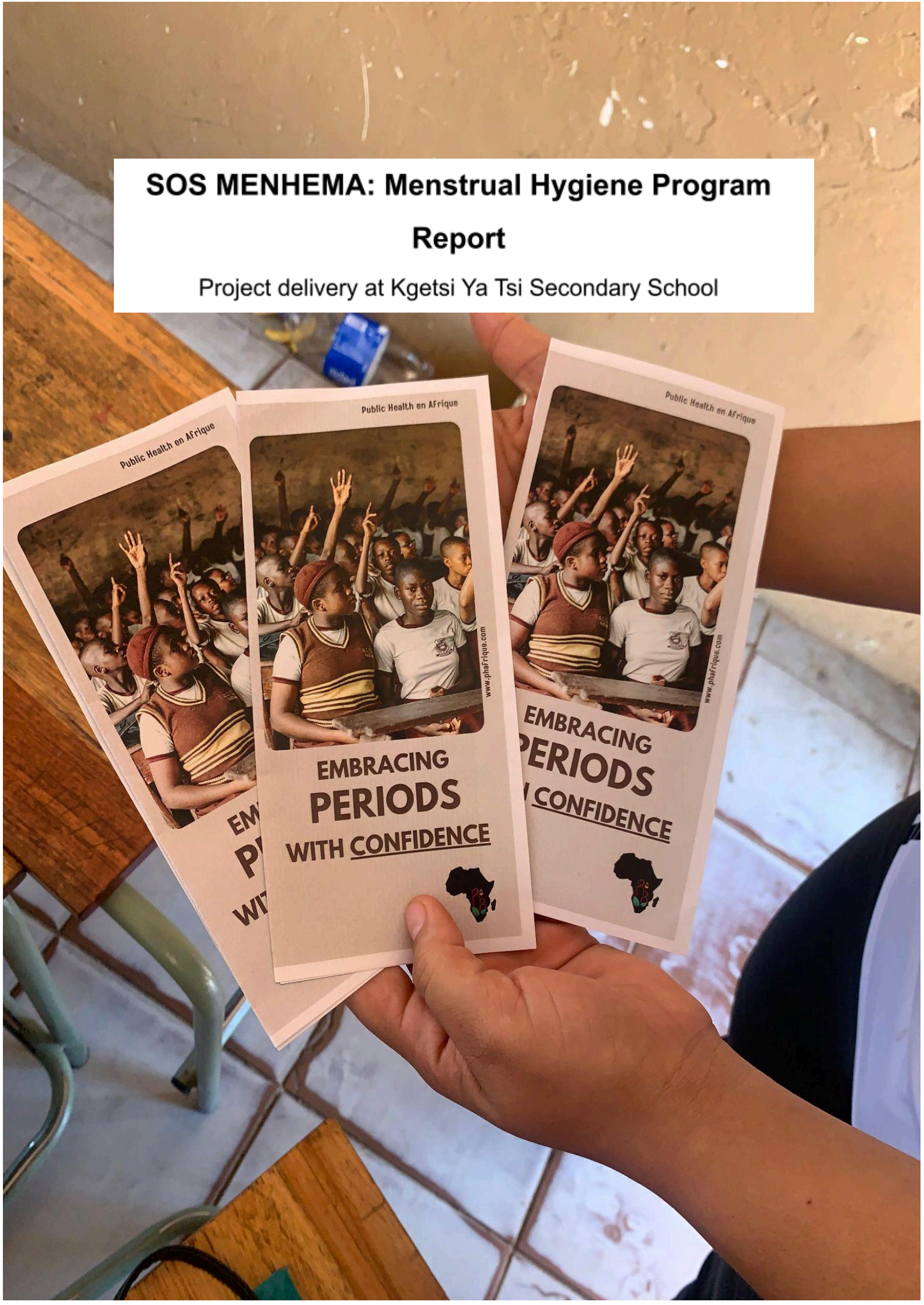
SOS MENHEMA: Menstrual Hygiene Program Report

Project delivery at Kgetsi Ya Tsi Secondary School



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Foreword

As a non-profit organisation, Public Health en Afrique prides itself in working towards achieving sustainable, effective public health interventions at the grassroots level. As co-founders, we strive to achieve PHA's mission of *'Putting Africa First'* in all programs and public health interventions. As a region, Africa is plagued by multiple Communicable and Non-Communicable Diseases. All of these require a resilient, robust public health system. Such a system needs interventions that put the local communities first.

Upon evaluation of the menstrual hygiene statistics in the African region, we see that 10% of school-age African girls do not attend school during menstruation (Anbesu & Asgedom, 2023), particularly in Sub-Saharan African countries, where menstruation among school-age girls and women is a neglected issue. Therefore, we are driven to develop a sustainable menstrual hygiene program (SOS MENHEMA) as one of PHA's first region-based initiatives. In conjunction with the PHA team, we developed, implemented, and delivered a program encompassing all four PHA pillars: *Environmental Health, Mental Health, Ethics and Maternal & Child Health*. Through this, the aim is to run a program that holistically addresses period poverty using the socio-ecological health model.

The pilot program was an accomplishment that the team takes pride in. As always, there are learning opportunities for program development and implementation. Learnings from this program iteration will be applied to further program iterations. This is only the beginning for PHA and its SOS MENHEMA initiative. By publishing this report, we will give more insight into how resources were invested into the program and its impact on Kgetsi Ya Tsi Secondary School.

We are so proud of the team, in particular, the volunteers that have expertly assisted with the delivery of this program. We are incredibly grateful to our grantor, *Easy Solutions and Services*, for their support and partnership in making the project possible. We look forward to future collaborations!

Chapter 1 Introduction

1.1 Brief Overview of the Program

Menstrual hygiene management is a significant public health issue globally. It still faces **cultural**, **religious**, and **social** barriers in many low and middle-income countries. The critical barriers to adequate menstrual hygiene management include:

- Inadequate knowledge of menstrual hygiene management
- Lack of access to appropriate menstrual absorbents due to poverty or cultural practices
- Environmental challenges, such as access to clean water for sanitation and hygiene
- Poor infrastructural planning in schools
- Limited public health resources and funding that target women and girls

SOS-MENHEMA

*The above-chosen project name, "**SOS**",- evokes the need for an emergency.*

***"Menhema"**- our shortened abbreviation for the term menstrual hygiene management.*

Thus, our project name is SOS-MENHEMA.

A pilot SOS-Menhema program will be delivered in South Africa from November 2023 - March 2024. The pilot program aims to test the program objectives and operational activities in a small-scale population to evaluate its efficiency. The learnings will be used to implement the program in the broader population.

The menstrual hygiene program will be delivered in secondary schools as a primary prevention program that will indirectly address gender inequality, environmental sustainability, mental health, social inclusion, and health equity.

Therefore, *Public Health en Afrique (PHA)* will lead and collaborate with Africans to deliver a comprehensive and sustainable health system that ensures healthier and better lives for our

people. Putting Africa First in all health aspects (physical, mental, emotional, environmental, and social) will empower our communities for better health.

1.2 Purpose of the Report

This report aims to provide an overview of the utilisation of grant funds allocated for our sustainable menstrual hygiene program *(SOS MENHEMA),* in addition, it will serve as a blueprint for future SOS MENHEMA program iterations.

By detailing the allocation of resources, program activities, impact assessment findings, and plans, we aim to transparently demonstrate to our grantor *(Easy Solutions and Services)* and external stakeholders on how PHA has effectively used the funding investment received and how it has been leveraged to advance the goals of promoting health and well-being within our target community.

This report also aims to showcase the tangible outcomes and sustainable strategies resulting from the funding received. In addition, the report serves as an opportunity for reflection, allowing PHA to identify lessons learned and areas for improvement, thus strengthening our capacity to effectively address health disparities and improve the overall health outcomes of the African communities we serve.

1.3 Program Aims and Intended Results

1.3.1 Aims:

- Raise Awareness among Women and School-Aged Girls:
    - Target women and school-aged girls to increase awareness regarding the connection between reproductive health and proper menstrual hygiene.
    - Increase awareness about the vital connection between mental health and proper menstrual hygiene.

- Use PHAs social media platforms to educate girls (and their local communities) about their rights to access clean water and sanitation, promoting awareness of this essential aspect of their well-being.

- Empower Schools*:
  - Target school principals, leadership and staff to enhance their knowledge of menstrual hygiene, enabling them to better educate students and their families.

- Collaborate with Community Leaders*:
  - Partner with community leaders to develop health resources in local languages that can be distributed within their communities.

- Distribution of Menstrual Hygiene Products:
  - Provide reusable menstrual hygiene products to girls in secondary schools.

- Tailored Education on Product Use and Maintenance:
  - Educate girls on the correct usage and maintenance of the reusable menstrual hygiene products, thus promoting healthy and hygienic practices.
  - Provide education & capacity-building to school-aged girls & boys regarding the importance of mental health concerning menstrual hygiene.
  - Provide education to girls about menstruation through pamphlets & flyers that convey menstruation as a natural part of life rather than a disease.
  - Encourage the girls to embrace and understand their bodies.
  - Promote open dialogues about mental health to combat associated stigmas within the community.

- Integrate an Environmental Perspective into Education Programs:
  - Incorporate an environmental perspective into the education programs delivered to schools and community leaders, fostering greater awareness and understanding of the environmental implications of menstrual hygiene choices.

1.3.2 Expected outcomes:

- Raise Awareness among Women and School-Aged Girls:
    - Increased awareness among women and school-aged girls regarding the connection between reproductive health and proper menstrual hygiene.
    - Heightened awareness about the vital link between mental health and proper menstrual hygiene among the primary & secondary target audiences.
    - Improved understanding among girls about their rights to access clean water and sanitation, promoting awareness of this fundamental aspect of their well-being.

- Empower School Principals and Staff:
    - Enhanced knowledge and understanding of menstrual hygiene among school principals and staff, enabling them to better educate students and their families.

- Collaborate with Community Leaders*:
    - Developed health resources in local languages in collaboration with community leaders, facilitating the distribution of these resources within their communities.

- Distribution of Menstrual Hygiene Products:
    - Provided reusable menstrual hygiene products to girls in secondary schools.

- Education on Product Use and Maintenance:
    - Educated girls on correctly using and maintaining reusable products, promoting healthy and hygienic practices.
    - Raised awareness among school-aged girls about the importance of mental health concerning menstrual hygiene.

- Promote Open Dialogues about Mental Health:

- Initiated open and constructive conversations about mental health to reduce associated stigmas within the community.

- Integrate an Environmental Perspective into Education Programs:
  - Successfully integrated an environmental perspective into education programs delivered to schools and community leaders, fostering greater awareness and understanding of the environmental implications of menstrual hygiene choices.

Chapter 2 Financial Overview

2.1 Total Grant Funds Received

PHA received a grant of R10,000 (US$ 522.89) from *Easy Solutions and Services* in January 2023 to support the delivery of the *SOS Menhema* project. Other contributions/donations equated to a total of R16,000 (US$851,27) for the implementation of the program. The funds received were used in totality to effectively deliver the program.

2.2 Breakdown of Funds Allocation

The following table depicts allocation of funds in relation to the personnel which constituted of PHA team, materials which included the reusable pads, team uniform, among many. In addition to funds being allocated to additional key elements including transportation and police clearance.

Table 1. Breakdown of Funds Allocation

Identified Expenses	Cost (ZAR)
Operational Costs	
Purchase of menstrual hygiene products	**12 020**
Development & Printing of Menstrual Hygiene Resources	**213**
Food & Drinks (Focus group & workshop)	**945**
Overhead Costs	
Taxi Costs (2 separate occasions)	**4 444**
PHA team Travel Reimbursement	**3 661,40**
PHA team uniform (T-shirts)	**4 200**
Staff Police Clearance	**310,50**
Total	**25 793,90**

Chapter 3 Program Implementation

Primary Target Audience: Secondary school girls. **Secondary Target Audience:** Boys, school staff, and the broader community.
Internal Stakeholders: PHA Co-Founders, PHA Team (volunteers & interns), Palesa Pads. **External Stakeholders**: Schools, the broader community, Student Families, local government, PHA grantors.

3.1 Description of the Activities Conducted

3.1.1 Focus Group

Once approval was given from the school and parents/guardians, two focus groups (one with only girls, and the other with boys) were held on the 18th of February 2024. The focus group was held on Saturdays, with the date and time given by the school.

The focus group aimed to generate information on the target audience's knowledge, experiences, and views on the socio-ecological impact of menstruation on young girls, boys and their local communities.

This involved questions that aimed to explore:

- **The Target Audience's Knowledge and Awareness:** Assess the level of knowledge and awareness among young girls/boys and their communities regarding menstruation, menstrual hygiene, and related health issues.

- **Attitudes and Stigma:** Explore the attitudes and cultural stigmas associated with menstruation in the community. Understand how these attitudes affect girls' self-esteem, social participation, and mental well-being. Understand how this indirectly affects the boys' perceptions.

- **Access to Menstrual Products*:** Investigate the availability and accessibility of menstrual hygiene products (e.g., pads, tampons, reusable options) in the community. Identify any barriers to obtaining these products.

- **Health and Hygiene Practices:** Understand the menstrual hygiene practices among young girls and women in the community. Assess if these practices are safe and hygienic. Understand the level of knowledge boys have about menstrual hygiene.

- **Impact on Education*:** Determine how menstruation affects girls' school attendance, participation, and overall educational outcomes. Identify any challenges they face in managing menstruation at school. Understand the boy's perception of these challenges.

- **Economic Impact:** Examine the financial implications of menstruation on girls and their families, including the cost of menstrual products and potential loss of income due to missed school or work. Understand the potential economic differences between boys and their families.

- **Environmental Impact:** Explore the community's ecological impact of menstrual product disposal practices. Assess whether there are sustainable and eco-friendly menstrual product options available and used.

- **Support Systems*:** Identify the support systems for girls during menstruation, including the role of parents, schools, and community organisations. Evaluate the effectiveness of these support systems. Understand the current support the school currently offers these girls.

- **Cultural and Social Norms:** Uncover the cultural norms and traditions related to menstruation and assess their influence on girls' experiences. Understand the impact culture has on menstrual stigma within the community.

- **Future Needs and Solutions:** Seek input from participants on potential solutions or initiatives that could address the socio-ecological challenges related to menstruation in their community. What resources, programs, or changes would be most beneficial?

3.1.2 Participant Selection

- Not more than 15 students were included in the focus group - ideally between 6 to 12 people.
- There will be two focus groups, a female-specific and a male-specific focus group (Age range: 14-16), school-aged kids from Grade 8 - Grade 10, as this demographic best aligns with the research aims.
- SMART Objectives:

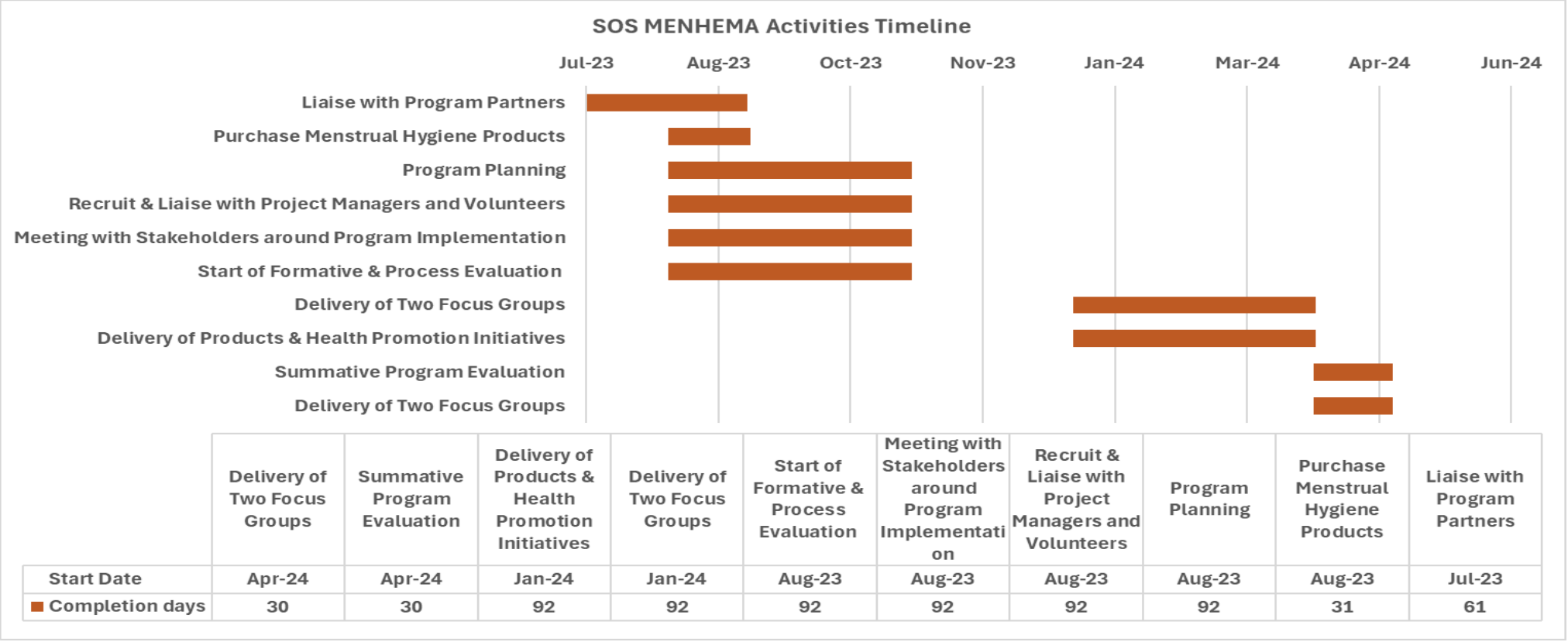
Table 2. Description of the SMART Objectives

Smart Objectives	Action	Resource	Timeline	Criteria for success (Expected impact and outcome)
Identify primary and secondary target audiences for the SOS Menhema project by October 2023. **Conducting comprehensive research and analysis through focus groups by February 2024 to tailor communication and strategies to effectively engage and serve these audience segments.**	Target Audience identified and recorded *(see above)* **Focus Group:** (baseline assessment - social factors) **before implementation** of project to build on trust and relationship	-	**Target Audience:** October '23 **Focus Group:** January '24	Target audience(s) identified Meaningful participation of stakeholders and users Realistic reflection on the client
Implement a data collection and management system to efficiently gather, organise, and maintain data, ensuring data accuracy and accessibility in support of SOS Menhema by December 2023*.	Timeline of the questionnaire developed (after the first, third and sixth months)	-	January '24 April '24 June '24	Plan developed for data collection at which steps of the program & data interpretation. Completion of end-user satisfaction information

Develop a Health Communication campaign, incorporating social marketing tools, to effectively communicate health risks to a minimum of 5,000 people by June 2024 through various communication channels*.	Disseminating campaign key messages through various platforms	Data from focus groups to guide health communication critical message development and outcomes	**Before**: early Dec '23 - Jan '24 **During**: Feb - Mar '24 **After**: Apr '24	Plan developed for data collection at which steps of the program & data interpretation. Completion of end-user satisfaction information
Conduct data analysis and interpretation to provide actionable insights, utilising statistical methods and visualisation techniques, within a specified timeline to support informed decision-making and strategic planning*.		Database* (for outreach program)	Mar '24 - April '24	
Conduct an evaluation process to assess the effectiveness and impact of the SOS Menhema - pilot program using defined metrics and benchmarks to inform future improvements and	Develop evaluation tools covering specifically: - Formative evaluation: Pre-test developed tools	Questionnaire		Meaningful engagement with end-users in the formative evaluation process Report transcription* from the

decision-making.	- Process evaluation*: Monitor the progress of the campaign - Outcome evaluation*: Evaluation once the campaign is complete			focus group to monitor the pilot phase

3.1.3 Timeline of Events & Achievements



	Delivery of Two Focus Groups	Summative Program Evaluation	Delivery of Products & Health Promotion Initiatives	Delivery of Two Focus Groups	Start of Formative & Process Evaluation	Meeting with Stakeholders around Program Implementation	Recruit & Liaise with Project Managers and Volunteers	Program Planning	Purchase Menstrual Hygiene Products	Liaise with Program Partners
Start Date	Apr-24	Apr-24	Jan-24	Jan-24	Aug-23	Aug-23	Aug-23	Aug-23	Aug-23	Jul-23
Completion days	30	30	92	92	92	92	92	92	31	61

Fig 1. SOS MENHEMA Activities Timeline

The first activity consisted of liaising with program partners and ongoing discussions were held with *Palesa Pads* and *Blushproof* regarding the logistics of product purchase. Afterwards, Menstrual hygiene products were purchased from Palesa Pads and the products were received on the 30th of August 2023. Program planning, recruitment and liaising with project managers and volunteers, meeting with stakeholders (schools) around program implementation, and start of formative and process evaluation were all conducted simultaneously. Volunteers were recruited from the PHA successful internship program and were included in the pilot program steering committee. Program delivery cohort consisted of existing volunteers. Stakeholders feedback was obtained and used for evaluation*. Delivery of two focus groups as well as delivery of menstrual hygiene products and health promotion initiatives were performed simultaneously at the school. Lastly, a summative program evaluation and delivery of two focus groups were conducted.

3.1.4 Challenges Encountered & Strategies to Overcome Them

Challenges:

1. **Cultural and Social Stigma:** Addressing cultural and social stigma surrounding menstruation can pose a significant challenge, particularly in many African communities where taboos exist around discussing reproductive health openly. Therefore, cultural awareness and emotional intelligence during discussions with key stakeholders were necessary.

2. **Limited Access to Resources:** Accessing menstrual hygiene products and educational resources in resource-constrained settings can be challenging for the target audience due to financial constraints and logistical barriers. A PHA challenge was the limited availability of menstrual hygiene packs the team had in stock, therefore, not all girls in the community were given a product.

3. **Engaging Boys, the broader community and Community Leaders:** Engaging boys and the wider community in conversations about menstrual hygiene may face

resistance due to entrenched gender norms and perceptions. In particular, the level of comfortability of the girls in the room needed to be taken into account. The PHA team had multiple discussions on how to separate boys and girls in different groups/rooms to openly discuss topics around menstruation.

4. **Sustainability:** Maintaining the program's sustainability beyond the pilot phase, including securing ongoing funding and community support, presents a long-term challenge. Limited resources, in terms of staff, funding and menstrual hygiene products, can impact the program's sustainability within this local community.

Strategies to Overcome Them:

1. **Cultural Sensitivity Training:** Conduct cultural sensitivity training for program staff and volunteers to ensure they approach conversations about menstruation with empathy and respect for local customs and beliefs. PHA has a diverse, and competent workforce that are able to have conversations around sensitive topics.

2. **Partnerships and Collaborations:** Forge ongoing partnerships with local organisations, community leaders, and schools to leverage existing networks and resources for program implementation and sustainability. PHA works to maintain long-term contact with key stakeholders at the school. The long term goal is to build capacity and provide opportunities for the young people that attend these workshops to be able to deliver a similar initiative to their peers (peer to peer learning).

3. **Comprehensive Education:** Provide comprehensive education to girls and to boys and community leaders about the importance of menstrual hygiene and its broader implications for health, education, and gender equality. The PHA team had to ensure that both boys and girls felt comfortable to ask questions and understand the topics covered. Therefore, measures such as separating boys and girls in different rooms were considered.

4. **Promoting Eco-Friendly Solutions:** Emphasis of the environmental benefits of reusable menstrual hygiene products and promoting sustainable practices for managing menstrual waste to address health and environmental concerns were incorporated into the education delivered.

5. **Monitoring and Evaluation*:** The goal was to **i**mplement robust monitoring and evaluation mechanisms to track program outcomes, gather feedback from participants, and identify areas for improvement, ensuring continuous learning and adaptation. This is an area that requires great improvement and focus in future program iterations.

Chapter 4 Impact Assessment

4.1 Evaluation Methodologies

4.1.1 Methodologies Used

- **Focus Group Discussions**: Organise focus group discussions with participants to explore their experiences, attitudes, and challenges related to menstrual hygiene in more depth. Focus groups provide qualitative insights into participants' perspectives and allow for rich, nuanced discussions. See appendix 2 for the questionnaire used during the focus group discussions and appendix 3 for results of the questions asked.

- **Surveys:** Conducting surveys with participants to gather quantitative data on their experiences, perceptions, and practices related to menstrual hygiene. Surveys can be administered through various methods, such as online, paper forms, or mobile applications.

4.1.2 Methodologies to be Considered in Future Program Iterations

- **Pre- and Post-Tests*:** Administering pre-and post-tests to participants before and after participating in educational workshops or interventions. This allows for measuring knowledge, attitudes, and behaviours related to menstrual hygiene before and after the program.

- **Key Informant Interviews**: PHA was surveyed by the school's key contact. However, for future program iterations, this can be further explored through additional interviews with key stakeholders, including project staff, community leaders, and school administrators, to gather insights into the implementation process, challenges, and lessons learned. Key informant interviews provide valuable perspectives from those involved in project implementation.

- **Document Review:** Review project documents, reports, and materials to assess program fidelity, implementation processes, and adherence to program objectives. Document review provides insight into the program's design, activities, and outcomes.

- **Cost-Benefit Analysis:** Conduct a cost-benefit analysis to assess the economic efficiency and value-for-money of the SOS Menhema project. Cost-benefit analysis compares the costs of implementing the project with the benefits accrued, including improvements in health outcomes, education, and empowerment.

4.2 Key Finding & Results (Including any changes in behaviour, knowledge, or health outcomes among the target population)

No pre/post data was collected, therefore, key findings and results cannot be discussed. Evaluation & data-collection methods should be prioritised in the upcoming SOS MENHEMA iteration.

4.3 Key Findings: Summary of Focus Group Data Collection

See Appendix 4 for graphs

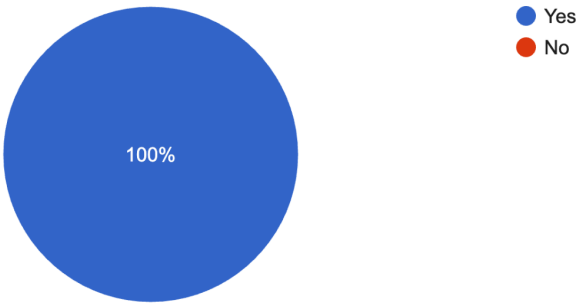
4.4 Key Findings: School Post-Program Evaluation

Below is a summary of the evaluation results received from the school contact. Limitations to such data include only having one response to the questions covered, thus making it not a comprehensive feedback mechanism from the school's perspective.

Future instances could involve including all school personnel that played a role in the successful implementation of the program at the school.

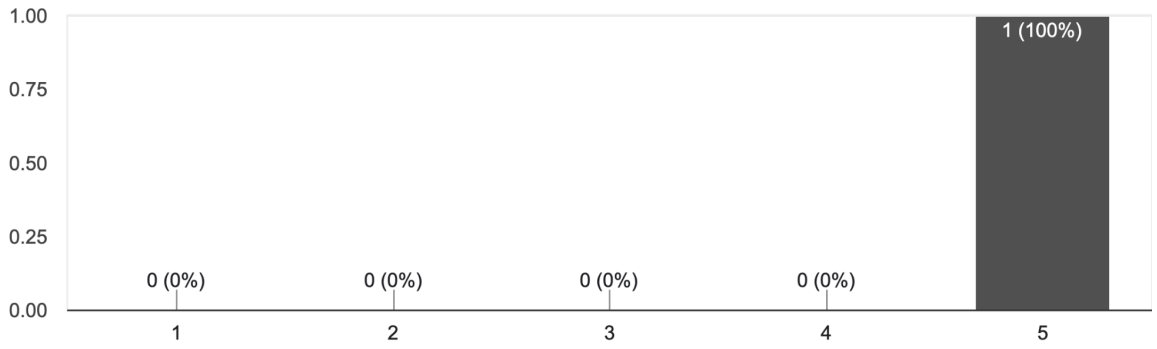
Did the workshop on menstruation and hygiene provide valuable information for your students?

1 response



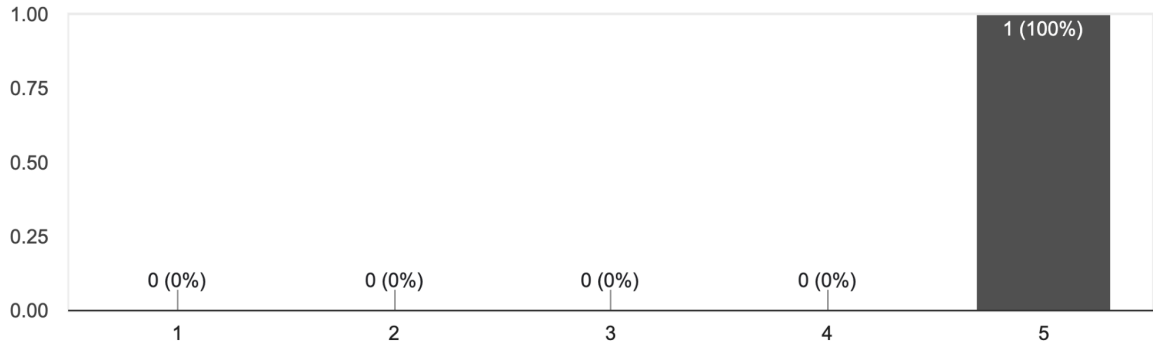
Did the workshop foster a supportive and inclusive environment where students felt comfortable asking questions and sharing their thoughts?

1 response



How engaging and interactive was the program for the students?

1 response



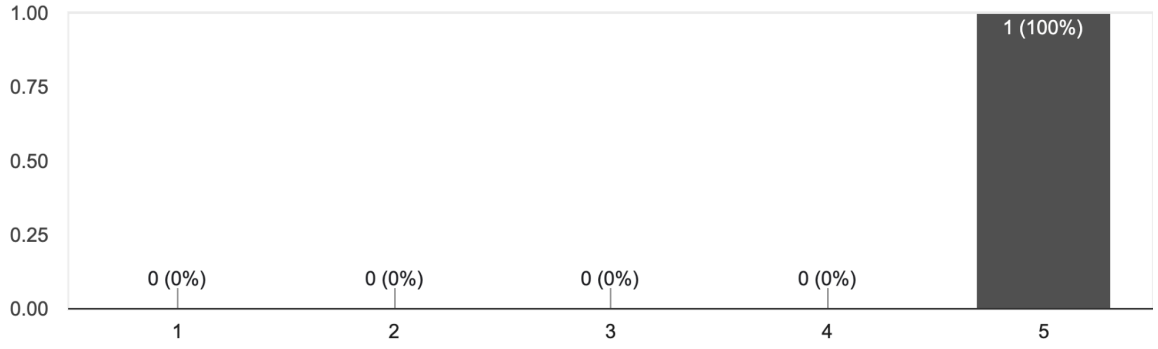
Do you believe similar workshops on menstrual health and hygiene should be offered in the future, and if so, how often?

1 response

Yes definitely, to make the world a better place

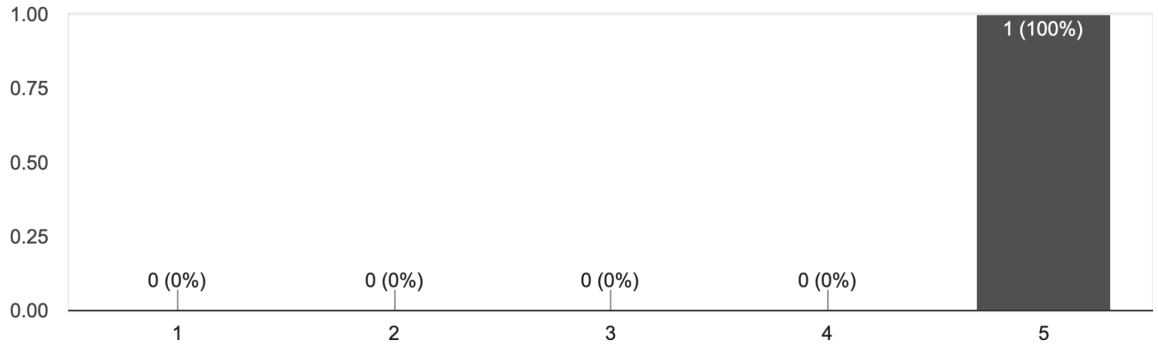
How engaging and interactive was the program for the students?

1 response



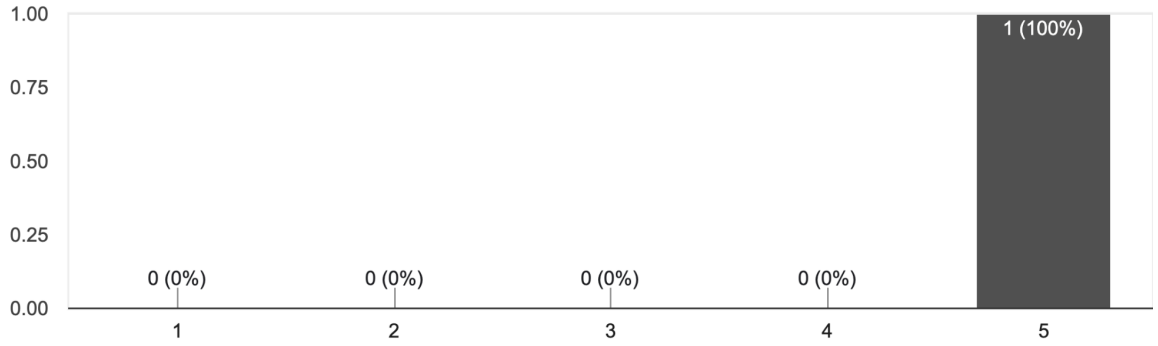
How satisfied were the students with the overall content and delivery of the program?

1 response



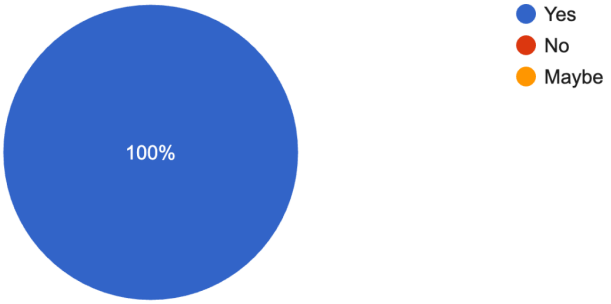
How likely are students to recommend the program to their peers or participate in similar workshops in the future?

1 response



Would you like the program to be carried out again at your school?

1 response



What suggestions do you have for improving future iterations of the program?

1 response

None, it's perfect

4.4 Lessons Learned

Reflecting on what worked well and areas for improvement is crucial for continuous learning and program enhancement. Here's a reflection on the SOS Menhema program.

4.4.1 What worked well

1. **Comprehensive Approach:** The holistic approach of addressing menstrual hygiene from multiple dimensions, including education, access to products, and environmental sustainability, was influential in creating a well-rounded program that addressed the diverse needs of the community.

2. **Partnerships and Collaboration:** Collaborating with the schools provided valuable resources, expertise, and support for program implementation. Partnerships helped leverage trust with the children and provide a safe space for program implementation.

3. **Peer Education and Empowerment:** Empowering young public health professionals as peer educators and advocates for menstrual hygiene was a successful strategy for promoting behaviour change and challenging menstrual stigma within the community. Peer educators played a crucial role in disseminating information, facilitating discussions, and promoting positive attitudes towards menstruation. In future iterations, more focus may be on upskilling LOCAL community leaders as advocates for young people.

4.4.2 Areas for Improvement

1. **Data Collection and Monitoring:** Implementing robust data collection and monitoring systems for ongoing assessment of program activities, outcomes, and impact. Regular monitoring and evaluation will help track progress, identify challenges, and make informed decisions for program improvement. In addition, communicating and streamlining these processes to the PHA team will alleviate future confusion.

2. **Community Engagement**: Engaging with community members, including girls, boys, school staff, and local leaders, should foster ownership and buy-in for the program. Community members needed to be more actively involved in program design, implementation, and evaluation, contributing to the program's relevance and sustainability. Barriers such as lack of resources (personnel & funding) created obstacles to providing a widespread approach to the intervention.

3. **Accessibility and Equity:** Despite efforts to reach all community members, there may be marginalised groups, such as girls from low-income families or rural areas, who face barriers to accessing program resources and services. Future efforts should focus on ensuring equitable access to menstrual hygiene education and products for all girls and women, especially considering the young people who cannot afford to attend school.

4. **Sustainability Planning**: While partnerships and collaborations were instrumental during the grant period, there is a need for long-term sustainability planning beyond the initial funding. Developing sustainable funding streams, building local capacity, and institutionalising program activities within existing systems are critical for ensuring the program's continuity.

5. **Scale-Up and Replication**: While the pilot program was successful in its target communities, there may be opportunities to scale up and replicate the program in other settings. Documenting best practices, lessons learned, and program impact can facilitate replicating successful strategies in new contexts and communities.

Chapter 5: Conclusion

In conclusion, the SOS MENHEMA program significantly addresses the multifaceted challenges surrounding menstrual hygiene management in South Africa and beyond. By recognising and tackling barriers such as inadequate knowledge, limited access to resources, cultural stigmas, and environmental concerns, the program takes a comprehensive approach to promoting menstrual health and empowering young girls.

The program aims to raise awareness, educate stakeholders, and foster open dialogue about menstruation and its broader implications through targeted activities like focus groups, workshops, and health communication campaigns. By engaging with school principals, staff, community leaders, and students themselves, the program seeks to create a supportive ecosystem that promotes health equity, gender equality, and environmental sustainability.

Despite encountering challenges such as cultural stigmas, limited resources, and the need for long-term sustainability planning, the program has demonstrated promising outcomes and valuable lessons for future iterations. By leveraging partnerships, prioritising community engagement, ensuring accessibility and equity, and planning for sustainability, the program can build on its successes and expand its impact to reach more communities and transform attitudes and behaviours surrounding menstrual hygiene.

Ultimately, the success of the SOS MENHEMA program relies on ongoing commitment, collaboration, and adaptation to the evolving needs and realities of the communities it serves. By prioritising the health and well-being of women and girls, the program contributes to a more equitable and empowered future for all.

Chapter 6: References

Anbesu, E., & Asgedom, D. (2023). Menstrual hygiene practice and associated factors among adolescent girls in sub-Saharan Africa: a systematic review and meta-analysis. *BMC Public Health*, *22*(33), 1-10. PubMed Central. 10.1186/s12889-022-14942-8

Grantor Report:
https://docs.google.com/document/d/1xtB_HlmIWCCf9JZYtMgE37h5cdVsAIXpIFtjRQ-CYoM/edit

Chapter 7: Appendices

Appendix 1: Memorandum of Understanding

State of: South Africa

This Memorandum of Understanding (this "MOU") is made and entered into on 16 March 2024 by and between:

- *Public Health en Afrique (First Party), which is located in Cape Town, South Africa, and*
- *Kgetsi Ya Tsie Secondary (Second Party), which is situated at Manyeleti, Temba, Pretoria, Gauteng Province, South Africa*

Both are known collectively as the "Parties".

Background:

The First Party and the Second Party desire to enter an agreement to work together to achieve the various aims and objectives relating to the workshop delivered at Kgetsi Ya Tsie Secondary on 16 March 2024. This is an educational workshop to educate the pupils on menstrual hygiene and health. This will also be the basis of a focus group to gather data regarding the efficacy of the workshop for the future of the organisation. This will be known from here on as (the "Project").

The First- and Second-Party desire to agree with them, setting out the working arrangements that each of the two agree are necessary to complete the Project.

Purpose

1. This Memorandum of Understanding (MOU) aims to establish the structure, scope of work, terms and conditions, and responsibilities of all parties involved in the Project, as outlined in the detailed information that the parties have agreed upon. The obligations of the parties will come to an end on 31 December 2024
2. As further outlined below, both parties will collaborate on the following:
    a. The workshop

b. The feedback session

3. The parties involved wish to clarify that this document **does not constitute a formal agreement.** Instead, it represents an understanding between the parties to collaborate in a way that fosters a genuine atmosphere of partnership and leadership. This partnership is intended to ensure that all financial, managerial, and administrative matters related to the project are managed effectively and efficiently to maintain and safeguard its soundness and sustainability.

Cooperation

4. The Parties represent that they have unique, specialised expertise that they will draw upon to meet the objectives of the Project.
5. The First Party will use the following unique experiences and expertise to further the objectives of the Project:
    a. A team with a broad range of knowledge in public health.
    b. A comprehensive and educational workshop for pupils.
    c. Content ready for education regarding menstrual health and hygiene.
    d. Expertise and knowledge in data collection and analysis.
6. The Second Party will use the following unique experiences and expertise to further the objectives of the Project:
    a. Availability of students to participate in the workshop.
    b. Physical facilities for the proceedings to occur.

Responsibilities

7. The First Party shall undertake the following activities under this MOA:
    a. Prepare the contents for the workshop.
    b. Arrange for the PHA team to deliver the workshop.
    c. Ensure that food (snacks) are provided at the workshop.
    d. Provide reusable sanitary pads.
8. The Second Party shall undertake the following activities under this MOA:
    a. Prepare facilities for the workshop.

b. Ensure pupils are available to participate in the workshop on the proposed date.

Resources

9. The Parties will endeavour to have final approval and secure any financing necessary to fulfil their financial contributions at the start of the Project.
10. The First Party agrees to provide the following material, financial, and labour resources in respect of the Project:
    a. To provide transport for the PHA team to the school.
    b. To prepare and deliver material (content) for the workshop.
    c. To provide menstrual hygiene products for the pupils.
    d. To offer snacks to the school.
    e. Provide reusable sanitary pads to the children.
11. The Second Party agrees to provide the following material, financial, and labour resources in respect of the Project:
    a. Facilities for the workshop to happen.
    b. Pupils for the workshop.

Communication strategy

12. Marketing of the Project should always be consistent with the aims of the Project and only undertaken with the express written agreement of both Parties.
13. Where it does not breach any confidentiality protocols, open and transparent communication should be followed.
14. Coordinated communications should be made with external organisations to elicit their support and further the aims of the Project.

Dispute Resolution

15. The Parties to this MOU agree that if any dispute arises through any aspect of this agreement, including, but not limited to, any matters, disputes, or claims, the Parties shall confer in good faith to resolve any dispute promptly. If the Parties are unable to resolve the issue or conflict between them, then the matter shall be: N/A

Governing Law

16. This MOU shall be construed by the laws of the State of South Africa.

Assignment

17. Neither Party may assign or transfer the responsibilities or agreement made herein without the prior written consent of the non-assigning Party.

Amendment

18. This MOU may be amended from time to time by mutual agreement of the parties in a written modification signed by both parties.

Termination

19. This MOU may be terminated by mutual written agreement of the Parties upon 30 days' notice.
20. This MOU shall automatically terminate upon completion of all responsibilities as stated in the "Purpose & Scope" section. See attached Exhibit of timeline and list of objectives for the Project, if applicable.

Prior Memorandum Superseded

21. This MOU constitutes the entire Memorandum between the Parties relating to this subject matter and supersedes all prior or simultaneous representations, discussions, negotiations, and Memorandums, whether oral or written.

Understanding

22. By signing this MOU, both Parties of this MOU mutually agree and understand that:
    a. Each Party will take finance and legal responsibility for the actions of its affiliates, officers, employees, independent contractors, agents, volunteers, and representatives.
    b. Each Party shall carry insurance at its sole expense to cover its activities in connection with this MOU. Each Party shall also obtain and maintain

insurance for general liability, workers' compensation, and business automobile liability adequate to cover any potential liabilities.

c. Each Party agrees to indemnify, defend, and hold harmless the other to the fullest extent permitted by law from and against all actions, demands, claims, losses, liabilities, costs (including attorney's costs and fees), and damages. Each Party shall also be responsible for the proportionate cost of any damages arising from the fault of such Party, its officers, agents, employees, and independent contractors.

Notices

23. All notices, demands, requests, and other communications given hereunder for purposes other than termination shall be made in writing and shall be deemed given if:
    a. Delivered by hand; or
    b. Mailed by domestic registered or certified mail with prepaid postage, after 7 days of business days since the date postmarked.
24. Any notices, demands, requests, and other communications returned to the sending Party as non-delivered should be re-delivered or re-mailed to the forwarding address affixed thereto. Such communications will be deemed delivered in the same way as those that have not been returned to the sending Party.
25. All written notices so given will be deemed effective upon receipt.

Severability

26. Any part or provision of this MOU that is found to be unenforceable, illegal, void, or prohibited in any jurisdiction will be ineffective without invalidating the remaining provisions and parts of the MOU. In such a scenario, the Parties will use reasonable efforts to employ and find an alternative way to achieve the same or substantially the same result as contemplated by such part or provision.

Authorisation and Execution

27. The signing of this MOU does not constitute a formal understanding, and as such, it simply intends that the Parties shall strive to reach, to the best of their abilities, the objectives stated herein.
28. The MOU shall be signed by:
    a. [the First Party]
    b. Public Health en Afrique Co-Founder
    c. [the Second Party]
    d. Kgetsi Ya Tsei Secondary School Principal

    And shall be effective as of the date first written above.

Appendix 2: Questionnaire

Questions asked. Note: Unable to locate a copy of a summary of additional questions asked on the day.

1. Age & participant sex
2. Are you in the period stage?
3. How well do you know about period hygiene?
4. In a sentence, tell me what you know about period hygiene
5. Do you practice period hygiene?OR Support your sister?
6. Do you have monthly access to pads?
7. Who buys these pads?
8. Are pads readily available in your community?
9. Does your community support period hygiene?

Appendix 3: Focus Group Coding and Operationalisation of Data

NB:
Data collected during first meeting with students from Kgetsi-ya-Tsie high school on the 1

Coding of questions and answers

Questions (Qs)
Age
Are you in period stage?
How well do you know about period hygiene?
In a sentence, tell me what you know about period hygiene
Do you practice period hygiene?OR Support your sister?
Do you have monthly access to pads?
Who buys these pads?
Are pads readily available in your community?
Does your community support period hygiene?

18th of February 2024

Variables (Var)
Age in years (Var_Ag)
Period stage (Var_PSt)
Period hygiene knowledge (Var_PHK)
Description of period hygiene (Var_DPH)
Practice of period hygiene (Var_PPH)
Access to pads (Var_AP)
Pads supplier (Var_PS)
Pads availability (Var_PA)
Support of Period hygiene (Var_CSPH)
Sex (Var_Sex)
Consented to survey (Var_Consent)

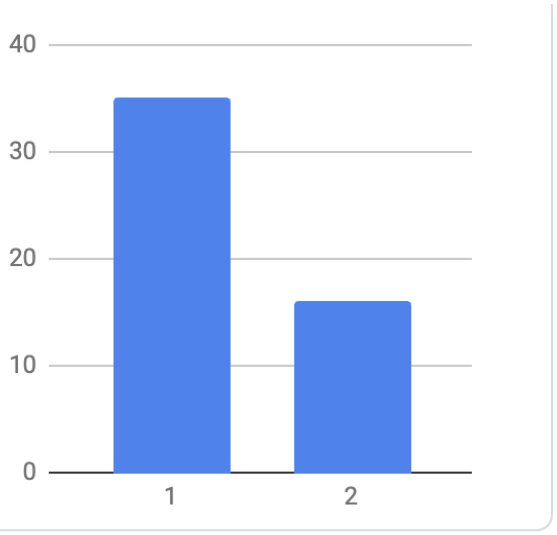
Answer (Ans)	Coded as (Cod)
In years	N/A
Yes/No	Yes:1 No:0
Very well/Not well/No idea	Very well:2 Not well:1 No idea:0
Very well/Somehow well/No idea	Very well:2 Somehow well:1 No idea:0
Yes/No	Yes:1 No:0
Yes/No	Yes:1 No:0
Myself/Close relative/third party	Myself:1 Close relative:2 third party:3 N/A: 0
Yes/No	Yes:1 No:0
Yes/No	Yes:1 No:0
Female/Male	Female:1 Male:2
Yes/No	Yes:1 No:0

Additional info

Close relative= mother, father, siblings..ect; and Third party= NGO, Church, School..etc

Observation (Obs)= Student

Appendix 4: Summary Results of Data Collected from Focus Group



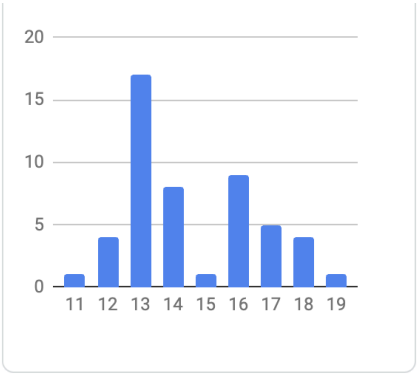
Most | Least

VALUE	FREQUENCY
1	35
2	16
Var_Sex	1

Participant Sex

Female = 1

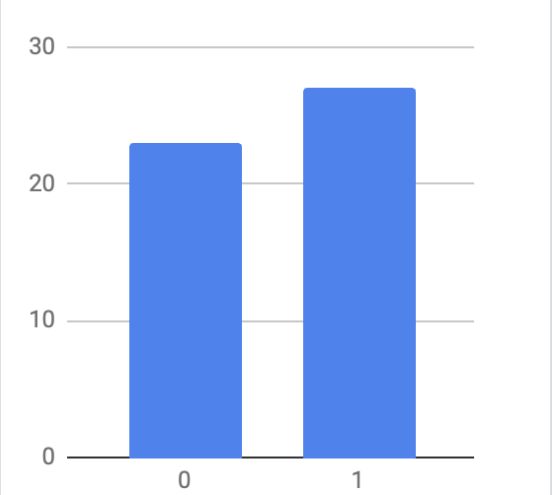
Male = 2



Most | Least

VALUE	FREQUENCY
13	17
16	9
14	8
17	5
18	4

Participant age, in years.

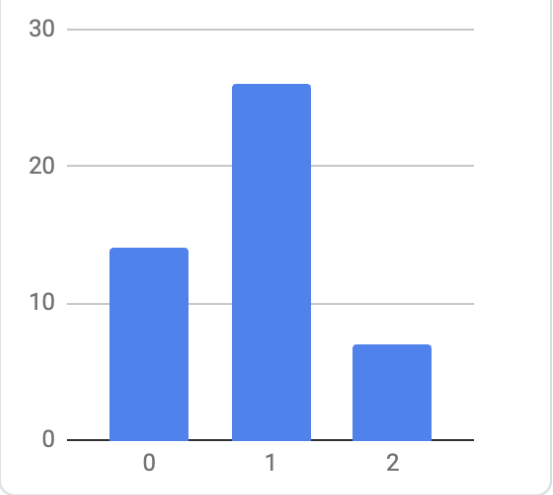


Most | Least

VALUE	FREQUENCY
1	27
0	23
-	1
Var_PSt	1

Participant Period stage:

Yes = 1
No = 0
No response = -

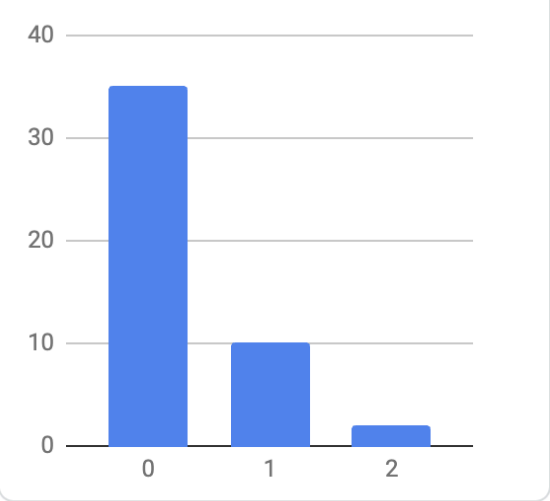


Most | Least

VALUE	FREQUENCY
1	26
0	14
2	7
-	4
Var_PHK	1

Period hygiene knowledge (Var_PHK)

Very well = 2
Not well = 1
No idea = 0
No response = -

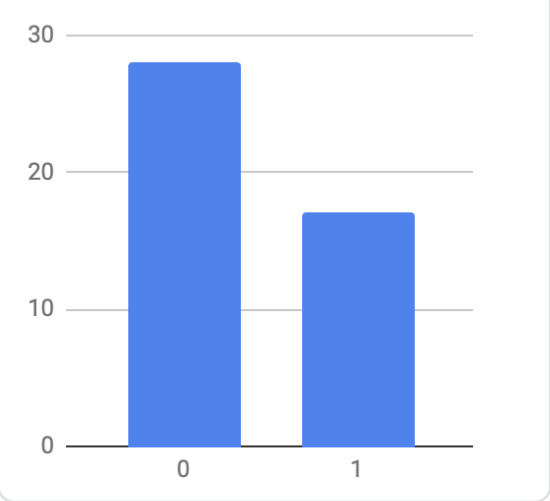


Most	Least

VALUE	FREQUENCY
0	35
1	10
-	4
2	2
Var_DPH	1

Description of period hygiene (Var_DPH)

Very well = 2
Not well = 1
No idea = 0
No response = -

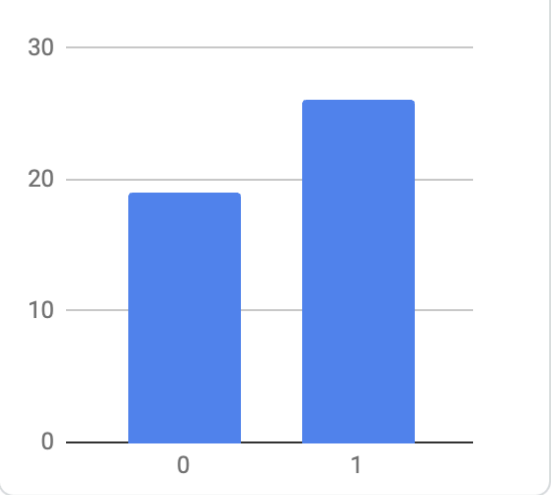


Most | Least

VALUE	FREQUENCY
0	28
1	17
-	6
Var_PPH	1

Practice of period hygiene (Var_PPH)

Yes = 1
No = 0
No response = -

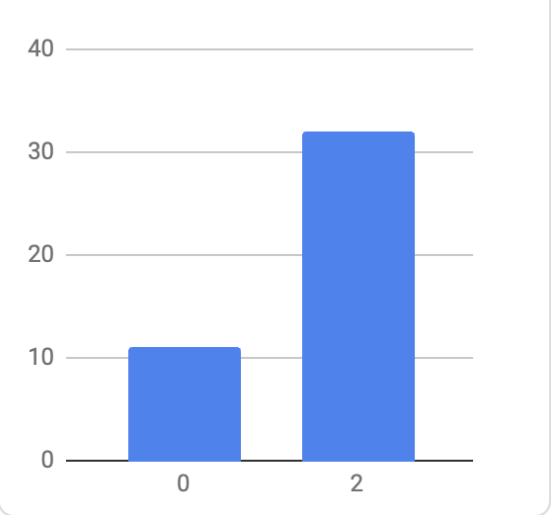


Most | Least

VALUE	FREQUENCY
1	26
0	19
-	6
Var_AP	1

Access to pads (Var_AP)

Yes = 1
No = 0
No response = -

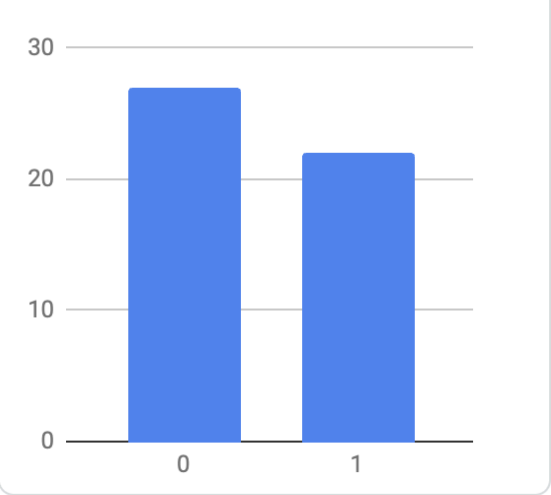


Most | Least

VALUE	FREQUENCY
2	32
0	11
-	7
1 and 2	1
Var_PS	1

Pads supplier (Var_PS)

Myself = 1
Close relative = 2
Third party = 3
N/A = 0

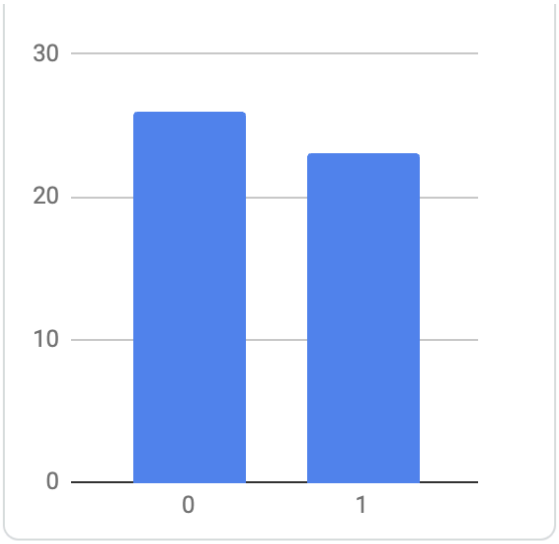


Most | Least

VALUE	FREQUENCY
0	27
1	22
-	2
Var_PA	1

Pads availability (Var_PA)

Yes = 1
No = 0
No response = -



Most | Least

VALUE	FREQUENCY
0	26
1	23
-	2
Var_CSPH	1

Support of Period hygiene (Var_CSPH)

Yes = 1
No = 0
No response = -

Appendix 5: Program Workshop Images


PHA


EMBRACING
PERIODS
WITH CONFIDENCE


Congratulations!
You're a Palesa Girl!
WASHABLE. REUSABLE. SANITARY TOWELS
5 YEARS


Palesa Pads
WASHABLE. REUSABLE. SANITARY TOWELS
5 YEARS

Appendix 6: PHA Menstrual Hygiene Flyer