

Menstrual Health Management & Education for Refugees Kakuma Camp, Kenya





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Introduction

Menstruation is a monthly reality for women and girls around the world and a normal reproductive process for women and girls of reproductive age. However, in many cultures and contexts, menstrual health is often the most difficult period of time for a woman, as she is met with negative stereotypes, cultural and community shaming, and barriers to accessing menstrual hygiene products and education that break down these taboos. Forcible displacement exacerbates these conditions for the millions of women and girls who have been displaced worldwide.

This is where The Unmentionables comes in. The Unmentionables is a female driven, international organization with a mission to restore dignity to displaced populations by providing underwear, hygiene products, and sexual and reproductive health products and education to empower and protect refugees from infection, early or unwanted marriage and childbirth, and sexual and gender-based violence. We provide and support the training of local community experts on Menstrual Health Management (MHM) and Sexual and Reproductive Health and Rights (SRHR) education to empower male and female refugees to make healthy and appropriate choices regarding their sexual and reproductive health, including their menstrual health.

Context and Rationale

Kakuma Refugee Camp is situated in Kenya's most north-western and also is poorest district, Turkana. Since 1992, the camp has hosted up to 180,000 refugees from over 15 various nationalities, with the majority being Somalian or South Sudanese. The recent conflicts in South Sudan have created an influx of South Sudanese refugees within Kakuma camp in Kenya. According to IsraAID, the cost of sanitary products is beyond the financial capabilities of most women and girls. While the UNHCR provide some free distributions of disposal sanitary products, funding shortages have meant these only meet half of the annual needs of all women and girls in the camp. This results in women and girls resorting to unhygienic methods of managing their periods, or unsafe practises such as survival sex, to earn additional income for purchasing sanitary products. As Wilson (2012) noted, 49% of Kenyan girls use materials other than specifically designed sanitary products to manage their periods. According to the UNHCR, Kakuma Refugee Camp is currently home to 176,872 individuals, with 83,106 being female refugees. Of those, approximately 14, 435 are ages 12-17 and 33,125 aged 18-59. With 40,000



reproductive age females residing in Kakuma Camp, the need for menstrual health and hygiene support, management, and education are massive.

IsraAID Kenya also notes that many of the current adult population in Kakuma left home when they were children, interrupting their schooling. The majority were unable to continue due to language gap barriers, long distances to schools, and a lack of legal access to the Kenyan education system. As a result, **a large majority of the refugees have had no exposure to sexual and reproductive health education and find it difficult to understand what is being taught.** For example, one beneficiary claimed that they "learned about periods from the elders in our village, but they did not receive any training so much of the information was incorrect." Schools in Kakuma Camp include reproductive health within their life skills curriculum but this is only accessible to refugees who are able to attend school, many women are too old and some girls do not attend. This evidence shows the large education gap that still remains among the Kakuma camp residents. As IsraAID and NRC note, MHM within Kakuma is "still a neglected sanitation issue, as distribution of menstrual products is not accompanied by training on behaviour change."

There is a lack of funding in Kakuma Camp to address these menstrual health management needs. There are others who are engaged in MHM, however no single project provides the coverage needed to reach all women and girls of reproductive age. Some actors provide MHM distributions oreducation, but these rarely occur together, are often ad hoc in nature and do not account for the entire camp population.

Organizational Capacity

Since its origins in November 2016, The Unmentionables has supplied 115,469 intimate health products to displaced populations in five countries and has reached 2,500 women and girls and 200 men and boys with its sexual and reproductive health education programs. The Unmentionables is a female led, remote-based team spanning virtually all continents and involving local partnerships, staff, and volunteers in every operation. With its operations beginning in response to the Syrian refugee crisis in Greece, it has more recently expanded to East Africa, and has been operating in Uganda, Kenya, and Somalia since mid 2017, including in Kakuma Camp, Kenya. Building on the success and learning from an MHM pilot project in 2016-17, delivered by IsraAid, The Unmentionables has plans to commence distributions of an existing stock of 1,500 reusable menstrual kits to female residents in Kakuma Camp in February 2018. This will be combined with MHM education, conducted by trained, female, Community



Educators to fill the obvious gap residents have to access this information. This training will be modeled after the successful education project for refugees in Greece, and will be adjusted to cultural norms accordingly. This education and distribution will be delivered by The Unmentionables in partnership with NRC, who provide logistical support and IsraAid, who manage the relationships with the Community Educators. NRC and IsraAid both have a permanent presence in Kakuma, and The Unmentionables has a Head of Mission East Africa team who split their time between Kenya and Uganda.

The Unmentionables' CEO and co-founder, Kaleigh Heard holds a Ph.D (ABD) in Political Science and two Masters degrees. She conducts research on civilians in armed conflict concerning victims of sexual and gender-based violence, tertiary migrants, and the impacts on survival sex. In 2017, Kaleigh was one of the 8 Johnson & Johnson One Young World Scholars, selected by J&J for her contributions to global health. Kaleigh oversees the strategic, funding, communications, and monitoring aspects of the project. COO and co-founder Megan Beck holds two degrees in International Development and French, and has 14 years of experience working with vulnerable populations. In 2017, Megan was one of 10 Bustle Upstart Honorees, selected to represent women of social good and philanthropy across the world. Her role oversees fiscal leadership and accounting, non-profit partnerships, human resources, and logistics. Rachel Starkey, partner in reusable MHM in Kenya, owns textile firms in Egypt and Kenya. Her connections have resulted in The Unmentionables' participation within UN and African Union High-Level Working Groups on Menstrual Health, Girls Education, and WASH in East Africa. Working as Co-Head of Mission in East Africa, Fiona Rushbrook brings considerable sectoral expertise. Fiona holds a Master's degree in Disasters, Adaptation and Development, and has worked in some of the worst conflicts and humanitarian crises in recent history, including Yemen and Afghanistan. Ben Woollan, Co-Head of Mission in East Africa, has a professional background is in IT and telecommunications project and operations management. He has a degree in Surveying and Mapping Science and Postgraduate Certificate in Information Capability Management.

Problem Statement

Social taboos, language barriers, and gaps in services leave forcibly displaced people with virtually no access to consistent and culturally appropriate menstrual hygiene education, which is necessary to prevent infections, shame, dropout from school or livelihood opportunities and unsafe practises such as survival sex, all of which are far too common of an occurrence in



Kakuma Camp. Specifically, within the refugee camp populations, reproductive health and menstrual hygiene are private and taboo; parents and husbands may refuse or prevent a woman's access to these necessary services and products. Issues related to both are typically under-reported out of fear and embarrassment. As a result, women lack the education, knowledge, and access to sufficient resources regarding their menstrual hygiene management, and face cultural barriers and stigmas when they attempt to do so. Refugee women then lack the agency and are not empowered to take control over their menstrual health.

<u>Solution</u>

This pilot project seeks to test a **long-term solution for the MHM needs of the Kakuma community to create a collaborative and integrated MHM program that encompasses MHM information, use and care education.** The Unmentionables will utilize already identified Community Educators by supporting them to provide 2-3 workshops on MHM for female members of their community during a one week period. They will work in pairs at the same location, each training up to 25 women and girls at one time on MHM and on the proper use and care of the relevant products. After participating in a 3hr workshop, participants will be entitled to receive a Dignity Kit containing, underwear, reusable sanitary pads and soap for washing. Education will be provided in a safe and comfortable setting, and where possible will target women and girls organized in existing community and youth groups, established by other organizations operating in Kakuma. This grant would fund the training of these Community Educators, costs associated with running education workshops, including financial compensation and a certificate of completion, and purchase of soap for safe washing of the Dignity Kits.

Project Goal: Over 400 female refugees in Kakuma Camp, Kenya are educated and empowered to take control of their menstrual health.

Project Outcome: Over 400 female refugees in Kakuma Camp, Kenya have increased awareness of culturally appropriate MHM education to enable them to make safe and healthy menstrual hygiene choices



Project Outputs:

1. Community Educators in Kakuma Camp, Kenya are trained on MHM issues to become champions of MHM within their communities.

2. Female refugees in Kakuma Camp, Kenya are trained by Community Educators on MHM issues and have the required information to make safe and healthy choices regarding their menstrual hygiene.

Beneficiaries

The beneficiaries of this project will be female refugees of reproductive age (roughly ages 12-49) living in the Kakuma Refugee Camp, Kenya. They will be primarily above the age of puberty, but some menstruation related education may be provided to girls approaching pubescence. The project will target all nationalities and backgrounds within Kakuma Camp. Some Community Educators may be members of the host community that are well embedded within the Kakuma community, however, priority for this phase of the project will be for qualified female refugees residing in Kakuma Camp.

Initially the project will offer the MHM education workshops and distributions at community centres, youth centres and other existing groups organised by organizations operating in Kakuma Camp. This approach will help ensure a balance beneficiary selection across all nationalities and sub-groups residing in all four districts of Kakuma Camp. There is also an option to advertise events more openly through the Community Educators or through other marketing outlets such as social media. However, events must be limited to maximum 25 participants to ensure a safe, comfortable educational environment. The project will not target women and girls in schools at this stage, given that most schools already receive MHM training. It will also not target men and boys during this phase of the project, however there are plans to also include men and boys in phase 2 of the project, later in the year.

Conclusion

Female refugees face multiple barriers to accessing MHM information, which denies them their reproductive rights. Cultural taboos and a lack of coordinated and fully funded humanitarian aid only exacerbates these issues in displacement situations. However, training local Community Educators to be experts and educators themselves on these topics gives female



refugees an accessible resource for information and guidance. As such, they have increased access to this education and are more empowered to take control of their menstrual hygiene.

Beneficiary Testimonials

(South Sudan): "We learned about periods from the elders in our village, but they did not receive

any training so much of the information was incorrect."

(Iran/Afghanistan, female, 16): *"I did not know before about proper wiping or where to find protection. I am happy now to know The Unmentionables provides."*

(Afghanistan, male, 17): "I also learned lots about sexual health. These programs are important for protecting ourselves, before I had only learned about AIDS."

(Iraq): "I wish I had been taught this all when I was a young woman. It is now our duty to share

what we have learned with our sons and daughters. It will make their future better to know, this

information will protect them."

Beneficiary Misconceptions

(South Sudan): A married couple cannot experience STIs because they are married.

(South Sudan): Testing isn't needed after every new partner.

(South Sudan): Testing isn't needed after a partner has sex with someone else and returns to you.

(Burundi): How can I keep my body from getting non-sexually transmitted infections?

Local Staff Misconceptions

Girls start period at age 22
Periods are violent reactions, like from happening?
Girls should be left alone when menstruating and left out of their norm community.

- Lots of questions on fallopian tube

