



# MIGORI COUNTY MENSTRUAL HYGIENE MANAGEMENT POLICY 2023-2032



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## FOREWORD

The constitution of Kenya recognizes that every person has the right to the highest attainable standard of health, right to clean and healthy environment that is protected for the benefit of the present and future generation.

Migori County Government, recognizes that it is the role of the government to address the needs of the vulnerable in the society including women, Persons with Disabilities and members of particular cultural communities as stated in the Constitution of Kenya (2010). This policy document align with SDG 6 and 10 that seek to ensure provision of clean water and sanitation facilities and reduce inequalities by ensuring girls and women have limited disruptions to their normal livelihoods as a result of menstruation.

The Migori County Menstrual Hygiene Management Policy is a domestication of the National Menstrual Hygiene Management policy. This was necessitated by the situational analysis report of Migori County on MHM matters and has been formulated to respond to the particular needs. Among the gaps that this policy document seeks to respond to include, but is not limited to; negative cultural practices, exclusion of men and boys from the MHM discussion, limited MHM facilities, lack of adaptive information for persons with disability, lack of guidelines and framework governing MHM and lack of menstrual waste management systems.

The policy document will leverage on the social and political goodwill, active private sector players and donor-funded development programs supporting essential components of MHM to propagate its objectives. It will seek to ensure that negative cultural practices affecting MHM are addressed. Further, it will ensure social inclusion, boys and men involvement, and provide guidelines and framework to govern MHM including menstrual waste management.

The Migori County Menstrual Hygiene Management Policy references all relevant documents and pays special attention to the needs of women, girls, especially those in vulnerable situations and the environments.



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## EXECUTIVE SUMMARY

Menstrual hygiene management (MHM) is a critical component of women's health and wellbeing, and plays a significant role in their economic and social empowerment. Menstruation is a normal and natural biological activity that serves as a sign of health and vigor. According to the Joint Monitoring Programme (JMP) of WHO and UNICEF, MHM is the use of a clean menstrual management material to absorb or collect menstrual blood that can be changed in private as often as necessary for the duration of a menstrual period, using soap and water to wash the body as needed, and having access to safe and convenient facilities to dispose of used menstrual management materials.

The policy vision is a County where all girls and women experience menstruation with pride and dignity. The policy mission is to ensure access to accurate and relevant information on menstruation. Menstrual products, facilities, services and safe disposal of menstrual waste for girls and women boys and men in Migori County.

This policy has adopted a three-pronged approach to menstruation that entails;

- i. Breaking the silence on menstruation.
- ii. Safe and hygienic management of menstruation.
- iii. Safe disposal of used menstrual materials and products.

This policy shall be guided by the following specific objectives;

- i. To establish an enabling policy, legal and regulatory environment for effective MHM implementation.
- ii. To enhance access to accurate and relevant information on menstruation and menstrual hygiene management.
- iii. To promote access to safe and hygienic menstrual products, services and facilities for women and girls in Migori County.
- iv. To promote a clean and healthy environment through appropriate technology choices for menstrual waste management and pollution control in Migori County.
- v. To strengthen Public Private Partnerships (PPP), coordination mechanism and accountability in MHM policy implementation in Migori county.
- vi. To establish a functionally effective monitoring, evaluation, research and learning framework for MHM in Migori county.
- vii. To enhance gender youth equity and social inclusion in MHM.
- viii. To strengthen and promote market based MHM approaches for sustainability.

- ix. To ensure sustainable financing for MHM related activities and services.

The Migori County MHM Policy shall be guided by the overarching principles of education and information, menstruation as a human right issue, integrated approach, equity and equality, social inclusion public private sector involvement, sustainable financing and market based approaches, safe disposal and research, learning, innovation and smart adaptive technologies water, sanitation and hygiene. The implementation of this policy shall be overseen by the Migori County MHM Steering Committee. The Steering Committee will be the governing body of the project and will provide strategic leadership and governance oversight. The Steering Committee will have the delegated authority of the County Government of Migori to make decisions that are in accord with the policy objectives, approach and scope of the project as set out in the Migori County MHM Policy. Proper implementation of the policy will depend on effective monitoring and evaluation of the planned activities. This involves meeting set targets, standards and timelines. This Policy will be reviewed through a participatory process after every 5 years in line with the implementation period for the MTPs for Vision 2030 and County Implementation Development Plans (CIDPs), so as to capture relevant developments and emerging practices and approaches. There shall however be a continuous review process of the Policy.



## OPERATIONAL DEFINITION OF TERMS

**Annual Work Plan:** A set of successive activities over a period of one year, interconnected and which contribute to the same broader aim.

**Disability friendly:** MHM products, facilities and services that are designed to meet the needs of Persons with Disabilities

**Framework:** Is a particular set of rules, ideas, or beliefs which you use in order to deal with problems or to decide what to do.

**Gender-responsive:** MHM facilities in public places and private households that are designed and maintained in such a way that is responsive to the specific needs of girls and women.

**Intersex persons:** Persons with reproductive anatomy that fits both male and female and have the ability to menstruate.

**Market Based Approach:** Intervention that use business models and market forces to address development and humanitarian challenges more sustainably and or at scale.

**Market based MHM approaches:** Approaches that address demand and supply together to increase sustained uptake of menstrual hygiene products and facilities.

**Menarche:** It is the first menstrual cycle or first menstrual bleeding in humans.

**Menstrual Cycle:** It is a series of natural changes in hormone production and the structure of uterus and ovaries of the female reproductive system that makes pregnancies possible.

**Menstrual Health:** It is a state of complete physical mental and social well-being and absence of disease and infirmity in relation to the menstrual cycle.

**Menstrual Hygiene Enablers:** Factors that support and facilitate the adoption of healthy menstrual hygiene practices.

**Menstrual Hygiene Implementers:** Individuals, organizations and groups that work to improve menstrual hygiene management among women and girls.

**Menstrual Hygiene Management:** Women and adolescent girls using a clean menstrual management material to absorb or collect menstrual blood that can be changed in privacy as often as necessary using soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used menstrual management materials.

**Menstrual Hygiene Waste:** Used menstrual absorbent including cloth, disposable sanitary napkins, tampons and other substances and other materials.

**Menstrual Products:** Products used to receive menstrual flow, for example, Tampons, panty liners, menstrual cups, sanitary napkins, single use biodegradable and other similar tangible personal property designed for menstrual hygiene in connection with human menstrual cycle.

**Menstrual waste:** Menstrual blood, bodily tissues and all material used to capture or absorb blood during menstruation.

**Menstruation:** (also known as period) The regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina.

**MHM focal person:** Chair of the MHM committee and who is responsible for coordinating MHM activities at the county on behalf of the department of health and sanitation.

**Period Poverty:** Limited access to period products, menstrual education or adequate water sanitation and hygiene facilities.

**Socio- Cultural Barrier:** Man made constructs originating from social norms and cultural values that prohibit people from accessing menstrual services.

**Vulnerable girls:** Girls in need of special MHM care and support due to disability, cultural risks, abuse and neglect.

**Mining community:** Persons, families and institutions that are actively engaged in mining and mine fields in Migori County.

**Lake front community:** Towns and communities that are directly on the shores and islands of Lake Victoria.

## **ABBREVIATIONS AND ACRONYMS**

|         |  |
|---------|--|
| AIDS    | Acquired Immune Deficiency Syndrome  |
| AWP     | Annual Work Plan   |
| CBO     | Community Based Organization   |
| CEDAW   | Convention on the Elimination of all forms of Discrimination against Women |
| CHAs    | Community Health Assistant   |
| CHPs    | Community Health Promoters   |
| CIDP    | County Implementation Development Plan                                     |
| CIHEB-K | Centre for International Health, Education and Bio-security Kenya          |
| CRC     | Convention on the Rights of Children                                       |
| CSW     | Commission on the Status of Women  |
| DHIS 2  | District Health Information System (second version)                        |
| FBO     | Faith Based Organization   |
| HIV     | Human Immunodeficiency Virus   |
| ICT     | Information Communication Technology                                       |
| JMP     | Joint Monitoring Plan  |
| LMIC    | Low- and Middle-Income Countries   |
| M&E     | Monitoring and Evaluation  |
| MHM     | Menstrual Hygiene Management   |
| MTP     | Medium Term Plan   |
| NCPWD   | National Council for Persons with Disability                               |
| NGOs    | Non-Governmental Organizations   |
| PPP     | Public Private Partnership   |
| PWD     | Persons with Disability  |

|        |                                  |
|--------|----------------------------------|
| SDG    | Sustainable Development Goals    |
| SGBV   | Sexual and Gender Based Violence |
| SMEs   | Small and Medium Enterprises     |
| SOP    | Standard Operating Procedures    |
| UNICEF | United Nations Children Fund     |
| WASH   | Water Sanitation and Hygiene     |
| WHO    | World Health Organization        |
| WKSP   | Western Kenya Sanitation Project |
| YFCs   | Youth Friendly Centers           |

# CHAPTER ONE

## INTRODUCTION

### BACKGROUND INFORMATION

Migori County is one of the 47 counties in the Country-Kenya. It comprises of 12 sub counties with 40 wards, it borders Homa Bay County to the south, Narok County to the east, The Republic of Tanzania to the north and The Republic of Uganda to the west. Migori is a cosmopolitan county with nearly every tribe in the country represented. The county has a total population of 1,116, 436 people with a household size of 6 (Kenya Housing Population and Housing Census, 2019). The county covers a total area of 2596 square Kilometres with 1817 square Kilometres arable land and 478 square Kilometres covered by hills and water bodies. Being a riparian county to Lake Victoria (Migori County CIDP 2018-2022). The county has various agro ecological zones ranging from UMI to LM4 with biannual rainfall favouring various farming enterprises.

The County's average population density is 355 persons per square Kilometers with Kuria West constituency recording the highest density population of 463 persons per square Kilometers, whereas Nyatike constituency has the lowest density of 213 persons per square Kilometers. Factors attributed to variation in population densities include; varied climatic conditions particularly rainfall distribution, soil types and availability of social amenities such as roads, water and many others. The county has very limited access to sewerage system at 0.5 % and is therefore highly prone to diseases brought as a result of poor hygiene standards (Kenya Housing and population census 2019, KNBS). This contributes heavily to diarrhea among other diseases that are common in the County.

### MENSTRUAL HYGIENE MANAGEMENT

MHM is a critical component of women's health and wellbeing and plays a significant role in their economic and social empowerment. Menstruation is a normal and natural biological activity that serves as a sign of health and vigour. According to the Joint Monitoring Programme (JMP) by WHO and UNICEF, MHM is the use of a clean menstrual management material to absorb or collect menstrual blood that can be changed in private as often as necessary for the duration of a menstrual period, using soap and water to wash the body as needed, and having access to safe and convenient facilities to dispose of used menstrual management materials.

MHM is challenged by unclean and subpar procedures in least-developed and middle-income countries (LMICs) (Sommer et al., 2015). Although anthropologists have shown that past societies regarded menarche as an essential rite of passage, menstruation details have historically been viewed as highly secretive and taboo subjects (Laws, 1990). According to Sommer et al. (2015), the sparse mention of MHM put girls and women's health in jeopardy. The problem is made worse by the fact that Water, Sanitation and Hygiene (WASH) professionals and policy makers failed to focus on incorporating girls and women's menstruation management needs into either household-based programming or school-based programming (UNICEF, 2014). In order to understand the aforesaid scenario of silence surrounding menstrual issues among girls and women, a number of explanations have been proposed. These encompass male conspiracy (Will Sommer et al., 2015), limited funding for water and sanitation projects by

governments and donors (UN, 2014), viewing menses as a private affair to be taken care of in the family (Sommer et al., 2014) and finally, taboo nature of sexuality matters in most Low- and Middle-Income Countries (LMICs).

Furthermore, during the 50th Human Rights Council's session in June 2022, the World Health Organization (WHO) called for three actions regarding menstrual health:

- 1) Recognizing and framing menstruation as a health issue, not a hygiene issue
- 2) Understanding that menstrual health refers to women, girls, and other people who menstruate having access to information and education about it, the menstrual products they require, water, sanitation, and disposal facilities, competent and empathic care when necessary, and the freedom to live, study, and work in an environment in which menstruation is seen as positive and healthy not something to be ashamed of and to fully participate in work and social activities.
- 3) Ensuring that these activities are included in the relevant sectoral work plans and budgets, and their performance is measured.

MHM is becoming more prominent on the global and national development agenda, despite studies showing that MHM among girls and women continues to be a significant concern Sommer et al. (2015). Government, academic institutions, donors, Non-Governmental Organizations (NGOs), United Nations agencies, and other stakeholders have formed a growing coalition to mobilize resources to address the menstrual-related challenges as poor MHM and its detrimental socioeconomic and health impacts on women and girls of reproductive age have come to light.

According to the UN Sustainable Development Goals (2015-2030), all nations should work towards ensuring healthy lives and well-being for all at all ages (SDG 3). There is a need to ensure inclusive and equitable quality education and promote lifelong learning (SDG4), achieve gender equality, and empower all women and girls (SDG 5), ensure availability and sustainable management of water and sanitation for all (SDG 6), and ensure decent work and economic growth (SDG 8). Women and girls' access to MHM is a component of gender-responsive water, sanitation, and hygiene (WASH) services. SDG 6.2 acknowledges the importance of menstrual health and hygiene. Its aim is to achieve by 2030, "access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to needs of women and girls and those in vulnerable situations". Without considering the need for safe and dignified menstruation, SGD Goal 6 cannot be achieved.

Through the creation of The Kenya Menstrual Hygiene Management Policy (2019-2030) and The Kenya Menstrual Hygiene Management Strategy (2019-2024), Kenya has made significant progress in realizing the global MHM objective. Access to menstrual information and education, access to safe and hygienic products and materials, access to materials to manage menstruation, safe disposal of used menstrual materials, measuring MHM, evidence generation and use of data, creating an enabling environment, and institutional strengthening are all outlined in Kenya's Menstrual Hygiene Management Strategy as integral components of MHM. The policy and strategy documents offer a chance to give MHM higher priority and outline strategic focus areas with the intention of mainstreaming MHM, enhancing partnerships and coordination, creating and maintaining WASH infrastructure, enhancing MHM education and awareness,

fostering advocacy and resource mobilization, and establishing efficient Monitoring and Evaluation systems for MHM. The strategy provides both guidelines and an action plan so that all Kenyan women and girls will have access to better MHM options, which, if widely used, will result in a better life for all Kenyan women and girls. The policy outlines the roles and responsibilities of all stakeholders.

A situation analysis study commissioned by the Western Kenya Sanitation Program (2023) on barriers and enablers of MHM in the western region of Kenya as a step towards developing an MHM policy revealed that barriers included:

- Negative cultural practices, norms and attitudes.
- Exclusion of men and boys from meaningful involvement in MHM issues.
- Limited access to MHM facilities.
- Lack of a standardized package for MHM information for the different target groups and audiences.
- Lack of adaptive MHM information sources for persons with disabilities and People with Special Needs. Limited psychosocial support for girls experiencing menarche and undergoing menstruation.
- Lack of guidelines and frameworks governing management of menstrual waste management at national and county levels.
- Lack of menstrual waste management systems from source to designated disposal sites.
- Laxity in enforcement of regulatory standards of MHM products and services.
- High tax regime on the imported raw materials for menstrual products.
- Lack of subsidies.

Absence of financial support for social enterprises manufacturing MHM products, among others highlighted on this report, leads to negative health outcomes. These include reproductive tract infections and psychological distress, as well as adverse social and economic consequences, such as school absenteeism and reduced productivity.

On the other hand, the Enablers of MHM identified included:

- Existence of social and political goodwill for MHM programming by National and County Governments.
- Existence of laws, policies and frameworks governing and supporting MHM programming at National and County governments.
- Existence of private sector players supporting MHM interventions to create and meet demand of MHM needs.
- Existence of donor funded development programs supporting different essential components of MHM in the Counties are critical in promoting positive health outcomes.

- Increasing educational and economic opportunities, and contributing to gender equality and women's empowerment.

The MHM barriers and enablers study was important in identifying the obstacles and facilitators that impact the effective management of menstruation. The existence of MHM related challenges place girls and women in precarious health and socio-economic position and calls for improved recognition of MHM as a right and the lack of it as a public health concern that needs robust programming and strategies to mitigate the negative socio- economic impacts.

Furthermore, it is paramount to ensure that the community is aware on the various menstrual disorders and how they are managed to reduce stress and anxiety among girls and women. Problems can range from heavy, painful periods to no periods at all. There are many variations in menstrual patterns and such events may indicate ovulation problems or other medical conditions. Menstrual disorders include; dysmenorrhea, premenstrual syndrome, menorrhagia and hypermenorrhea. There is need therefore, for adequate and proper information on the management of menstrual disorders.

Migori County has adopted a multi-sectoral approach to address MHM matters through a school health program comprising of the education department heads and other actors which enables schools to easily access sanitary pads. Sanitary towels are centrally received at the County or Sub County offices after which they are collected by individual schools there was notable good will and support of MHM initiatives by the county. The County capitalizes on the already existing national policies on MHM and Environmental Management Coordination Act 2009 which governs MHM matters as well. The county also works with partners such as A360, CIHEB (Centre for International Health, Education and Biosecurity Kenya) and Nuru Ya Mtoto that support girls with sanitary towels. The county has an ACT anchored to the CIDP and an MHM steering committee to spread head MHM matters both in the urban and rural settings. It is against this background that the need to develop a policy framework on MHM was conceived and necessitated.

Concerted efforts shall be geared towards provision of adequate family planning and reproductive health services to ensure healthy reproductive lives for the women in the County. In collaboration with national government and other development partners, the County Government shall continue to prioritize the reduction of maternal deaths through provision of quality Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) services.

The United Nations Economic Commission for Africa estimates that women account for up to 30% of the artisanal and small-scale mining workforce globally, and up to 50% in Africa. Women play diverse roles in the mining value chain sector. While some take part in the actual mining, others sell food, goods and wares to the miners to make ends meet. According to an article by *Newsday Zimbabwe*, there are myths about menstruation that are pushing women out of the mining industry. In some parts of Africa, there is a long-held belief that women who are menstruating can bring bad luck to the mines. As a result, some women are not allowed to work in the mines during their menstrual cycle. This is because it is difficult to prove whether one is menstruating or not.

In the fishing community, menstrual hygiene needs are often overlooked due to a lack of awareness and access to resources. Women in the fishing community often face challenges such as limited access to



clean water and sanitation facilities, which can make it difficult for them to manage their menstrual hygiene effectively. In addition, there is often a lack of education and awareness about menstrual hygiene practices in these communities. To address these challenges, it is important to raise awareness about MHM and provide access to resources such as clean water, sanitation facilities, and menstrual products.

## MHM IN LEARNING INSTITUTIONS

Migori County has a total of 965 schools comprising of 820 primary schools and 145 secondary schools (MOE, 2023). One in four (25%) people in Migori County is an adolescent aged 10-19. Findings of a study<sup>1</sup> done in Western Kenya by USAID WKSP, revealed that WASH conditions in the majority of rural Kenyan primary schools are insufficient for the MHM needs of menstruating girls. It further stated that sub-optimal WASH conditions in schools may hinder girls' ability to concentrate in class, attend school when menstruating, or at worst dropout of school completely (USAID WKSP, 2023).

According to the situational analysis report, in many schools and communities, water and sanitary facilities were found to be a challenge with only 24% reporting adequacy of sanitary facilities. It further showed that 18% of learning institutions had water in the taps near the toilets, as well as hand washing facilities and soap. Most schools, 82% had water closets but did not have running water in the toilets. In terms of sanitary products provision, about 30% of the schools sampled, provided sanitary pads for their students, but in most instances the sanitary pads were only provided for emergencies. In many households' water is ferried from tanks and storage containers, while many urban households have to purchase their water from vendors. These statistics give a basic picture of functionality without linked information on cleanliness, lockable doors, lighting and privacy, suitability for washing, changing and safety. Girls report their reluctance to use school toilets and women to use toilets while at the market, at work or travelling.

## MHM POLICY FOUNDATION FOR MIGORI COUNTY

### VISION OF THE POLICY

A County where all girls and women experience menstruation with pride and dignity.

### MISSION OF THE POLICY

To ensure access to accurate and relevant information on menstruation; menstrual products, facilities, services and safe disposal of menstrual waste for girls and women boys and men in Migori County.

### POLICY OBJECTIVES

This policy shall be guided by the following specific objectives:

- a) To establish an enabling policy, legal and regulatory environment for effective MHM implementation.

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<sup>1</sup> *Barriers and enablers of menstrual hygiene management in western kenya, 2023.*

- b) To enhance access to accurate and relevant information on menstruation, menstrual health and menstrual hygiene management.
- c) To promote access to safe and hygienic menstrual products, services and facilities for women and girls in Migori County.
- d) To promote a clean and healthy environment through appropriate technology choices for menstrual waste management and pollution control in Migori County.
- e) To strengthen PPP, coordination mechanism and accountability in MHM policy implementation in Migori county.
- f) To establish a functionally effective monitoring, evaluation, research and learning framework for MHM in Migori county.
- g) To strengthen and promote market based MHM approaches for sustainability.
- h) To ensure sustainable financing for MHM related activities and services.

## GUIDING PRINCIPLES

The Migori County MHM Policy shall be guided by the following overarching principles:

1. **Education and information:** Comprehensive understanding of menstruation is the best means of addressing myths and taboos, and ensuring the adoption of proper menstrual hygiene practices. Menstrual health and hygiene information shall therefore be made available in learning institutions, work places, public places and at the household level. Relevant information on menstruation to relevant persons (girls, women, boys and men) is the best means of breaking the silence on menstrual health and hygiene.
2. **Menstruation as a human right issue:** The policy recognizes that the ability to manage menstruation safely and hygienically. Dignity is a precondition to meeting the human rights of girls, women and intersex. It shall therefore be the responsibility of the county to employ the best and equitable measures to enable the widest possible enjoyment of these rights.
3. **Integrated approach:** MHM is essentially multi sectorial. An integrated approach combining MHM education, access to menstrual products, services and facilities, safe disposal of menstrual waste, ensuring improved health, access to education and work, zero discrimination of girls and women and increased gender-equality. The successful promotion and implementation of MHM programs and services requires the involvement of all stakeholders in all stages from the pre-planning stage, through to implementation and to monitoring and evaluation stages.
4. **Equity and equality:** People who may be disadvantaged (persons with disabilities, Internally Displaced Persons, the poor of the poorest, people within the mines etc.) are disproportionately affected by poor menstrual practices. The county shall endeavor to promote safe, hygienic and

appropriate menstrual management to promote good health and vitality for the different segments of the population.

5. **Social inclusion:** Focus shall be given to the vulnerable and the disadvantage sections of the community i.e. intersex, beach community, girls predisposed to FGM, mining community. MHM promotion shall focus on their special needs and interests to ascertain availability of product, services and facilities in such a way that minimizes discrimination and stigmatization.
6. **Public private sector involvement:** An enabling environment shall be created for the active participation of both the public and private sector to showcase their innovations and technologies in the provision of MHM products, services and facilities. The government shall empower both the public and private on standards, guidelines and legal frameworks.
7. **Sustainable financing and market based approaches:** There shall be inclusion of MHM programs in the County Integrated Development Plan and have budgetary allocation for the activities. Further, the County shall embrace and strengthen market-based approaches for sustainability.
8. **Safe disposal:** This policy recognizes that the waste resulting from the MHM can have significant negative consequences on the environment and the lake, therefore, awareness creation amongst girls and women is required so that such wastes are safely disposed and their disposal causes no harm on the environment.
9. **Research, Learning, Innovation and Smart adaptive technologies:** Menstrual hygiene information to be made available in learning institutions, work places, public places and at household level to enable sharing of new ideas and lessons learnt.
10. **Water, Sanitation and Hygiene:** There shall be adequate access to water, sanitation facilities and conducive environment for safe and hygienic menstruation management.

## SCOPE OF THE POLICY

The policy anticipates to cover the three pronged approaches to MHM, that is, breaking the silence, enhancing access to facilities, services and products as well as sustainable disposal and waste management practices. This policy shall be implemented within Migori County by all relevant stakeholders. The policy will cover the period of 2023-2032

This policy will cover issues around access to education, awareness and information, eradicating menstrual stigma and taboos, enhancing sustainable access to menstrual products, services and facilities, ensuring menstrual waste management and disposal mechanisms, enhancing Gender, Youth, equity and social inclusion in MHM, adopting smart climate change adaptive measures for MHM, integrating menstruation in health, fostering multi-sectorial approach to MHM, financing MHM, strengthening MHM at the work place, mainstreaming MHM in county government development planning, integrating market-based approaches, MHM coordination, governance and structures and MHM monitoring, evaluation, accountability, research and learning.

## POLICY JUSTIFICATION

Women and girls encounter a number of MHM issues, including but not limited to lack of menstrual waste disposal facilities, inexpensive and acceptable period products, inadequate sanitation facilities, and access to knowledge about menstruation. The taboos and customary silences that surround discussions of sexuality in general and menstruation in particular add to the difficulties associated with menstruation. Poor MHM is linked to a number of detrimental effects, such as poor health due to infections of the reproductive system, skin irritability and discomfort, poor education due to girls' inability to focus in class, school absenteeism when menstruating, and occasionally dropping out entirely, poor and low economic productivity of women of reproductive age, low self-esteem due to stigmatization and discrimination, and psychosocial effects including shame, self-doubt and embarrassment.

Despite the immense interventions to improve MHM for women and girls, MHM programming is still low in Migori County and many of its pertinent issues remain underserved. Girls and women continue to face a myriad of problems in managing menstruation, necessitating government and other stakeholders to do more to mitigate the negative impacts caused by limited programming in MHM. The existence of MHM related challenges place girls and women in precarious health and socio-economic position and calls for improved recognition of poor MHM as a public health concern that needs robust programming and strategies to mitigate its negative socio-economic impacts to girls and women of menstrual age. It requires a multi-stakeholder approach and a national Strategic direction to maximise resources, and other capacities that can enhance programming and policy response.

## POLICY DEVELOPMENT PROCESS

This policy was developed through a very extensive and inclusive and participatory process that entailed; inception meeting, Inception report and data collection tools development, desktop reviews, data collection and identification of key policy issues, drafting workshop, public participation and involvement, policy validation workshop, final policy submission for dissemination and policy dissemination for awareness forums.

The Department of Health in Migori County Government led in the development of the MHM policy while also ensuring that other stakeholders were included in the process. These included representatives from Public Health, Reproductive Health, Health Promotion, Education, Department of Finance, Office of the County Attorney, development partners, academia, research and learning, gender, environment, water and sanitation, Non-Governmental Organizations, and Community Based Organizations. Stakeholders that formed the Technical Team (Policy Action Group) were drawn from the various county departments and partners. The Technical Team went through the National MHM Policy and Strategy to familiarize themselves with the documents. Furthermore, they went through various MHM Focused studies, the MHM Enablers and Barriers study, various county documents and delved into discussions tapping into the experiences they have had in MHM implementation.

During the development of the Migori County MHM Policy, several face-to-face meetings organized by the County government of Migori that culminated in the development of the MHM Policy draft. The stakeholders carried out a survey to ascertain the MHM needs of the general population.

## CHAPTER TWO

### REVIEW OF FUNDAMENTAL DOCUMENTS

#### 2.1 POLICY CONTEXT

This section discusses existing legal and policy documents at the global, regional and local perspectives that touches either directly or indirectly on matters with regards to MHM.

##### 2.1.1 INTERNATIONAL CONTEXT

| POLICY INSTRUMENT   | DESCRIPTION   |
|---|---|
| <p><b>International Agreements and Conventions</b></p>            | <ul style="list-style-type: none"> <li>• Kenya is a signatory to the United Nations (UN) Sustainable Development Goals (SDGs) and other instruments which guarantee protection of the reproductive rights of women as a human rights issue.</li> <li>• These agreements and Conventions include;               <ol style="list-style-type: none"> <li>a) Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979).</li> <li>b) Convention on the Rights of the Child (CRC) ratified in 1990.</li> <li>c) Program of Action of the International Conference on Population and Development (1994).</li> <li>d) The Platform for Action developed at the United Nations Fourth World Conference on Women (1995).</li> <li>e) The Maputo Plan of Action (2007-2010).</li> </ol> </li> </ul> <p>All of these instruments reiterate that, all human rights – including civil, cultural, economic, political and social and the right to development – are universal, indivisible, interdependent and interrelated.</p>   |
| <p><b>The Vienna Declaration and Program of Action, 1993.</b></p> | <p>It reaffirmed that human rights of women and girls are an inalienable, integral and indivisible part of universal human rights.</p>  |
| <p><b>Sustainable Development Goals</b></p>                       | <p>It is worth noting that the deliverables of SDGs are both directly and indirectly impacted by addressing the MHM needs of girls and women. These overarching SDGs include:</p> <p><b>Goal 3.</b> – Ensure healthy lives and promote wellbeing for all at all ages.</p> <p><b>Goal 4.</b> – Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.</p> <p>4.1 Aims at eliminating gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including Persons with Disabilities, indigenous peoples and children in vulnerable situations.</p> <p><b>Goal 5.</b> – Achieve gender equality and empower all women and girls.</p> <p>5.1 End all forms of discrimination against all women and girls everywhere.</p> <p><b>Goal 6.</b> – Ensure access to water and sanitation for all.</p> <p>6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, by paying special attention to the needs of women, girls and those in vulnerable situations.</p> <p><b>Goal 8.</b> – Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.</p> |

|  |   |
|--|---|
|  | <p><b>Goal 12.</b> – Ensure sustainable consumption and production patterns.</p> <p>12. By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse.</p>  |
| <b>The Protocol to the African Charter on People and Human Rights of Women in Africa</b> | This regional instrument protects the rights of women by taking into account the cultural specificity of Africa. In addition, special needs of African women will be taken into account while implementing this policy.   |
| <b>Beijing Declaration and Platform for Action</b>                                       | This policy commits into taking all necessary measures to eliminate all forms of discrimination against women and girl child and removes all obstacles to gender equality and the advancement and empowerment of women particularly in the area of MHM in Kenya.  |
| <b>Commission on the Status of Women</b>   | <p>During the 63rd Session the CSW endorsed an outcome that recognizes that, despite gains in providing access to education, girls are still more likely than boys to remain excluded from education. It also recognizes that among the gender-specific barriers to girls’ equal enjoyment of their right to education, is the lack of safe and adequate sanitation facilities, including for menstrual hygiene management.</p> <p>The Commission gave the following commitment that has a strong bearing on MHM:</p> <p>“Ensure availability and sustainable management of water, as well as access to safe and affordable drinking water and adequate and equitable sanitation and hygiene for all women and girls, as well as for menstrual hygiene management, including for hygiene facilities and services, in homes, schools, temporary shelters for refugees, migrants or people affected by natural disasters, humanitarian emergencies or armed conflict and post-conflict situations and in all other public and private spaces; take measures to reduce the time spent by women and girls on collecting household water; address the negative impact of inadequate and inequitable access to drinking water and to sanitation and energy services on the access of girls to education; and promote women’s full, effective and equal participation in decision-making on water and sanitation.”</p> |

**2.1.2 NATIONAL CONTEXT**

| <b>POLICY INSTRUMENT</b>     | <b>DESCRIPTION</b>  |
|------------------------------|---|
| <b>Constitution of Kenya</b> | <ul style="list-style-type: none"> <li>• The right to the “highest attainable standard of health, which includes the right to health care services such as reproductive health care” is guaranteed for all Kenyans.</li> <li>• It also guarantees the right to health care for specific groups such as Article 53 for children’s rights and Article 54 for Persons with Disabilities.</li> <li>• Article 43(1) (b-f) guarantees the determinants of the right to health and also include the right to adequate housing, right to adequate food, clean safe water, social security and to education.</li> <li>• The Constitution has committed itself to promoting and assuring respect for “human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalized” as a national value and principle of governance.</li> <li>• The Constitution provides for equality and freedom from discrimination. It obligates the state to ensure that no direct or indirect discrimination is experienced by any Kenyan or any group.</li> </ul> |
| <b>Kenya Vision 2030</b>     | <ul style="list-style-type: none"> <li>• Health plays key role towards ensuring the delivery of Vision 2030 by maintaining a healthy and skilled workforce necessary to drive the economy.</li> </ul>   |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>The goal of Kenya's Vision 2030 is to develop a population that is healthy, productive and able to fully participate in and contribute to development.</li> </ul>  |
| <b>National Health Policy (2014 - 2030)</b>                          | <ul style="list-style-type: none"> <li>The goal of the Kenya Health Policy 2014–2030 is attainment of the highest standard of health in a manner responsive to the needs of the Kenya population.</li> <li>Kenya's health policy framework future direction (2012 -2030) creates opportunities to upscale support to the health sector's requirements for the provision of adequate services and facilities for the management of menstrual hygiene, which shall be considered a basic right.</li> <li>The rights and freedoms granted to each citizen of Kenya shall be upheld in this context.</li> </ul>   |
| <b>Kenya Environmental Sanitation and Hygiene Policy (2016–2030)</b> | <ul style="list-style-type: none"> <li>Section 5.4.9 is explicit on the urgent need to promote good MHM.</li> <li>Improved MHM and appropriate facilities in public places provide menstruating women and girls with the security, privacy and dignity they need and want during menses.</li> <li>This policy highlights the need for safe collection and disposal of menstrual waste with particular attention to women and girls in humanitarian and emergency situations.</li> </ul>   |
| <b>The Basic Education (Amendment) Act No. 17 of 2017</b>            | The document obligates the government to provide free, sufficient and quality sanitary towels to every girl child registered and enrolled in a public basic education institution who has reached puberty and provide a safe and environmentally sound mechanism for disposal of the sanitary towels.   |
| <b>Kenya School Health Policy (2019)</b>                             | <ul style="list-style-type: none"> <li>States that “Menstrual Health and Hygiene (MHM), is a crucial element of the School Health Policy, being important for dignity, gender equality and the human rights of women and girls”.</li> <li>This policy recognizes that women and girls who experience challenges with MHM will also experience negative effects on multiple areas of life; relevant to the human rights of women and girls, including in particular the rights to health, work and education, as well as gender equality.</li> <li>The School Health Policy outlines clear action points, indicators and objectives to achieve comprehensive MHM across schools in Kenya.</li> </ul> |
| <b>Other Legal and Policy Documents</b>                              | <p>This policy has been informed by other pieces of enabling legislations such as:</p> <ol style="list-style-type: none"> <li>The Prohibition of Female Genital Mutilation Act no.32 (2012).</li> <li>National Adolescent Sexual and Reproductive Health Policy.</li> <li>Public Health Act Cap 242 (revised 2012).</li> <li>HIV and AIDs Prevention and Control Act (2006).</li> <li>Persons with Disabilities Act (2003).</li> <li>Sexual Offences Act (2011).</li> <li>(2015) National Gender and Equality Commission Act (2012).</li> <li>The Kenya National Policy on Gender and Development (NPGD) 2000.</li> <li>The Health Act (2017).</li> </ol>   |

### 2.1.3 COUNTY CONTEXT

| POLICY INSTRUMENT   | DESCRIPTION   |
|---|---|
| <b>County Integrated Development Plan 2023-2027</b>               | The CIDP is the County’s development framework for improving services of the residents in the County. The CIDP stipulates and directs the development agenda the County will pursue towards sustainable change and development. The realization of health access and improvement, sanitation improvement, education especially of girls and promoting gender equality will be affected if MHM needs are not improved and addressed.   |
| <b>MHM Enablers and Barriers Study Report</b>                     | This study was conducted by USAID WKSP in 2022 to assess the menstrual landscape within 8 counties in Western Kenya, including Migori. The study assessed the enablers and barriers of MHM and MHM programming, assess menstrual waste management options available, gaps, and challenges, and examine the political and economic factors underpinning MHM work.  |
| <b>Migori County Environmental Health and Sanitation Act 2021</b> | <p>The Migori County Environmental Health Act was passed in 2021 by the County Assembly of Migori. The Act recognizes MHM as integral and dedicates a section to address some of the MHM gaps in the County. The Act stipulates the following with regards to MHM:</p> <ol style="list-style-type: none"> <li>1. The County Government or other authority or person in control of or responsible for the maintenance of an institution, workplace or any premises or place to which the public has access shall in accordance with regulations made under this section: <ol style="list-style-type: none"> <li>a. Provide and maintain separate and adequate sanitary facilities for each gender and for persons with disabilities;</li> <li>b. Provide facilities for the practice of good menstrual hygiene management;</li> <li>c. Create public awareness about the essentials of menstrual hygiene management, and;</li> <li>d. Make arrangements for safe and hygienic disposal of sanitary pads and other menstrual waste management materials which shall be collected from time to time so as not to cause nuisance.</li> </ol> </li> <li>2. The County Executive Committee member responsible for environmental health and sanitation matters may make regulations relating to menstrual hygiene management.</li> </ol> |
| <b>Migori County Water and Sanitation Act 2022</b>                | The Migori County Water and Sanitation Act, 2022 was enacted in 2022. The act in article 6 sub section (1) gives express powers to the County Executive Committee Member to exercise control and oversight over the development and provision of water and sanitation services within the county. This is expected to provide for an enabling environment for menstrual hygiene management.   |



## **CHAPTER THREE**

### **POLICY FRAMEWORK**

#### **3.1 INTRODUCTION**

This policy has adopted a three-pronged approach to menstruation that entails:

- i. Breaking the silence on menstruation.
- ii. Safe and hygienic management of menstruation.
- iii. Safe disposal of used menstrual materials and products.

This domesticated Migori Menstrual Hygiene Management Policy has nine major policy objectives that will work towards promoting good menstrual management practices with an aim of ensuring that girls and women “attain the highest possible standards of health in a responsive manner”.

#### **3.2 POLICY AREAS, OBJECTIVES AND POLICY ACTIONS**

##### **Policy objective one:**

To establish an enabling policy, legal and regulatory environment for effective MHM implementation.

This policy objective seeks to strengthen an enabling environment for MHM implementation.

##### **Priority Actions;**

- a) Identify MHM coordinator from the department of health in Migori county.
- b) Develop an MHM advocacy, communication and media strategy to enhance and promote menstrual education and information.
- c) Identify and sensitize focal persons on MHM at workplaces and institutions.
- d) Advocate for the inclusion of MHM in Migori County Integrated Development Plan.
- e) Promote integration of MHM into existing County departmental strategic plans by developing Standard Operating Procedures (SoPs) and guidelines for mainstreaming MHM in all county departments.
- f) Allocate and ring fence budget for MHM programs.
- g) Enact and disseminate legislation and regulations for MHM policy.
- h) Implement the MHM stakeholder engagement framework.

- i) Promote the establishment of Migori County MHM funds kitty to mobilize for MHM resources from various stakeholders.
- j) Establish a multi-sectorial County MHM Task Force coordinated by the Department of Health.

**Policy objective two:**

To enhance access to accurate and relevant information on menstruation, menstrual health and menstrual hygiene management.

The policy objective seeks to ensure that all communities in Migori County access accurate and factual information on menstruation and MHM.

**Priority actions;**

- a) Integrate menstruation and MHM information within other existing programs communication strategies in all the departments in the County.
- b) Ensure that all MHM stakeholders align with the approved guidelines and SoPs relating to MHM awareness.
- c) Develop MHM training materials for use by the county government and other stakeholders in capacity building of MHM practitioners at the County level.
- d) Enhance the capacity of health care workers and MHM practitioners.
- e) Conduct campaigns through mainstream media and online integrated digital platforms for creating awareness on menstruation and good MHM.
- f) Leverage on sports, culture and arts to promote menstrual education and information to prioritize menstrual health in the MHM agenda and messaging.
- g) Strengthen uptake of social behavior change communication for MHM focused interventions.

**Policy objective three:**

To promote access to safe and hygienic menstrual products, services and facilities for girls and women.

The objective seeks to enhance the availability, accessibility acceptability and affordability of appropriate and safe MHM products and services.

**Priority Actions;**

- a) Promote PPP to develop mechanisms and sustainable models to ensure sustainable supply of affordable, quality and safe options of MHM products.

- b) Integrate standards for the construction and/or upgrade female friendly facilities that ensure safe and hygienic management of menstruation.
- c) Streamline Menstrual products supply chain systems to promote availability of menstrual products within Migori County.
- d) Work with women and youth groups within the local level to stock and sell menstrual products to improve accessibility
- e) Integrate provision of comprehensive MHM services in Youth Friendly Centers (YFCs), Rescue centers, prisons, orphanages, learning institutions and Health facilities.
- f) Organize innovations and exhibitions to promote the uptake of menstrual products and services and promote linkages between private sector actors and customers.
- g) Identify barriers and bottlenecks to private sector involvement in MHM and address them with various government agencies.

**Policy objective four:**

To promote a clean and healthy environment through appropriate climate adaptive technology choices for menstrual waste management and pollution control in Migori County.

**Priority Actions;**

- a) Prioritize classification of menstrual waste to aid in its storage, collection, transportation, treatment and disposal.
- b) Apply appropriate technology to reduce, re-use and recycle menstrual waste.
- c) Build capacity of communities and institutions on environmental-friendly menstrual products and proper menstrual waste management.
- d) Develop guidelines and standards for menstrual products and appropriate waste disposal.
- e) Enforce the installation of MHM waste bins and receptacles in institutions and public spaces to ensure proper management of menstrual waste.
- f) Support research and learning on appropriate waste disposal mechanism.
- g) Strengthen financing mechanism for MHM, environmental-friendly products, technology, research.
- h) Map off specific areas of disposal of menstrual waste.
- i) Promote access to clean and safe water as well as a safe changing space.

**Policy objective five:**

To strengthen private public partnerships, coordination mechanisms and accountability in MHM policy implementation in Migori County.

**Priority Actions;**

- a) Institutionalize the office of the MHM coordinator in Migori county at the county, sub county and ward levels.
- b) Map off public and private sector actors in MHM.
- c) Establish MHM multi-sectoral committee at county, Sub County, ward as well as village level led by the health department.
- d) Develop guidelines for PPP engagement.
- e) Promote an enabling environment for private sector innovative technologies and services through business incentives and exemptions.
- f) Support, promote and adopt innovations, designs on menstrual products, facilities and services.
- g) Conduct periodic capacity building trainings for stakeholders.
- h) Develop guidelines on terms of office for MHM steering committee members.

**Policy objective six:**

To establish a functionally effective monitoring, evaluation, research and learning framework for MHM in Migori County.

**Priority Action;**

- a) Develop MHM monitoring and evaluation indicators, reporting tools and integrate into Kenya Health Information System.
- b) Establish mechanisms for the collection and reporting of disaggregated data for decision making in MHM.
- c) Integrate MHM specific research and learning activities in the CIDP.
- d) Strengthen human resource capacity for research and learning in MHM.
- e) Conduct periodic capacity building for health care providers and CHPs.

**Policy objective seven:**

To enhance gender, youth, persons with disability equity and social inclusion in MHM.

The policy seeks to strengthen equity and equality for all in implementing the MHM agenda

**Priority Actions;**

- a) Ensure meaningful involvement of women and girls, men and boys in decision making on all matters related to MHM.
- b) Undertake capacity building to enhance involvement of women, girls, men and boys in MHM.
- c) Consider disability-friendly and gender-responsive products, services and facilities.
- d) Strengthen gender and disability mainstreaming and social inclusion through research and implementation of MHM activities.

**Policy objective eight:**

To strengthen and promote market-based climate adaptive MHM approaches for sustainability.

The policy aims to engage the manufactures, SMEs, MHM enterprises, consumers, implementing partners and regulatory bodies to be able to expand market for MHM products.

**Priority actions;**

- a) Map and develop a database for existing MHM enterprises in the county.
- b) Identify and build capacity of youth, persons with disability and women-led MHM enterprises.
- c) Link MHM enterprises to financial institutions for economic sustainability.
- d) Establish regulatory measures for customer protection purposes.
- e) Promote access to MHM products, facilities and services to miners and fisher-folks in the MHM agenda.
- f) Provide incentives for MHM enterprises in the county.
- g) Identify and capacity build MHM enterprises and implementing partners on market based MHM approaches.

**Policy objective nine:**

To ensure sustainable financing for MHM related intervention and services.

This policy is aimed at ensuring that MHM activities and services are constantly supported and have adequate resources allocated for their implementation.

**Priority actions;**

- a) Promote the establishment of Migori County MHM kitty to pool MHM funds from different stakeholders.
- b) Research, gather and share evidence on existing MHM funding gaps and opportunities.
- c) Identify key decision makers on resources allocation and control.
- d) Explore and strengthen financial collaboration with the development partners, communities and private entities.
- e) Integrate of MHM activities and services in the CIDP and county health sector strategic plans.
- f) Strengthen partnership coordination on MHM activities and services.

# CHAPTER FOUR

## POLICY IMPLEMENTATION

### 4.1 INTRODUCTION

This policy shall be implemented through a sector-wide approach to ensure there is multistakeholder and multisector involvement of relevant stakeholders in the county. The Migori County MHM Steering Committee will manage the implementation of the MHM Policy and will provide oversight, leadership and fiduciary role to ensure there is seamless implementation. The Steering Committee will have the delegated authority of the County Government of Migori to make decisions that are in accord with the policy objectives, approach and scope of the project as set out in the Migori County MHM Policy. They will receive implementation reports, assess the progress and advise the County Government of Migori on recommended actions to improve MHM implementation approach in the County.

The membership of the MHM steering committee shall ensure that it's aligned to the 2/3<sup>rd</sup> gender rule and multi-ethnic equity and equality and shall comprise the following;

1. The county MHM Coordinator
2. The office of the county commissioner
3. A representative of the First Lady
4. Director of Public health
5. Director of Gender
6. Director of Education – National government
7. Director of Education – County government
8. Director of Environment
9. Director of Water
10. Director Medical services
11. Director of Trade and Industrialization
12. A representative from Academia
13. Research representative
14. National Council of Persons with Disabilities (county coordinator)
15. Youth Advisory Council
16. Migori County Interfaith Council
17. Chamber of Commerce
18. State Department of Gender
19. Member of County Assembly (chair of the health committee)
20. County Attorney Office
21. Director of Finance
22. Office of the women representative
23. Representatives of relevant development partners
24. Representative of civil societies in the county.
25. Office of Physical planning

26. Director Public works

28. NEMA Representative

27. Cultural council of elders – majority representative

29. Any other co-opted member on need basis

The Steering Committee will be supported in its role and functions by the Secretariat which shall comprise of the following;

- i. The chair of the steering committee shall be the MHM coordinator and the co-chair shall be the director public health. The secretary to the secretariat shall be on rotational basis

Other members of the secretariat shall include;

- ii. Director of Gender
- iii. Director of Education – national government
- iv. Director of Environment
- v. Director of Water
- vi. A representative of academia
- vii. A representative of MHM development partners
- viii. The office of the County Attorney

The chair shall support to convene its meetings and set its agenda. The Steering Committee members will be chosen for their ability to provide strategic leadership, make informed policy choices to exercise effective governance and sustainable implementation of the Policy.

#### 4.1.1. FREQUENCY OF MEETINGS

- i. The committees shall hold ordinary quarterly meetings.
- ii. Ordinary quarterly meetings of the committees shall be convened by the Chairperson within the second week of a new quarter.
- iii. The Secretariat shall meet monthly.
- iv. Special meetings shall be convened anytime when need arises.



## **4.2 ROLES AND RESPONSIBILITIES OF THE STEERING COMMITTEE AND THE SECRETARIAT**

### **4.2.1 ROLES AND RESPONSIBILITIES OF THE STEERING COMMITTEE**

- i. Provide technical and advisory support to the County Government on MHM issues.
- ii. Provide guidance on the implementation of the Migori County MHM Policy.
- iii. To advise on the development of guidelines, protocols and standards that are relevant to the realization of the policy.
- iv. Identify issues, concerns and bottlenecks to the policy implementation and recommend remedial actions.
- v. Coordinate MHM stakeholders and promote consensus during MHM engagement in the County.
- vi. Strengthen MHM advocacy work in the county.
- vii. Set up a system of information and knowledge management on MHM.
- viii. Mobilize resources for MHM activities in the County.
- ix. Coordinate with partners to develop MHM research agenda and identify, conceptualize and articulate areas for research and learning.
- x. Coordinate, monitor and evaluate MHM performance and report on the activities.

### **4.2.2. ROLES AND RESPONSIBILITIES OF THE SECRETARIAT**

The Secretariat shall undertake the following roles:

- Preparing briefing papers and progress reports and providing all necessary information and evidence needed to make informed decisions.
- Circulating relevant material to members of the steering committee in good time for preparation for each meeting.
- Keeping of minutes and recording of decisions made.
- Reporting on progress of all aspects of policy implementation.

## **4.3 ESTABLISHMENT OF THE SUB COUNTY COMMITTEE**

For each Sub County, a Sub County Committee shall be established which shall be known as the Sub County MHM Steering Committee.

The Sub-County Committees shall comprise:

- (a) The Sub County MHM Coordinator who shall be the chairperson.
- (b) The Public Health Officer who shall be the secretary.
- (c) The deputy County Commissioner.
- (d) Sub County Administrator.
- (e) The vice chair who shall be from the private sector representation.
- (f) Sub county staffs from the Department of Health, Water, Gender, Environment and Education.
- (g) A male and female youth, one of whom shall be a representative of Persons with Disabilities.
- (h) Chairpersons of the Ward MHM Committees.
- (i) Council of elders.
- (j) One representative from the development partners.
- (k) A beneficiary representative.

#### **4.3.1 FUNCTIONS OF THE SUB COUNTY COMMITTEE**

The functions of the Sub County Committees shall be to:

- (a) Carry out capacity building and training programmes for stakeholders on MHM.
- (b) Monitor and evaluate the MHM activities.
- (c) Propose areas for strategy, policy and legislative interventions on MHM.
- (d) Prepare monthly, quarterly, bi-annual and annual reports for submission to the Secretariat.
- (e) Carry out action-oriented research, benchmark on best practices.

#### **4.4 ESTABLISHMENT OF THE WARD COMMITTEE**

For each Ward, a Ward Committee shall be established which shall be known as the Ward MHM Steering Committee.

The ward committees shall comprise:

- (a) The Ward MHM Coordinator who shall be the chairperson.

- (b) The Ward public health officer who shall be the secretary.
- (c) The vice chair who shall be from the private sector representation.
- (d) Ward staffs from the Department of Health, Water, Gender, Environment and Education.
- (e) A male and female youth, one of whom shall be a representative of Persons with Disabilities.
- (f) A representative from the office of the MCA, ACC and Ward Administrator.
- (g) One representative from the development partner.
- (h) A beneficiary representative.

#### 4.4.1 FUNCTIONS OF THE WARD COMMITTEE

The functions of the Ward Committees shall be to:

- (f) Carry out capacity building and training programmes for stakeholders on MHM;
- (g) Monitor and evaluate the MHM activities;
- (h) Propose areas for strategy, policy and legislative interventions on MHM.
- (i) Prepare monthly, quarterly, bi-annual and annual reports for submission to the Secretariat; and,
- (j) Carry out action-oriented research, benchmark on best practices.

### 4.5 INSTITUTIONAL ARRANGEMENTS

#### 4.5.1 ROLES AND RESPONSIBILITIES OF DIFFERENT DEPARTMENTS, MINISTRIES OR AGENCIES AND NON-STATE ACTORS

The table below sets out the relevant county departments and their responsibilities, roles and functions in menstrual hygiene in Migori County:

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| <p><b>Department of Health and Sanitation</b></p> | <ul style="list-style-type: none"> <li>• Chair the MHM Steering Committee Implementing the MHM policy.</li> <li>• Strengthening community mobilization on to scale MHM interventions in the county.</li> <li>• Designing and preparing MHM intervention plans and proposals in the County.</li> <li>• Coordinating for capacity building and training of MHM implementers from the county to the lower levels.</li> <li>• Promoting and coordinating collaboration and partnership in MHM.</li> <li>• Supporting and working with other county departments to come up with and enforce technical guidance on MHM related infrastructure.</li> <li>• Identifying and strengthening capacity of various stakeholder involved in MHM implementation.</li> </ul> |
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|   | <ul style="list-style-type: none"> <li>• Strengthening, coordinating, monitoring, evaluating and learning of MHM interventions.</li> </ul>  |
| <b>Department of Gender, Culture, Youth, Sports and Social Services</b> | <ul style="list-style-type: none"> <li>• Strengthening and creating an enabling environment for the development and implementation of Migori County MHM policy and other related pieces of legislation.</li> <li>• Promoting the involvement of men, women, youths and other people who may be disadvantaged in implementation of MHM interventions.</li> <li>• Promoting uptake and reporting of gender disaggregated data to inform decision-making on MHM interventions.</li> <li>• Supporting initiatives that advance the reduction of menstrual stigma and discrimination.</li> <li>• Ensuring that all MHM interventions in Migori County are implemented from a 'Do no Harm' principle while also protecting the target population against any harmful cultural practices that undermine MHM promotion.</li> <li>• Collaborating with State Department of Gender in implementing MHM Interventions within the County.</li> </ul>  |
| <b>National Council of Persons with Disabilities (NCPWD)</b>            | <ul style="list-style-type: none"> <li>• Participating in the design and implementation of MHM programs for ownership and sustainability.</li> <li>• Rallying their members in Migori county towards MHM implementation.</li> <li>• Adopting and reviewing the MHM Training materials to be in line with the needs of people with different disabilities</li> <li>• Participating in monitoring and evaluation of MHM programs and activities.</li> </ul>   |
| <b>Migori County Persons with Disabilities network</b>                  | <ul style="list-style-type: none"> <li>• Providing home grown solutions to address MHM needs and challenges for People with Disabilities.</li> <li>• Participating in the development of MHM messages, training tools and materials and other MHM literature.</li> <li>• Disseminating MHM information and documents to People with Disabilities in Migori County.</li> <li>• Participating in the design, development, implementation and monitoring of MHM activities and programs.</li> </ul>  |
| <b>Ministry of Education and the County Department of Education</b>     | <ul style="list-style-type: none"> <li>• Giving guidelines on implementing MHM in schools.</li> <li>• Training teachers on use of the MHM Teachers Handbook to ensure that they teachers will deliver quality MHM education to learners.</li> <li>• Developing innovative mechanisms such as use of ICT in delivery of MHM information.</li> <li>• Strengthening the school health system for referrals of menstruation related issues by students.</li> <li>• Supporting the implementation of WASH-related policies and guidelines. By introducing standard guidelines that incorporate MHM needs for school WASH infrastructure &amp; waste management.</li> <li>• Strengthening partnership with the County Department of Health to provide MHM information and services in schools and parents.</li> <li>• Generating data on the number of girls who have reached the age of puberty to facilitate the provision of free sanitary pads initiative.</li> <li>• Working with stakeholders to establish sustainable strategies, guidelines and mechanisms for the provision of sufficient and quality menstrual management materials to girls in public basic education institutions and mechanisms for disposal in schools.</li> <li>• Promoting integration of MHM policy in implementation of school education policies.</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>Developing a system to recognize and award MHM champions among the teachers.</li> </ul>   |
| <b>County Department of Finance and Economic Planning</b>        | <ul style="list-style-type: none"> <li>Advising departments on entrenchment of MHM in planning.</li> <li>Support planning of MHM interventions and integration into the various Departments activities.</li> <li>Leveraging county finance to support MHM interventions in Migori County.</li> <li>Setting specific budget lines for MHM Financing to ring-fence MHM funds.</li> </ul>   |
| <b>County Department of Trade, Industrialization and Tourism</b> | <ul style="list-style-type: none"> <li>Supporting enterprise development to ensure MHM enterprises are sustainable.</li> <li>Developing, identifying and profiling business opportunities in MHM.</li> <li>Supporting enforcement of MHM regulations, menstrual products standards and standards for menstrual facilities.</li> </ul>  |
| <b>Office of the Migori County Attorney</b>                      | <ul style="list-style-type: none"> <li>Institutionalizing MHM Steering Committee in Migori County MHM coordination mechanisms.</li> <li>Ensuring that all MHM related guidelines and documents are in line with other overarching legal documents.</li> <li>Supporting mechanisms to integrate MHM into various county departments and advice legal requirements to actualize the integration.</li> </ul>  |
| <b>Media Council</b>   | <ul style="list-style-type: none"> <li>Supporting in demystifying menstrual-related myths and taboos in Migori County.</li> <li>Sensitizing the community on MHM and build on advocacy efforts to advance MHM behavior change.</li> <li>Supporting mechanisms to promote and inform the public on available menstrual products.</li> </ul>   |
| <b>NGO/FBO/CBO/ Development Partners</b>                         | <ul style="list-style-type: none"> <li>Supporting provision of MHM information and services to girls and women in schools and community, especially those with special needs and in marginalized areas.</li> <li>Identifying areas of research to build evidence base for MHM including commissioning action research on their interventions.</li> <li>Promoting involvement of the community members and other stakeholders in MHM implementation.</li> <li>Advocating and mobilizing resources for MHM policy implementation and MHM interventions in the county.</li> <li>Promoting the uptake of reliable and logical MHM information and education in schools and the community.</li> </ul> |
| <b>Academia/Research Institutions</b>                            | <ul style="list-style-type: none"> <li>Conducting continuous research on MHM and generate information for decision making including policy revision and/or development. Including but not limited to social, economic and public health effects.</li> <li>Promoting innovation and creativity in menstrual technologies, products and services.</li> </ul>   |
| <b>Migori County Women Representative office</b>                 | <ul style="list-style-type: none"> <li>Supporting resource mobilization for MHM products and services and allocating funds from the National Government Affirmative Action Funds.</li> <li>Supporting and advocating for MHM implementation at all levels.</li> <li>Championing MHM issues in the county while ensuring involvement of the public in MHM discourse.</li> </ul>   |

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| <b>Council of elders/cultural leaders/local community leaders</b>            | <ul style="list-style-type: none"> <li>Promoting MHM within the community settings and integrate MHM discussions during community events, meetings and outreaches.</li> <li>Championing household budgeting for menstrual products and accessible and acceptable menstrual waste disposal services.</li> <li>Participating in the promotion of MHM at community level, while encouraging participation of all household members in household and community level MHM activities.</li> <li>Demystifying harmful cultural practices that undermine MHM promotion through delivery of quality and reliable MHM information.</li> <li>Acting as liaison between the communities, the County Government and other MHM stakeholders.</li> </ul> |
| <b>County Department of Water and Energy</b>                                 | <ul style="list-style-type: none"> <li>Supporting Ministry of Education, Department of Health and Sanitation in developing guidelines for management of menstrual waste.</li> <li>Boosting supply of water in schools, households, workplaces, places of worship and public spaces to ensure women and girls can manage menstruation safely and hygienically.</li> </ul>  |
| <b>Environment, Natural Resources Climate Change and Disaster Management</b> | <ul style="list-style-type: none"> <li>Provision of waste bins and receptacles in schools, worship places, community areas, workplaces, markets.</li> <li>Supporting Ministry of Education, Department of Health, Water and Sanitation in developing guidelines for management of menstrual waste.</li> </ul>   |
| <b>Private sector</b>  | <ul style="list-style-type: none"> <li>Promoting and coming up with safe, affordable and accessible menstrual products and services.</li> <li>Funding and coming up with innovations for menstrual waste management and disposal.</li> <li>Donating menstrual related equipment, facilities and technologies through their community social responsibility mechanisms</li> <li>Promoting and supporting education and awareness campaigns to demystify myths and taboos and reduce stigma and discrimination in MHM.</li> </ul>   |
| <b>Migori County Inter-Faith Council</b>                                     | <ul style="list-style-type: none"> <li>Supporting the County Government in demystifying myths and taboos on menstruation within places of worship.</li> <li>Developing initiatives to entrench MHM discourse in their places of worship.</li> </ul>   |
| <b>Interior and national administration</b>                                  | <ul style="list-style-type: none"> <li>Integrating MHM information in their community barazas and other meetings.</li> <li>Enforcing mechanisms to prevent any harmful cultural practices related to menstruation and MHM.</li> <li>Identifying out of school vulnerable girls in need of MHM products and services for referral.</li> <li>Creating linkages with various stakeholders to promote access to menstrual products and services within their jurisdictions.</li> </ul>  |
| <b>County Assembly of Migori</b>   | <ul style="list-style-type: none"> <li>Make legislation, provide oversight and ensure representation.</li> <li>Receiving any public memorandum on matters of MHM including policy implementation.</li> <li>Promoting accountability of all stakeholders in Migori County MHM Policy implementation.</li> </ul>  |

## CHAPTER FIVE

### MONITORING AND EVALUATION

#### 5.1 MONITORING AND EVALUATION

Proper implementation of the policy will depend on effective monitoring and evaluation of the planned activities. This involves meeting set targets, standards and timelines.

##### 5.1.1 MONITORING

This exercise will involve tracking the progress of the implementation of the policy. The monitoring plan indicates how the blocks will make follow ups to assess the extent to which the planned activities are being implemented at agreed intervals. Monitoring will be a continuous process with reporting on quarterly basis. Performance monitoring teams or committees will be formed and the following monitoring methods will be used:

- a) Comparing actual results against planned activities.
- b) Submission of accurate reports.
- c) Specific timelines for implementation of planned activities.
- d) Diaries to record daily and weekly plan and activities.
- e) Frequent baseline surveys through stakeholders.
- f) Holding frequent review meetings.

To actualize the monitoring process, the following tool will be used.

**Table 5. 1: Monitoring Tool**

| Policy Actions | Reporting Period | Target Planned | Actual to-date | Variance in % | Causes for Variance | Comments |
|----------------|------------------|----------------|----------------|---------------|---------------------|----------|
|                |                  |                |                |               |                     |          |
|                |                  |                |                |               |                     |          |
|                |                  |                |                |               |                     |          |
|                |                  |                |                |               |                     |          |

### 5.1.2 EVALUATION MECHANISMS

This will involve appraisal of the activities to determine the success and or failure in the implementation process. Evaluation will be carried out by the end of every financial year. This will be achieved through progress reports, review meetings and site visits. A final report will be prepared and shared with stakeholders immediately to inform areas of improvement.

Evaluation mechanisms will include;

- a) Assessment of annual policy performance audits, review and reports.
- b) Quality assessment.
- c) Frequent evaluation of feedback from stakeholders.
- d) Continuous data collection and analysis.
- e) Staff appraisals.
- f) Involvement of external experts in M&E.

The evaluation framework is as indicated below:

**Table 5. 2: Evaluation Tool**

| Policy actions     | Baseline data | Key indicators | Planned Target | Actual achievement | Variance and causes |
|--------------------|---------------|----------------|----------------|--------------------|---------------------|
| Policy issue one   |               |                |                |                    |                     |
| Policy issue two   |               |                |                |                    |                     |
| Policy issue three |               |                |                |                    |                     |
| Policy issue four  |               |                |                |                    |                     |
| Policy issue five  |               |                |                |                    |                     |



## **CHAPTER SIX**

### **COMPLIANCE AND REVIEW**

#### **6.1 COMPLIANCE**

All stakeholders shall comply with this Policy to ensure effective implementation of this programme. Compliance with this Policy is adhering to guidelines, standards, operating procedures and regulations. All Public Sector Institutions, civil society and private organizations that are registered with Government and handle public funds will be required to comply with the provisions of this Policy. Standards set out in this Policy document that guide the implementation processes shall be applicable across the County Government structures.

#### **6.2 COMPLIANCE REQUIREMENTS AND OBLIGATIONS SHALL INCLUDE:**

- (a) Reporting obligations according to agreed formats.
- (b) Abiding by the principles of the policy.
- (d) Abiding by the agreed quality, quantity, time and standards. (These shall be defined and agreed with stakeholders).

#### **6.3 NON-COMPLIANCE**

Non-compliance to this Policy shall be managed in accordance with the relevant legal and regulatory provisions.

#### **6.4 REVIEW OF POLICY**

This Policy establishes a framework for management of MHM issues in the county. The practice, approach and tools for implementation will continue to evolve with time. As such this Policy will be reviewed through a participatory process after every five years in line with the implementation period for the MTPs for Vision 2030 and CIDPs, so as to capture relevant developments and emerging practices and approaches. There shall however be a continuous review process of the Policy.

## REFERENCES










- Beijing Declaration and platform for action (1995).
- Commission on the Status of Women (1946).
- Constitution of Kenya (2010).
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979).
- Convention on the Rights of the Child (CRC) ratified in 1990.
- County Integrated Development Plan 2023-2027.
- Kenya Environmental Sanitation and Hygiene Policy (2016–2030).
- Kenya School Health Policy (2019).
- Kenya Vision 2030.
- KNBS (2019), Kenya Population and Housing Census.
- Migori County Environmental Health and Sanitation Act 2022.
- Migori County Water and Sanitation Act 2022.
- National Health Policy (2014 - 2030).
- Program of Action of the International Conference on Population and Development (1994).
- Sustainable Development Goals (SDGs) (2015).
- The Basic Education (Amendment) Act No. 17 of 2017.
- The Maputo Plan of Action (2007-2010).
- The Platform for Action developed at the United Nations Fourth World Conference on Women (1995).
- The Protocol to the African Charter on People and Human Rights of Women in Africa (2003).
- The Vienna Declaration and Program of Action (1993).
- Western Kenya MHM Enablers and Barriers Report (2023).

## **ANNEX - MHM LAB MATERIALS**

1. Assorted Menstrual Hygiene Products (MHPs)
  - a) Disposable
    - Sanitary pads (Different Brands).
    - Cotton wool.
    - Tampons.
  - b) Reusable pads both good absorbent material and bad absorbent material for demonstrations
  - c) Menstrual cups.
2. Textile Scissors = 2 pieces
3. Clothes hanging pegs
4. Small clothes hanging line to demonstrate how panties and reusable sanitary towels are dried
5. Ladies' panties different colors 6 -10
6. Small pedal bin = 2 pieces
7. Five (5) liters water bucket = 2 pieces
8. Five (5) liters small basins = 2 pieces
9. Five (2) liters Plastic water jugs = 2 pieces
10. Bar soap 100mgs to 200mgs = 2 pieces
11. Soap dish = 2 pieces
12. Small hand towels = 2 pieces
13. Wrap-on for spreading on the floor/ground for people to sit.

## ANNEX – KEY COMPONENTS OF A FEMALE-FRIENDLY TOILET



|  |  |   |
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|  <p>Adequate numbers of safely located toilets separated (with clear signage) from male facilities.<br/>Some units should be accessible to people with disabilities</p>                        |  <p>A shelf and hook for hygienically storing belongings during usage</p>  |  <p>Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials</p> |
|  <p>Safe and private toilets with inside door latch</p>   |  <p>Clear signs instructing girls and women to dispose of menstrual waste in the trash bin or chute</p>                               |  <p>Night time light source both inside and outside of the toilets</p>   |
|  <p>Walls, door and roof are made of non-transparent materials with no gaps or spaces. Entrances should be screened so that people cannot be seen entering and leaving the cubicle itself</p> |  <p>A chute for discreet disposal of menstrual materials<br/>OR<br/>Trash bins (with lids) to dispose of used menstrual materials</p> |  <p>Grab bars to assist pregnant, elderly or disabled persons – format can vary and is to be discussed with users</p>      |



## ANNEX - LIST OF CONTRIBUTORS

|                    |  |
|--------------------|--|
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