 7 can be seen an example of one of these small shops. The reusable pads can be bought both as a single and in packages that look remarkably much like the ones being distributed. The disposable pads come in packages of different size. One does not find other methods like tampons or menstrual cups at the marked or in the shops.

*"The ones they give us now are reusable, but if you are not okay with that, you can buy others at the marked which are single use. Woman No. 21*



Picture 7: Shops with solar cells in the Congolese part of Nyarugusu. In some of these shops one can buy sanitary materials.

### ***Distributions of sanitary materials***

During the interviews with the organizations the following interventions with distribution of MHM related items were presented. On arrival all women between the age of 10 and 49 receive a kit from UNHCR containing reusable pads, one bucket, one kanga etc. They receive it once and TWESA is distributing the kits for UNHCR. UNFPA distribute kits for all women who give birth at the hospital, the Red Cross distribute the kits for UNFPA. They contain disposable pads, bucket, soap, toothpaste, toothbrush and underwear. IRC distribute kits to female survivors of gender-based violence, they distribute the kits themselves and they contain reusable pads. Oxfam distribute kits to Burundian women in the reproductive age. Their kits contain reusable pads, bucket, razorblades, soap and lotion. They distributed themselves and so far they have done it once. TWESA does not distribute their own kits, but they have a project where they are teaching Congolese women to sew reusable pads. The aim is for the women to make a business of their own selling the pads to the organizations for distribution. It is under development, no kits have been distributed yet. On Picture 8 are seen warehouses containing food and NFI for distribution.

***“We distribute the kits UNHCR provides, because we are camp management, so we distribute. But we also have this kit for girls! They came from Australia and then the women in the camp in our project are sewing the same kits. The plan is that we will distribute 200 of the kits to identified school girls. So we have to identify who is going to get the kits. But 200... you know, it is not many!” TWESA.***



Picture 8: Warehouse for distribution next to the camp management office. Here food and NFI are stored until distribution.

All Burundian women and girls expressed during their interview to have received a kit, two had even received a kit with pads twice. All the girls had received a packet with four reusable pads at schools. The women had received different kits including either three or four reusable pads from Oxfam, UNHCR and IRC or disposable pads at the hospital after given birth. The kits they received also contained underwear, bucket and soap etc. All Congolese women except two had received a kit including reusable pads. The two women not receiving were either given age limitations and shortage of pads as explanation for the lack of distribution. The other Congolese women had received between 1 and 3 reusable pads each from either UNHCR or TWESA. Some mentioned that it was the first time in 20 years they received MHM support. Few Congolese women had received underwear in their kits too, but none mentioned receiving other supporting facilities like buckets. Some of the women said they are a bit anxious because there seemed to be no pattern or schedule regarding when they would receive MHM support again. On Picture 9 can be seen examples of reusable pads distributed in the camp.

***“They gave us reusable pads, here at Oxfam. I got one packet. We have few pads and when it comes to changing them, you often find that the other is still wet from washing.” Women No. 4***

When asking the Congolese men if their wives had received pads or what they used, only man No. 26 answered that his wife had received a kit with reusable pads. All the Burundian men answered, two of them have wives who had received reusable pads, but man No. 31 had a wife who had received nothing.



Picture 9: On the left is seen reusable pads sewn by women in the camp. On the right it is reusable pads from AFRI-pads, which are distributed by the organizations in the camp.



### ***Quantity of pads distributed***

Only woman No. 2 expressed that she has received enough sanitary materials. The rest lack reusable pads, and said they are waiting impatiently for the next distribution. One third of both the Congolese and Burundian women and girls explained that they are still only using cloths, the rest a mix of cloths and reusable pads. Woman No. 22 elaborated that she sometimes has to collect old cloths she finds lying around and use them during her period because what else she got is not enough. Woman No. 5 explained she has to just free-bleed in her pants.

***“I beg you to order more facilities for us. Soap and pads - reusable! The first I was given was from IRC and it was one packet. Only one! There were three in the packet but they are not functioning anymore. I still have to use them, why I beg you to request for them to assist us.” Women No. 4***

Basically none of the women and girls feels the quantity of pads they have fulfil their needs. Few women explained how the low number of pads in their possession causes them to often wear the pads even when they are wet or dirty.

### **Affordability**

#### ***Direct costs***

When the women receive kits with pads from the organizations at the distributions, the women explained that it does not cost them any money. In general the women and girls said that they do not have money to buy disposable or reusable pads themselves, they do not have the resources to allow themselves such luxuries and they find sanitary materials to be very expensive. From both observations and interviews the price of pads at the market and in the shops was noted. The disposable pads cost about 1.12 USD for a packet with 10 pads, and the reusable a bit more for a packet with 3-4 pads. Packets with fewer pads are available for a smaller price. The women explained that if a refugee is fortunate to have a job for one of the organizations, they are paid about 1.12 USD for one day's work. Very few interviewees have a job, but one of them woman No. 10 was the only one who ever bought pads for herself.

***“We do not have money to buy pads, but God has helped us.” Women No. 19***

### ***Indirect costs***

No women, girls or men talked about bribes at distributions. It might possible occur, but no one mentioned it and there was no obvious signs of it in the daily life in camp from the observations. None of the women expressed participating in sexual transactions to obtain sanitary pads either, but some mentioned it in relation to getting food enough.

***“We do not get soap regularly. Water is safe, and we are thankful for that. Food is not sufficient and sometimes I used to have sex with others to get enough to eat.” Women No. 9***

### **Accessibility**

#### ***Transport methods***

From observations it was clear that the terrain in the camp is not easily accessible, and that there is no public transport. There are one main road through the camp where you see cars from organizations and some motorbikes that offer lifts for money. On Picture 10 one can see the main road, where most people walk or bicycles. All women, girls and men interviewed expressed getting around in the camp by foot, and long walking distances does not seem to be a problem. Nobody complained about having to walk to distribution centres or standing in a queue there.



Picture 10: The main road in the Burundian part of the camp.

## **Adequacy**

### ***Ease of use***

None of the women and girls found reusable pads difficult to use. They had all understood the instructions on how to use them, and they all said there are no challenges as long as there are soap and water enough to clean the pads. None of the women talked about using reusable pads cause sickness, prevent them in things or make them bleed through their clothes. Few said they actually feel the reusable pads are more efficient and that they make them feel more secure because they are less likely to bleed through. But some also said the reusable pads end up a bit malodorous after a while.

***“When I have the reusable pads, I don’t make my clothes dirty with blood. But the cloths make my clothes dirty because they are too thin. For our daughters it is also good to use the reusable pads when they attend school, so they do not get dirty and instead will come back home clean as ever.”***  
***Women No. 19***

### ***Durability of pads***

The women and girls said they were told the pads would last a year, but most of them feel that they are worn out after six months. Many explained they do not use the reusable pads anymore because the pads ceased to support them. Therefore most of the women now use pieces of cloths during their period.

***“We received two pads. They told us to use them for a year. Do you not think that can harm people? It is a problem. .”*** ***Women No. 12***

### ***Underwear and suitable clothing***

Many of the women mentioned having received underwear, either one or two pair of pants. They said they wear them down quickly, because it is often all the underwear they have. They then explained that this gives them some difficulties using the reusable pads and to keep them in place. Especially among the Burundians there seem to be a lack of clothes in general, the women have nothing to change with if they bleed through.

***"I face some challenges when menstruating. First we lack water at my house, we also lack soap. I have two or three underwear. They are not enough when considering it is rainy season, so they are not dried easily. And there are not enough latrines." Women No. 10***

### **MHM and schools**

The interviewed girls pointed out that many girls do not attend school during their period and will go home if they get it while in school. Their explanation for this was that the girls smell bad while menstruating due to lack of soap and clean clothes. The result is that the girls end up missing part of their education every month.

***"Some families are poor, so they lack soap to wash themselves during their period, and they use the same clothes every day. So if they go to school they will smell bad." Girl No. 23***

### **Water and washing**

Few women and girls found that they have enough water available for their daily needs. The rest explained that they have to prioritize drinking, cooking and the rest of the family before things like washing themselves and their clothes. They experience an unstable restricted water supply. On Picture 11 is seen a typically water point where the women collect the water.

***"When I cannot wash the cloths, I put them inside the house. Then the whole house becomes a mess because of the bad smell. So when there is no water, it is a challenge, and it hurts a lot but I cannot do anything about it." Woman No. 17***

Few Congolese women and one Burundian girl expressed that they have the opportunity to wash as often as they would like. The rest of the Congolese women feel they cannot because they lack water and soap, which is a huge problem for them during their menstruation. Most Burundians said there are not enough bathrooms, water and soap to fulfil their need for washing. They experience that the queues to the bathrooms are so long, they have to forget about washing themselves. Most women and girls feel they cannot wash their clothes sufficiently due to lack of water, soap, basins and buckets. All of them expressed feeling they do not have enough soap or buckets in their household in general, and some that they even have to use their pots for washing.





Picture 11: Water point in the Congolese part of the camp.

### ***Privacy and latrines***

Almost every Congolese woman expressed having privacy enough. But among the Burundians, no one felt like that. They struggle finding privacy to wash themselves, change their sanitary materials and even to urinate. All Burundians said they share a latrine made of plastic sheets with other families. The majority said they are 4-5 households sharing one toilet, the rest mentioned being even more households sharing one latrine. Many mentioned that the situation will improve because organizations are building family latrines in Burundian areas at the moment, construction of such latrine can be seen on Picture 12.

***“When I have my period, I want to wear pads. But now I do not have, why I use pants, which are not enough! And the toilet is almost always occupied with people, it is a problem. Sometimes in the afternoon if people are not many you can wash yourself. You have to dress and dry inside the house, but as the house is used by many people it is difficult to handle this situation.” Woman No. 5***



Picture 12: Engineers from TWESA inspecting the construction of new latrine in the Burundian part of Nyarugusu.

No Burundian women felt there are enough latrines in the camp, about half also mentioned the latrines not being clean or appropriate supplied with water. Some explained how they have to relieve themselves in their home or in the bushes, others that they often feel pain in their stomach because of holding the urine and faeces inside their body for too long. On Picture 13 are seen latrines, bathing chambers and handwashing facilities in a Burundian area. Almost every Congolese refugee lives in a house with its own latrine, so almost all of them felt there are enough latrines. But woman No. 20 felt there are not enough latrines, she does not have her own latrine. The Congolese women expressed having different problems with the latrines like not being able to build a new one and insects from the latrine.

***“When I think to use the shared latrine, I remember a man can walk in on me anytime. It makes me feel sad and unhappy to think that if it was my own latrine that could not happen to me. I would then have been free to control my body and clean myself the way I want.” Woman No. 2***





Picture 13: Bath chambers, latrines and water for handwashing in the Burundian part of the camp.

TWESA explained that they are in the process of building new toilet blocks at the Congolese schools with a newly design MHM room with inside access to water supply and waste disposal.

### ***Vulnerable households***

The procedure with building latrines for each household does not seem to work for vulnerable households. Woman No. 13 and No. 20 both explained that they do not have a latrine in their household, and that they do not have a husband either, why they consequently are the head of the household. For them it is impossible to construct a latrine without a husband even though they have the materials, because they cannot afford to pay someone to do the construction.

***“Concerning toilets, some of us share the toilet with neighbours, because we do not have a husband who can dig one for us... The neighbours are not happy to see we use their toilet most of the time. I have no way out of this situation, because I do not have the possibility to dig a toilet. I have to negotiate with the neighbours, use wisdom and explain to them the situation I am in. Woman No. 13***

## **Acceptability**

### ***Awareness Interventions***

In the interviews with the organizations, some of them mentioned that they every year on the 28 of May celebrate Global MHM Day in the camp. All the organizations collaborate on this event trying to increase the knowledge about MHM among men and women through music and dance, speeches and storytelling etc. One of TWESA projects is MHM education in schools, where TWESA staff teaches both boys and girls from 10 years and distribute booklets about the topic. TWESA has invited other organizations to go with them on house visits or to community meetings and workshops to conduct community education. Education of staff has been another project of TWESAs in 2016, why they in February held a workshop with UNHCR for hygiene promoters, sanitation managers, government officials, refugee leaders etc. teaching them about MHM. IRC is in cooperation with Columbia University developing a toolkit to use implementing MHM in missions. They are aiming to increase the awareness of MHM on both cluster level, management level and among the staff working in the camp. UNFPA and the Red Cross try to create awareness among the men and women about MHM through guidance when they come to the health care facilities to give birth.

*"We had a session with the community leaders, because they are really opinionated. I told, them why women need more things like dignity kits or female hygiene kits. It was a good method, we took some empty bottles and asked men and women to separate in groups. I asked the men, because they are always champions, to go fill the bottle, when you have filled water, you will have to take it and put the bottle under your armpit. But before I gave them the bottle, I put a hole in it... When they said: "Oh, no it is leaking!" I said: "I told you to put it there, it is an exercise." Some put them there, but others refused. Then I said: "Put please." They did and water started leaking. They said: "What is this exercise?" I said: "You have been complaining a lot about Oxfam distributing female hygiene kits to women, everything to women! And now, this is how it is when a women or a lady has her menstrual period." They said: "Ew, how can I control this? How can I hide this?" I said: "Please, feel how they feel!" They said: "This is too much. Please we did not understand, now we understand. Please help them better. Please help them." Oxfam*

### ***Cultural acceptance of the distributed methods***

Considering the fact that most of the women used to use disposable pads or cloths; having reusable pads as the sanitary material mostly distributed in the camp seems like a sensible choice because it takes what the women traditional used into account. A few women even mentioned that they like the reusable pads because they remind them of cloths.

***“Reusable pads are very good, because it is like what most women were using before, the pieces of cloths. It worked fine, but sometimes they allowed for blood to be seen, but pads keep the blood efficiently” Woman No. 17***

### ***Washing the sanitary materials***

It is very important for the women that other people in the camp cannot tell that they have their period, because it is a very private and shameful thing. Only woman No. 1 does not feel any restrictions to how she cleans her sanitary materials. Everybody else try to hide them in some degree while washing and drying. No one can allow others to see the dirty water when washing, why they try to do it hidden inside the house, the latrine or bathroom. When it comes to drying, the women explained that they either hang them up outside or inside but always hidden by a kanga, why it takes a long time for them to dry. Woman No. 3 said she dries them in her bed and Woman No. 10 in her bag. For some women, it is everyone who is not allowed to see the sanitary materials, for others it might only be a father or husband or just the children who cannot in anyway see the pads. On Picture 14 is seen a Congolese household where the woman is doing laundry.

***“I dry the sanitary materials inside, because if you dry them outside a sorceress or a witchman can take them.” Girl No. 25***

Some women said it is a problem hanging them outside, because then a witch can steal them and cast a curse on you. Only man No. 27 expressed what his wife does when cleaning her sanitary materials and she also wash and dries them hidden.





Picture 14: Facilities and washing of clothes at a Congolese house.

### ***Challenges of the organizations with implementing MHM interventions***

This section is about what kind of challenges, the organizations have when they implement MHM interventions in the Nyarugusu camp.

After interviewing all the organizations it was obvious that they all have challenges and problems implementing MHM interventions, the challenges do not differ that much from organization to organization. The organizations struggle to get enough funds, why they will often focus on structures like latrines or water tanks, softer focuses like awareness and education will be prioritized lower. Just getting the resources delivered to the area is a challenge; the whole procurement process seems very long. The organisations can have troubles doing projections because the delivery is unstable and unpredictable.

Internal coordination is difficult and as a consequence situations where nobody has done projections or planning occur so that distribution becomes irruptive and irregular. Coordination



between the organizations is not considerate to be pleasing either. The organizations lack information about what other organizations are doing. There are sector meetings in the camp but MHM does not officially belong to one. In general, it seems like the organizations are missing a cohesive strategy for MHM interventions.

***"I mean, it was like I was going into other people's field and that I was totally being incursive. That is why, you might have noticed, we are not so aggressive in terms of the menstrual health... The hygiene... Because we pulled back a little bit, because we felt as if we were going into other people's mandate. So that is lack of coordination, it is what I would say is the real biggest challenge that I have accounted." UNFPA***

Often organizations think something should be looked into but that it is not really their responsibility, they then find it difficult to pass it on because no one is in charge of an official MHM sector. Other times the organizations feel they are incursive and stepping into someone else's mandate.

Shortage of staff causes some organizations to skip levels in managing projects. Another issue is high staff turnovers. MHM understanding among the staff is general very low. According to the organizations only people in management positions understand the issue. The staffs in charge of implementing MHM interventions does not understand all the aspects of MHM as gender equality, education, WaSH facilities etc.

## Discussions

### *Summary of findings*

Women and girls have limited mobility during their period, they struggle doing daily activities and rely on others for help. Some due to menstrual pain, others are afraid they smell bad or will bleed through their clothes.

Culturally restrictions prevent many women and girls from cooking, fetching water, having sex etc. while menstruating because she is considered unclean and capable of harming men. Some women cannot even talk about MHM because it is a shameful thing.

The women and girls need sanitary materials, privacy, water, soap and basins, ways to dispose of used materials, suitable clothing and underwear to handle their period. None of the women know any other method to handle their period than cloths and pads, but some would welcome other methods. Few get rashes from using cloths and fear it will give them long term health problems. Some have so much menstrual pain that they feel they need medical attention.

When it comes to availability, the women can find pads at the marked and shops. There are several distributions of kits including sanitary materials. All women and girls have received once, but this might be several years ago and they still lack sanitary materials and wait impatiently for the next distribution.

The women and girls mostly walk to the marked, shops or distribution centres, and the sanitary materials are accessible for them. But the reusable pads are not affordable for the refugees at the marked and shops.

The women and girls find reusable pads easy to use and they make them feel more secure, they end up a bit malodorous though as they only last 6 months. Some girls miss school because they lack sanitary materials etc. The women lack underwear and clothes as well. The women and girls do not have enough water, soap, buckets, and basins to wash themselves, their clothes and reusable pads. They lack privacy to wash, change and urinate etc., a big problem especially for

vulnerable households due to the lack of help to construct latrines. So because the women and girls lack water, privacy etc. the reusable pads and cloths end up not being adequate support.

Some organizations conduct MHM awareness interventions, and the distributed MHM methods seem cultural accepted. But the women and girls have a problem with washing and drying the reusable pads and cloths due to lack of privacy.

The organizations have many challenges with implementing MHM interventions especially concerning delivery, coordination, communication and staff understanding the importance of the giving MHM support. They lack a cohesive strategy.

### ***The perception of MHM in the Nyarugusu refugee camp***

The limited mobility of females and the cultural practices of secluding them while menstruating are happening worldwide, and is not something specifically to this study or area. For example, studies from both India and Nepal have shown that the same kind of norms apply for that part of the world (10, 23). These practices might exist due to lack of infrastructure, awareness and women's empowerment, which make the adolescent rely only on what the elderly teach them about cultural practices and perceptions of hygiene and blood. But even in a country like Denmark many women and girls still hide their sanitary materials in their pockets or bags when going to the toilet so no one can see they have their period (14). This custom exists because cultural and religious traditions and social norms for centuries have made women and girls feel ashamed of their period. So even though Danish women should have the knowledge - traditions and norms win over reason, why changing the perception of MHM can take several generations.

The bible says that women have to give birth and bleed in pain forever as a penance for Eve's actions in the Garden of Eden. In the third book of Moses, it is written that a woman is unclean for 7 days during menstruation and that she infects others with this impurity even if they just touch something she has touched (24). There can be many reasons to why someone wrote this, but it still helps explaining why these practices and norms are so rooted in so many parts of the world. Being pure or unclean is not only a phenomenon in Christianity. According to Islam women are impure while menstruating, why they cannot have sex, pray or enter the mosque. Also in

Hinduism all women regardless of their caste are seen as a producer of pollution due to menstruation and childbirth (25).

The result of a survey about menstrual hygiene management done by TWESA in august 2015 (26), was received while conducting the fieldwork in Nyarugusu, see annex C. TWESA asked 240 Burundian and Congolese women of reproductive age questions about menstruation. Many of their findings support the ones in this study as for example that women do not participate in daily activities during menstruation. When it comes to taboos and culturally restrictions during menstruation the findings are a bit different. The TWESA survey found that the beliefs of the Burundians and Congolese were the same and that they could not do things like farming, go to school, have sex and stand and talk to a group of people. In this present study it seem like there was a difference in the beliefs, the Burundian women and men seemed a bit more open-minded than the Congolese. The restrictions are also a bit different, no one mentioned not being able to cook or collect water in the TWESA survey, which seemed to be a main restraint for the women in the present study. Other interesting things are that 15 % of the women in the TWESA survey mention that their husbands more often seek out prostitutes while they menstruate. No one mentioned this in the present study. The differences in the outcomes are likely due to different study methods and different preconceptions of the researchers and interpreters.

### ***The women's need of MHM support***

The lack of MHM support for the women and girls can as mentioned in the findings have a huge influence on their lives, but it can also give them more extensive problems as reproductive infections (27). Looking for other methods and ways to support seem like a good solution, because the women and girls cannot afford to buy their own sanitary materials and because the reusable pads provided does not fulfil their needs. None of the interviewed women, however, expressed a wish for the organizations to change the MHM method distributed, and only a quarter of them said they would welcome a new method if it could make life easier for them. But the thing is that a woman cannot ask for something if she does not know that it exists. Maybe something could be cultural appropriate even though it does not seem familiar to the user at first. The problem with using a term like culturally appropriate is that it varies depending on the person asked, the one who is asking and how the question is formulated. Culture also changes over time, and therefore also what is appropriate. What women ask for first might not be what they need long term, their

needs might change depending on the phase of the disaster. The organizations should always incorporate development into the interventions after the first relief. To applied a culturally appropriate MHM support the organizations need to do more than just identify the needs; it require the organizations to look at the needs from a user-centred view and then use their knowledge to find the best possible support, assist the women adapt to it, monitor, evaluate and then maybe change the methods over time.

Different studies conducted for example in Uganda, Kenya and Nepal have shown that if women get the needed guidance and support a method as a menstrual cup can be highly acceptable and hygienically safe to use for vulnerable women and young girls (28, 29, 30). Based on the interviews and the other studies, an intervention with menstrual cups in Nyarugusu may likely have a positive outcome as well, especially if conducted first among the Burundian refugees. In the present study, the Burundians seemed a bit more open-minded than the Congolese since the ones who would welcome a new MHM method mostly were Burundians. If a menstrual cup intervention is implemented with success among the Burundian women that will probably create a demand among the Congolese women as well like it happened when the organizations implemented MHM interventions with reusable pads instead of kangas in the camp.

The women would still need access to soap, water and privacy if using a menstrual cup. But it will be easier for them to handle their period regarding things like durability and quantity. A menstrual cup can last for up to 10 years and you only need one (28). Another thing is the fact that underwear is not as necessary to manage the MHM method, just as washing and drying the cup is much easier and less time consuming for the women.

### ***Women and girls' for need for MHM support vs. the MHM interventions implemented in relation to the Access Framework***

A study about women and girls' living conditions in Nyarugusu was made available while conducting the fieldwork for the present study. It was done by The Women Refugee Commission in October 2012 with the purpose of gaining an understanding of the Congolese adolescent girls' needs for protection and empowerment (31). One finding related to the ones in this study is the fact that females mention exchanging sexual favours to fulfil basic needs like food. Another that there are problems with high dropout rates among girls in schools because they lack basic

household items like soap to wash themselves and their clothes. Many studies from different part of the world have found that adolescent girls drop out of or miss school due to lack of sanitary materials or appropriate WaSH facilities, examples of this can be found in Tanzania, Malawi, Sierra Leone, Nepal and India etc. (23, 32, 17, 18, 27, 33, 34).

Most of the other findings in this study is not specific for Nyarugusu either, but can be found in other studies from different camps. A UNICEF study of a refugee camp in DR Congo found for example that the sanitary materials distributed was insufficient and the quantity not enough (35). Another study from the Aketa camp in Uganda found that women lack soap, underpants and sanitary materials (36). Other findings like women lacking privacy and water for bathing and washing clothes and pads can be found many places in the world as well. One is in a report from Pakistan, where OXFAM in 2006 built screened latrines, bathing, and menstruation units for the women and girls affected by an earthquake. After having asked the women and girls about their needs, they ended up adding a special menstruation unit to the facilities, so women and girls could wash and dry their sanitary materials without anyone else seeing them from the outside (37). And lastly, an evaluation of UNFPA's dignity kits from 2011 showed some of the same challenges of organizations as found in this study like lack of coordination, monitoring and procurement (38).

The fact that the findings can be found other places, confirms the concerns many agencies have regarding the lack of MHM services and adequate facilities for women and girls in refugee camps. It calls for the organizations to prioritize MHM, to higher the standard of MHM support in refugee camps and to conduct more research so the best way to do that can be found.

### ***The Sphere Handbook***

The Sphere Project was initiated by some NGOs and donors in 1997 to develop a handbook with a set of minimum standards for the main areas in humanitarian assistance. The purpose of these standards is to improve the assistance and to hold organizations accountable in a disaster response. Initially menstruation was not mentioned in the standards but in the third edition from 2011 it is included in two standards, no. 2 for hygiene promotion and no. 4 for excreta disposal, and also mentioned in the checklist (See table 5 next page for the standards) (39).



Table 5: The standards for MHM in the Sphere Project

**Hygiene promotion – Standard 2**

**Key indicator:** All women and girls of menstruating age are provided with appropriate materials for menstrual hygiene following consultation with the affected population (See guidance notes 5 and 8).

**Guidance note 1:** Basic Hygiene items: A basic minimum hygiene items pack consists of water containers (buckets), bathing and laundry soaps, and menstrual hygiene materials.

*List of basic hygiene items:*

10-20 litre capacity water container for transportation	One per household
10-20 litre of capacity water container for storage	One per household
250g bathing soap	One per person per month
200g laundry soap	One per person per month
Acceptable material for menstrual hygiene, e.g. washable cotton cloth	One per person

**Guidance note 5:** Appropriateness: Care should be taken to avoid specifying products that would not be used due to lack of familiarity or that could be misused (e.g. items that might be mistaken for food). Where culturally appropriate or preferred, washing powder can be specified instead of laundry soap.

**Guidance note 8:** Menstrual Hygiene: Provision must be made for discreet laundering or disposal of menstrual hygiene materials.

**Excreta disposal – Standard 4**

**Key indicator:** Toilets are appropriately designed, built and located to meet the following requirements: ... -They allow for the disposal of women's menstrual hygiene materials and provide women with the necessary privacy for washing and drying menstrual hygiene materials (See guidance note 9).

**Guidance note 9:** Menstruation: Women and girls of menstruating age, including school girls, should have access to suitable materials for the absorption and disposal of menstrual blood. Women and girls should be consulted on what is culturally appropriate. Latrines should include provision of appropriate disposal of menstrual material or private washing facilities (See Hygiene promotion guidance note 5 and 8).

When looking at the standard no. 2 it can be discussed whether or not it is fulfilled in Nyarugusu. The women and girls are indeed getting one acceptable and appropriate menstrual hygiene material per person, almost all women and girls have received something once. However, there has not been done much regarding discreet laundering or disposal as mentioned in guidance note 8. Standard no. 4 is therefore no way near fulfilled. Except for the newly ongoing construction of school toilets none of the toilets in the camp allow for disposal of menstrual hygiene materials or the necessary privacy for washing and drying, most of the women and girls do not feel they have the opportunity to do these things.

When it comes to key indicators concerning number of water taps, latrines, litre of water per person per day etc. the camp fulfilled the requirements. The problem is more how the facilities are constructed and used, which means the camp in general do not fulfil the standards within WaSH in the Sphere Handbook. For example are the queueing times at the water sources much longer than recommended and the latrines does not provide the degree of privacy in lines with the norms of the users.

It can also be discussed if the level for MHM support mentioned in the Sphere Handbook is appropriate and adequate. When it comes to quantity and replacement there is a lack of guidance and the wording leaves the reader with plenty of room for interpretation. What is appropriate and acceptable is of course different depending on where one is in the world and the Sphere Handbook's standards have to be applicable everywhere. But there is nowhere mentioned that the method chosen to support MHM affects the women and girls' needs for other components like water, soap, underwear, buckets etc. It only takes into account the privacy, the disposal and the need of a material without really mentioning quality or quantity of the chosen sanitary material. The term "one acceptable material for menstrual hygiene, e.g. washable cotton cloth per person", is difficult to understand and define. It leaves one wondering if the Sphere Handbook really means one cloth is enough for a woman to handle her menstruation for the whole period. The text should instead say something like enough material for a menstruating female to handle her whole period.

When replacement is not mentioned, the Sphere Handbook forgets that menstrual hygiene materials get worn down even easier than underwear. Also, underwear for menstruating women and girls is actually only mentioned as an additional item the organizations can provide if necessary and available once every month. It makes one wonder how the Sphere Handbook imagine that women and girls will keep that one material for menstrual hygiene in place. It does not seem like the handbook comprehend the synergy and coordination among the different components needed to provide sufficient MHM support.

No matter what one think about the level of the standards in the Sphere Handbook, it can be concluded that they are not fulfilled in the Nyarugusu refugee camp, when it comes to MHM support.

## ***Future research***

During the interviews with the organizations, some of them expressed interest in being part of a study like the previous mentioned concerning menstrual cups and they found the idea of implementing an intervention with a menstrual cup very exciting and innovating. The fact that a menstrual cup does not have to be that much more expensive than reusable pads, and have a much longer life expectancy, makes it seem like a good idea to pursue the possibilities of implementing a menstrual cup intervention.

Other relevant research topics about MHM could be a cost-effective analyse of MHM interventions, how the organizations work with replacement of NFI items, what items should be in a dignity kit and can it be standardize and culturally appropriate at the same time, MHM within the UN system, how does WaSH facilities become appropriate in relation to MHM and challenges of the organizations like coordination, procurement, project management, staff etc.

## ***Limitations***

The research presented in this thesis has different limitations, which have to a greater or lesser extent influenced the findings. The different limitations for this study are things such as problems with access to the camp. The camp permit only allowed access during day time, which limited the time to do interviews and observations. It was during the field work difficult to get access the camp at times due to lack of transportation or roads being inaccessible due to rain season. The fact that only one camp in one country was examined is also a limitation. This limits the study to only one culture and place, so the generalisability of the study is not that extended. It was not possible to examine other camps close by due to transport and weather challenges, camps in other countries were not possible due to fund and time limits.

Another limitation to the study is difficulties with the interviews. There were challenges with getting information about the organization and interviewing all the organizations working with MHM in Nyarugusu. Bureaucracy and time pressure when planning and conducting the data collection simply limited the information gathered.

The second limitation concerning the interviews is the language barriers. Some issues always get lost in translation and communication between different cultures. The female interpreters used

were very different from one another, but both were biased and thus selected and sorted the information passed on during the interview. Attempts to prevent this were done by giving the participants the same questions formulated in different ways. It was very clear that the Tanzanian interpreter was very inhibited by her culture and found the topics difficult to talk about. For example she could not say the words “sex” and “menstruation” in English and used very long sentences to describe it, which at times made it difficult to understand what the conversation was about. The Congolese refugee interpreter was at time very subjective, and felt the need to elaborate the interviewee’s answers.

Another limitation could have been the number of interviews conducted. The women, girls and men who participated were however 31 persons, which cannot be considered a small sample size for a qualitative study. In addition affects was also minimized by the diversity of the respondents in age, nationality, education etc.

The interviewees were asked questions about things that have happened in the past, and they had to recall past experiences. This might have created a bias, because people do not always remember exactly what happened, or they might add or not tell some elements of a story.

The researcher’s preconceptions could have been another limitation to the study, but I tried to be open-minded concerning all elements and topics, because a preconception of a specific problem etc. could affect the result of the study. My background as an engineer has, however, definitely affected the focus in the findings and the recommendations. Also the fact that I am from another country, have a specific age and am a female has influenced the conversations.

The location for some of the interviews at the offices of organizations can have been a limitation and influenced the respondents’ answers as well. They might not have dared to criticize the interventions because they were afraid to miss out on distribution or maybe they said something extra positive in hope of gaining something. Therefore I made it very clear that I did not represent a specific organization but was there as a student.

## ***Recommendations for the organizations***

### **Distribution**

Increase the quantity of distributed sanitary materials. Make a consistent schedule for the distribution of replacement of sanitary materials. Inform the women and girls about this schedule so they know when and what kind of sanitary materials they can expect to receive.

### **Other methods**

Implement interventions with another method like the menstrual cup. Prioritize the development of a more sustainable solution for the women to handle their period. Conduct a study trial in collaboration with a more experienced organization.

### **Livelihood programs for women**

Build capacity by supporting the empowerment of women through programmes and training in livelihood skills. By increasing their skills, the women will easier achieve income-generating activities and obtain a more stable life with the possibility of providing sanitary materials for themselves.

### **Latrine construction**

Support the vulnerable households by hiring refugee men to help vulnerable households building latrines so single women can get privacy to handle their period.

Construct specific latrines in all public places for women with MHM facilities like proper waste disposal, water and privacy.

### **Kits**

Ensure the content of the kits is what women and girls demand and not something that needs replacement soon after distributed. Add for example a specific basin for menstrual pads and ropes for drying the pads to the kits. Take out razors and lotion so there is not created a need for something if the replacement is not in place for that specific product.

Develop a method for the women and girls to discreetly carry their used reusable pads when not able to wash and dry them. This could be like a small purse with two pockets made out of waterproof fabric that is easy to clean.

### **Facilities**

Consider changing the facilities like plastic buckets and basins used for washing and bathing to something more durable, strong and suitable for the environment and the tasks they are provided for. If not, replacement of these things should be added to distribution.

Establish sheltered washing point where the women and girls can wash their clothes and sanitary materials in private and easily. The washing point should be constructed with good drainage, waste disposal, water supply and preferable a connecting changing and bathing facility for women.

Provide the women and girls with an extra soap every other month when distributing reusable pads.

### **Water**

Prioritize developing a constant and stable water supply. Make sure women have enough water to maintain a good hygiene. Distribute a jerrycans with lids for water collection and storage to minimize contamination and so the buckets and basins can be used for washing bodies and clothes.

### **Health**

Strengthen the sexual and reproductive health services so that the women and girls can get guidance and medical assistance to cope with their menstrual pains, over-bleeding and other menstrual related health issues.

### **Sector**

Identify one sector in charge of MHM, which is responsible for distributing relevant information to all organizations working with this. Have every few months a MHM meeting where everyone working with MHM will have a representative attending. The meeting should include a discussion about who is doing what, where, when and why. The representatives should feel freely to ask for



guidance and support from one another. This would help avoid interventions being uncoordinated and that activities overlap without people knowing.

### **Awareness**

Address the barriers to women and girls' ability to do daily activities while menstruating. Increase awareness about MHM so that women and girls' rights can be respected. Provide them with support to break the silence and taboos, so they can obtain the same rights to a daily life as the men. Give all different members of the communities the knowledge and the tools to avoid using cultural practices that leads to discrimination, misinterpretations and violation of women and girls right.

## Conclusion

In this study the main objective was to assess the appropriateness and level of MHM for women and girls in the Nyarugusu refugee camp in Tanzania. Women and girls' perception of MHM in the Nyarugusu refugee camp, their expressed needs for MHM support and the MHM interventions implemented in the Nyarugusu refugee camp were examined. The study also analysed the needs of women and girl with the interventions currently implemented by humanitarian actors in relation to the Access Framework and discussed potential future interventions targeting MHM. The number of studies about MHM in refugee camps is limited, wherefore, this study is a much needed early contribution to a better understanding of MHM and why it is an important topic for females all over the world.

The findings in the study reveal that the MHM interventions in Nyarugusu are not appropriate and sufficient enough to meet the needs of women and girls in the camp. The women and girls are highly affected by cultural practices and bodily limitations, which hindrance them in doing daily activities. The interventions are not providing them with the needed support to handle these restrictions and challenges, which violate their rights to be a functioning part of their community.

The women and girls lack basic things like underwear, water, soap, buckets, privacy, and sanitary materials to maintain proper hygiene during their period. The absence causes huge mental and physical challenges for the women and girls. They depend on the support from the organizations due to lack of livelihood activities and restrictive social norms. The sanitary materials distributed in the camp are not adequate because of the low quantity, the absence of replacement and the lack of components like soap and water to maintain the reusable pads.

It seems like the humanitarian organizations have overlooked women and girls' needs for MHM support for a long time and have just realized within the last couple of years that it is an issue. They seem to struggle a bit with the implementation of MHM interventions due to lack of experience, understanding and knowledge. But it is clear that there has been an awakening, focus has shifted and the situation will therefore hopefully change in the near future if the organizations manage to create some more cohesive strategies for MHM in Nyarugusu.

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## Annexes

### Annex A: Statistics of WaSH from TWESA

Weekly DATA 2016 (Nyarugusu Camp_Congolese)					
WEEK	Tot Pop (Indv)	# of useable water points taps	Number of person per operational water point	# of Family Shared HH Latrines	Crude latrine coverage
1	65.265	611	107	9.820	7
2	65.265	623	105	9.836	6,64
3	65.265	623	105	9.828	6,64
4	65.265	625	104	9.828	6,64
5	65.265	625	104	9.806	6,66
6	65.265	619	105	9.808	6,65
7	65.265	630	104	9.794	6,66
8	65.265	636	103	9.796	6,66
9	65.265	636	103	10.067	6,48
10	65.265	636	103	10.061	6,49
11	65.265	636	103	9.779	6,67
12	65.265	636	103	9.790	6,67
13	65.102	636	102	9.784	6,65
14	65.102	616	106	9.780	6,66
15	65.102	660	99	9.780	6,66
16	65.102	660	99	9.780	6,66
17	65.102	660	99	9.792	6,65
18	65.102	653	100	9.792	6,65
19	64.932	647	100	9.790	6,63
20	64.956	653	99	9.784	6,64
21	64.957	656	99	9.782	6,64
22	65.015	656	99	9.786	6,64
23	65.063	656	99	9.785	6,65
24	65.063	650	100	9.785	6,65
25	65.108	650	100	9.785	6,65
26	65.128	650	100	9.813	6,64
27	65.128	644	101	9.814	6,64
28	65.128	596	109	9.813	6,64
29	63.996	556	115	9.820	6,52
30	65.121	533	122	9.820	6,63
31	65.121	583	112	9.825	6,63
32	65.121	583	112	9.831	6,62
33	65.121	583	112	9.832	6,62
34	65.121	583	112	9.822	6,63
35	65.336	593	110	9.816	6,66
36	65.336	593	110	9.821	6,65
37	65.352	593	110	9.799	6,67
38	65.352	587	111	9.807	6,66
39	65.380	622	105	9.811	6,66
40	65.397	618	106	9.812	6,67



41	65.397	614	107	9.822	6,66
42	65.402	608	108	9.828	6,65

Weekly DATA 2016 (Nyarugusu Camp_Burundian)					
WEEK	Tot Pop (Indv)	# of useable water points taps	Number of person per operational water point	# of Family Shared HH Latrines	Crude latrine coverage
1	84.806	448	189	4.341	20
2	84.812	484	175	4.550	19
3	84.741	490	173	4.582	18
4	84.037	490	172	4.582	18
5	84.037	454	185	5.131	16,38
6	81.155	454	179	5.347	15,18
7	81.155	454	179	5.347	15,18
8	81.155	454	179	5.347	15,18
9	81.155	454	179	4.465	18,18
10	81.155	454	179	4.465	18,18
11	81.155	472	172	5.675	14,30
12	81.155	472	172	5.610	14,47
13	77.329	472	164	5.646	13,70
14	77.329	472	164	5.586	13,84
15	77.329	472	164	5.636	13,72
16	74.814	472	159	5.498	13,61
17	73.347	472	155	5.470	13,41
18	72.482	478	152	5.444	13,31
19	70.911	496	143	5.282	13,43
20	69.397	532	130	5.314	13,06
21	68.685	532	129	5.238	13,11
22	67.995	550	124	5.358	12,69
23	68.047	544	125	5.379	12,65
24	67.267	544	124	5.124	13,13
25	66.625	544	122	5.168	12,89
26	65.121	502	130	5.031	12,94
27	64.284	508	127	4.978	12,91
28	59.900	508	118	5.008	11,96
29	63.185	509	124	5.008	12,62
30	65.687	492	134	5.053	13,00
31	65.687	563	117	5.025	13,07
32	65.853	539	122	4.951	13,30
33	65.853	539	122	4.908	13,42
34	65.853	539	122	4.887	13,48
35	66.506	539	123	4.885	13,61
36	65.682	539	122	4.921	13,35
37	65.805	539	122	4.862	13,53
38	65.876	539	122	4.862	13,55
39	66.172	539	123	4.861	13,61
40	66.439	539	123	4.737	14,03
41	66.645	539	124	4.691	14,21
42	66.772	539	124	4.582	14,57

***Annex B: Interview guides***

Interview guide - Refugee Women		
Topics	Interview questions	
Briefing		
Presentation of the interviewer and purposes of the project	Presentation of the interviewer, etc. and the project	I'm Johanne, I'm an engineer from Denmark studying a master in disaster management at the university. I only speak Danish and English why I have an interpreter helping me. This is ..... The purpose of the interview is for me to collect data for the research I'm doing for my thesis about water, sanitation and menstrual health management.
The framework for the interview	<i>Timeframe</i>	The interview will take about 30-40 minutes.
	<i>Point out that the interview is recorded on Dictaphone.</i>	I want to make you aware that the interview will be recorded on Dictaphone. Are you okay with that? The recording will be used only by me to support my memory and will be included in the project. The interview will be treated confidentially. In the report your statement will be anonymized, so it can't be led back to you.
	<i>Anonymization</i>	Do not hesitate to ask if there is anything you are unsure about or do not understand during the interview. I want to make you aware that you participate voluntarily in the interview and that you can always withdraw your consent. You can choose not to answer individual questions.
	<i>Statement</i>	
Presentation of informant	<i>The informant presents herself</i>	First of all I would like to ask you to please tell me a bit about yourself?  (Fill in the table with Name, age, nationality, education, occupation, marital status, kids, family structure, years lived in the camp)
Research questions		
Start	I'm interested in learning more about your daily routines, could	

<p>WaSH</p>	<p>you please describe to me what you do on a normal day? (What do you do when you get up, during the day and in the evening?)</p> <p>I'm really interested in the water supply and sanitation conditions in the camp, so I would very much like to hear how you experience them here in the camp?</p> <p>What do you think about the latrines in the camp? Do you use them? Do you have to walk a long distance? Which one do you use? What do you think about them? Why?</p>
<p>MHM</p>	<p>Could you explain to me what you do when you collect water? What do you use it for? Drinking, washing and cooking? Where from? Do you have to walk a long distance? How long time does it take? Do you have to stand in a queue? What do you think of the water quality and taste?</p> <p>What facilities do you have to wash yourself? Do you feel you have the opportunity to wash as often as you like?</p> <p>What facilities do you have to wash your clothes? Do you feel you have the opportunity to wash your clothes as often as you like?</p> <p>Are there any challenges in using the latrines and washing facilities?</p>
<p>Closing</p>	<p>Another thing I'm very interested in is menstrual health management, what women do when they have their period. Could you please describe to me what you do when you have yours?</p> <p>Have you ever had any problems with latrines or washing facilities in context to handle your period? Have you ever heard about others having problems?</p> <p>Do you talk with others about menstrual health management? Who? Husband, friends or relatives? What do you talk about?</p> <p>Do you use sanitary pads?</p> <p>If yes, what kind and from where do you get them? What do you think about them? Have you experienced any challenges in getting or using them?</p> <p>(If reusable, how many do you have? Want? How do you wash</p>

	<p>them? Dry them?)</p> <p>If no, why not? What do you use instead?</p> <p>What did you use before you came to the camp?</p> <p>Having your period, does that limit you in any way? Is there something in your daily routine that you cannot do?</p> <p>Do you think there are any taboos or stigma regarding menstrual health management?</p> <p>Do you feel any pain or discomfort when you have your period?</p> <p>Is there something that could make it easier for you to handle your menstruation? Do you have privacy enough? Water enough to wash? Pads enough? Soap enough? Another method to handle it like for example cups?</p> <p>Do you use/have you used any family planning?</p> <p>Do you have something you'd like to add?</p>
Debriefing	
Rounding off Summing up	<p>Now we are almost finished with the interview.</p> <p>Thank you so much for your help. Please feel free to contact us if you later have questions.</p>

Interview guide - Refugee Men		
Topics	Interview questions	
Briefing		
Presentation of the interviewer and purposes of the project	Presentation of the interviewer, etc. and the project	I'm Johanne, I'm an engineer from Denmark studying a master in disaster management at the university. I only speak Danish and English why I have an interpreter helping me. This is ..... The purpose of the interview is for me to collect data for the research I'm doing for my thesis about water, sanitation and menstrual health management.
The framework for the interview	<i>Timeframe</i>  <i>Point out that the interview is</i>	The interview will take about 30-40 minutes.  I want to make you aware that the interview will be recorded on Dictaphone. Are you okay with that? The recording will be used only by

Presentation of informant	<p><i>recorded on</i> Dictaphone.</p> <p><i>Anonymization</i></p> <p><i>Statement</i></p> <p>me to support my memory and will be included in the project. The interview will be treated confidentially. In the report your statement will be anonymized, so it can't be led back to you. Do not hesitate to ask if there is anything you are unsure about or do not understand during the interview. I want to make you aware that you participate voluntarily in the interview and that you can always withdraw your consent. You can choose not to answer individual questions.</p> <p><i>The informant presents herself</i></p> <p>First of all I would like to ask you to please tell me a bit about yourself? (Fill in the table with Name, age, nationality, education, occupation, marital status etc.)</p>
<b>Research questions</b>	
<p>Start</p> <p>WaSH</p> <p>MHM</p> <p>Closing</p>	<p>I'm interested in learning more about your daily routines, could you please describe to me what you do on a normal day? (What do you do when you get up, during the day and in the evening?)</p> <p>I'm really interested in the water supply and sanitation conditions in the camp, so I would very much like to hear how you experience them here in the camp?</p> <p>What do you think about the latrines in the camp? Do you use them? Do you have to walk a long distance? Which one do you use? What do you think about them? Why?</p> <p>Could you explain to me how you get water? Do you or your wife collect water? What do you use it for? Drinking, washing and cooking? Where from? Distance? Time? Queue? What do you think of the water quality and taste?</p> <p>What facilities do you have to wash yourself? Do you feel you have the opportunity to wash as often as you like?</p> <p>What facilities do you have to wash your clothes? Do you feel</p>

	<p>you have the opportunity to wash your clothes as often as you like?</p> <p>Are there any challenges in using the latrines and washing facilities?</p> <p>Another thing I'm very interested in is menstrual health management, what women do when they have their period. Do you know what your wife does when she has hers?</p> <p>Do you know if she has any problems with latrines, washing facilities or handling her menstruation?</p> <p>Do you talk with your wife or daughters about menstrual health management? What do you talk about?</p> <p>Having her period, does that limit your wife in any way? Is there something in her daily routine that she cannot do?</p> <p>Do you think there are any taboos or stigma regarding menstrual health management?</p> <p>Is there something that could make it easier for your wife to handle her menstruation? Privacy? Water? Pads? Soap?</p> <p>Do you have something you'd like to add?</p>
Debriefing	
Rounding off Summing up	<p>Now we are almost finished with the interview.</p> <p>Thank you so much for your help. Please feel free to contact us if you later have questions.</p>

Interview guide – Organizations working with MHM		
Topics	Interview questions	
Briefing		
Presentation of the interviewer and purposes of the project	Presentation of the interviewer, etc. and the project	I'm Johanne, I'm an engineer from Denmark studying a master in disaster management at the university. The purpose of the interview is for me to collect data for the research I'm doing for my thesis about water, sanitation and menstrual health management. I'm looking at how women experience the condition and then I'll

	compare it with the interventions done by organizations in the camp.
The framework for the interview	<p><i>Timeframe</i> The interview will take about 30 minutes.</p> <p><i>Point out that the interview is recorded on Dictaphone.</i> I want to make you aware that the interview will be recorded on Dictaphone. The recording will be used to support our memory and will be included in the project.</p> <p><i>Anonymization</i> The interview will be treated confidentially. In the report your statement will be anonymized, so it can't be led back to you. Do not hesitate to ask if there is anything you are unsure about or do not understand during the interview. I want to make you aware that you participate voluntarily in the interview and that you can always withdraw your consent. You can choose not to answer individual questions.</p> <p><i>Statement</i></p>
Presentation of informant	<p><i>The informant presents herself</i> Do you want to present yourself? (Name, occupation, organization)</p>
<b>Research questions</b>	
Start	<p>Could you start by briefly describing to me the work of your organization and what your role in it is?</p> <p>I'm especially interested in Menstrual Health Management, could you please tell me what work your organization is doing in the refugee camps within that? Do you work in all three camps?</p> <p>If nothing, why? If yes, what? In what extent? For how long?</p> <p>Budget? Purpose? Goal?</p> <p>Have you ever had any challenges with these projects?</p> <p>In your experience, what are the main challenges and barriers women experience regarding Menstrual Health Management in the camps?</p> <p>What have your organization done to handle these challenges?</p> <p>Is your organization planning any new Menstrual Health Management initiatives in the camps in the future? If no, why? If yes, what? In what extent? For how long? Budget? Purpose? Goal?</p> <p>In your opinion, are the Menstrual Health Management</p>
Closing	



	<p>interventions available sufficient to meet the needs of refugee women in the camps? If not, what is missing? If yes, are you sure nothing can be improved?</p> <p>Does your organization include refugee women in the evaluation and planning of MHM interventions?</p> <p>Does your organization do anything to create awareness about MHM among male refugees?</p> <p>Does your organization coordinate your interventions with other organization? Which? How?</p> <p>Are there any other relevant organization or people you think I should talk to this about?</p> <p>Do you have any documents about your organization and MHM, I can have?</p> <p>Do you have something you'd like to add?</p>
Debriefing	
<p>Rounding off</p> <p>Summing up</p>	<p>Now we are almost finished with the interview.</p> <p>Thank you so much for your help. Please feel free to contact me if you have questions later.</p>

## Annex C: Result of TWESAs questionnaire

### Results of TWESA's menstrual hygiene management survey

Survey done during the week of 10<sup>th</sup>-14<sup>th</sup> August 2015

#### Survey participants

Age	8-17	18-25	26-35	36-49
Number	31.3% (75)	30.4% (73)	25.8% (62)	12.5% (30)

Nationality	Congolese	Burundian
Number	55.4% (133)	44.6% (107)

Location	Zone 1	Zone 3	Zone 4	Zone 8	Zone 10
Number	71	44	71	22	32



#### 1. At what age did you first start menstruating?

Age	11	12	13	14	15	16	17	18
Response	6.3% (15)	9.2% (22)	23.3% (56)	31.7% (76)	23.7% (57)	2.9% (7)	2.5% (6)	0.4% (1)

#### 2. Did you receive education about menstruation?

Response	Yes	No
Number	63.3% (152)	36.7% (88)

#### If yes, at what age and who taught you?

Age	12-13	14-15	16-17	18+
Number	2.6% (4)	25.7% (39)	37.5% (57)	26.3% (40)

Response	Mother	School teacher	Female relatives
Number	59.2% (90)	26.3% (40)	14.5% (22)

#### 3. Please explain here what menstruation is and why it happens.

All women were able to give an explanation of what menstruation is.

71% of respondents answered that menstruation is a woman's monthly bleeding.

29% of respondents answered that menstruation is a woman's regular monthly bleeding from the vagina and is part of a series of changes in a woman's body to prepare her for potential pregnancy.



#### 4. What materials do you use during menstruation?

Material	Disposable pads	Reusable pads	Kanga	Old clothes
Number	7.5% (18)	8.3% (20)	45.8% (110)	38.3% (92)

#### 5. How and where do you wash and dry your sanitary materials?

77% (185) of respondents answered that they wash their sanitary materials in the bathroom using clean soap and water.

23% (55) of respondents answered that they wash their sanitary materials using the water left over after washing other clothes.

81.25% (195) of respondents answered that they dry their sanitary materials inside their bedroom.

18.75% (45) of respondents answered that they dry their sanitary materials outside the house and cover them with kanga or a transparent cloth.

#### 6. Which type of sanitary materials would you prefer to use:

Material	Disposable pads	Reusable pads	Kanga
Number	10.4% (25)	66.7% (160)	22.9% (55)

#### 7. Where do you get your sanitary materials from?

Source	UNHCR	IRC	Tanzania Red Cross	Buy in camp
Number	91.7% (220)	4.2% (10)	4.2% (10)	2.1% (5)

#### 8. Are there sanitary materials available to buy in the camp?

Response	Yes	No
Number	91.7% (220)	8.3% (20)

Disposable pads are available to buy for 1500-2000TSh for a pack of 8-10 pads.

#### 9. Have you ever had any health problems because of your menstruation?

Response	Yes	No
Number	87.5% (210)	12.5% (30)

##### If yes, what problems have you had?

- Abdominal pain
- Excessive bleeding
- Headache
- Back pain

**10. Are there any activities you stop doing during your menstruation?**

23% (55) of respondents answered that they don't attend school while menstruating.

71% (170) of respondents answered that they don't participate in income generating activities, such as farming or small business, while menstruating.

**11. What beliefs or taboos does your culture have about menstruation?**

Congolese and Burundians gave very similar answers and their beliefs and taboos seem to be the same regarding menstruation.

- Not allowed to go to the farm
- Not allowed to go to school
- Not allowed to have sex
- Not allowed to stand and talk to a group of people

**12. Are there any other ways that your menstruation affects your life?**

25% (60) of respondents answered that they can't attend school.

65% (155) of respondents answered that there is a decrease in production and income generation activities.

15% (35) of respondents answered that there is an increase in men seeking the services of prostitutes.

**13. How many pairs of underwear do you own?**

Pairs	0	1	2	3	4	5
Number	1.7% (4)	15% (36)	39.6% (95)	20.8% (50)	18.8% (45)	4.2% (10)

**14. Where do you get your underwear from?**

Source	UNHCR	Buy in camp
Number	24.4% (60)	74.6% (176)

**15. Is underwear available to buy in the camp?**

79% of respondents were aware that underwear is available to buy in the camp, while 21% were not aware.

Those who knew that underwear is available to buy reported that it costs 1000TSh for one pair.

**16. Do you know how to sew well?**

Response	Yes – Machine	Yes – Hand	No
Number	4.6% (11)	62.1% (149)	33.3% (80)


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**17. [School girls only] Do you miss days of school because of menstruation?**

Response	Yes	No
Number	73.3% (55)	26.7% (20)

**If yes, how many days on average do you miss every month?**

Days	1	2	3	4	5
Number	0	0	36.4% (20)	50.9% (28)	12.7% (7)

**18. [School girls only] What are the reasons you miss school during menstruation?**

Reason	No sanitary materials	Pain	Latrines in bad condition	Not enough water for washing	Scared of getting blood on clothes	Get harassed by other students/teachers	Embarrassed	No washing/ changing facilities	Tradition
Number	100% (55)	72.7% (40)	80% (44)	81.8% (45)	63.6% (35)	54.6% (30)	40% (22)	72.7% (40)	100% (55)