Title: **Menstrual Health Management for schoolgirls in Gambia**

1. **Objective and relevance (the world around us)**

* **What do you want to achieve through the intervention?**

Menstrual Health Management for schoolgirls in Gambia is a real every day for many girls. Menstrual taboos have existed, and still exist strongly in the Gambian culture. Throughout history, misconceptions about menstruation have led to girls’ exclusion from all kinds of roles and settings. Menstrual stigma is potent and impactful, even if its intensity varies place to place.” The taboo of menstruation helps inflict shame and low self-worth upon many of women and girls. The girls are excluded from social and religious activities because they are referred to as unclean. Through this intervention**,** we want to bring these girls in 10 public junior schools in the Gambia to understand and to be aware of the menstrual health, which we believe through our baseline studies, being big problem in the Gambia especially among the young school girls. We want to raise awareness on girl’s menstrual health, enabling them to understand the benefits of healthy lifestyles and the implications of bad health choices. And through Sensitization, Training workshops, Drama drama’s, skits, and Seminar, they will gain knowledge and awareness on menstrual period management. They will also become health activist and been able to reach out to many of their peers in different schools and family settings in Gambia. Furthermore, we will suggest the inclusion of the menstrual management in the school curriculum or in the girl’s health club. The following are the main objectives of the intervention:

**A). Awareness**: The girls will have access to basic information about the menstrual cycle, and how to manage it well. Awareness about the health issues related to menstruation mismanagement. There will be training of trainers on menstruation and talk about the SDG on good health for all. The schoolgirls will be exposed to teaching , learning and sharing of experience and through the activities such as drama and skirt, they will understand that is it normal and good to talk about it and be aware that it happen to every girl at their age and thereabout and that there is nothing to be ashamed about it.

**B). Advocacy:** The girls will advocate for their right and their voices to be heard first by the parents, their teachers and finally by the school’s authorities. They will fight for the inclusion of this topic in the school curriculum and make sure every young girl knows and are told about the menstruation period before they experience it. They will also let their community’s leaders and decision makers understand that it is natural, and it is ok to talk about it without being ashamed.

* **Why is the intervention important?**

The intervention is important because we have find out that many girls in Gambia have been struggling with all that comes with the menstruation issues since it is more or less a taboos to talk about it and discuss it in families and in schools. Cultural expectations and beliefs also play a role in this topic. Most people in Gambia see menstruating girls and women as disgusting and unclean which could affect their sense of dignity. There are also the following problems we would like to address:

**Lack of education about the menstruation in Schools.** There are several myths and believes as well as social restriction about menstruation in the Gambia. Many girls have difficulties in dealing with menstruation because of the lack or extraordinarily little knowledge about it. There are few females’ teachers in Gambia. The female’s teacher represents 15 % of the total number of teachers in the Gambia. Many girls do not understand what is happening when they start menstruating, and they have limited knowledge on biological processes. In Gambia, menstruation is usually not discussed both at home and in schools which leaves many young girls extremely uncomfortable in schools and some absent for fear of leakage. This can push menstruating girls out of school, temporarily and sometimes permanently.

**Lack of dignity and stigma about menstruation:** Menstrual taboos have existed, and still exist, in Gambia. The misconceptions about menstruation have led to women’s and girls’ exclusion from all kinds of roles and settings and our case from schools. Menstrual stigma is potent and impactful, even if its intensity varies place to place.” The taboo of menstruation helps inflict shame and low self-worth upon many of women and girls, and the menstruating girls are excluded from social and school activities.

**Poor Hygiene:** Many girls use home-made cloths to collect their menstrual blood. Some girls even walk without any sanitary pad because of little or no knowledge about menstruation. For some girls, they have not been adequately prepared and educated by their parents on their menstrual health and well-being so they, due to ignorance are facing embarrassing situations at school. Studies conducted in the Gambia have documented the use of home-made sanitary pads (pieces of cloth or toilet tissue) to absorb their menstrual blood as opposed to sanitary. Due to lack of proper hygiene, some girls in their homes use any piece of cloth that comes in handy whether clean or not. Cleaning of used cloth is usually done with or without soap in clean or unclean water depending on their economy, availability, and access to clean water. The source of water is either from the well, nearby stream, or river. This unhygienic recycling of un-sanitised pieces of cloth often poses a higher risks of reproductive tract infections which can be detrimental to their health.

* **Describe the context of the intervention:** 
  + **Describe the conditions that apply in the area where the intervention will take place, and which are expected to influence the intervention (e.g. social, economic or political conditions, or other projects or activities in the area that can supplement the intervention).**

In the Gambia attainment of menstrual hygiene is always challenging; there are several obstacles to overcome if the latter objective would be achieved. Absolutely cultural taboos and restrictions exists, limited access to right information and sanitary supplies, related myths and infrastructure are examples of such obstacles. These practices differ from place to place, culture to culture and community to community.

Research studies and our general study of the project area show that taboos restrict girls not to cook, enter the kitchen, attend social events, when observing their monthly period With limited access to supplies and finances, school absenteeism is quite common due to lack of toiletries and other resources to take care of their soiled menstrual cloths. Menstrual pain associated with the cycle is another cause for girls to stay away from school until their period is over.

The sensitisation program aims to bring awareness about these myths to school going girls from junior school (age 10 to 16) and help their mindset towards the right attitude in practicing healthy menstrual lifestyle in their homes and communities.

These are the young prime of the society who can learn from this MHM project and benefit adequately to continued practice of what they have been taught after the sensitization program. We would give seminar and make drama and skits on the perception of MHM, societal beliefs, cultural practices that differ from culture to culture and society which disable adolescent girls to socialise; their marginalisation and impact on health of the woman will be studied in a logical way through awareness camp, counselling, peer to peer talk and sharing of experience.

They would be exposed to teaching and training workshop on the topic. This would assist the young girls to build their confidence and learn about the MHM. Talks on how to improve MHM would be discussed and questionnaires forms (a survey) on menstrual practice would be given out to the schoolgirls to fill.

* **Describe how this intervention can contribute to supporting collaboration, public engagement and civil organising and how this in time will contribute to social justice (realisation of people’s rights, reducing inequality and fighting poverty, participation in decision-making processes, equal access to resources, and just institutions).**

Through this project, we would like to promote MHM in selected school and beyond and create awareness about the right participation in decision-making processes, equal access to resources, realisation of people’s rights, reducing inequality. And to ensure this, there must be a deliberate move led by nonprofit, nonpolitical organization such as Gambia Youth for development to stand for all the girls without exclusion and the reason is that many projects of such benefit only few schools. We have focus in areas that are more schools in the surrounding areas and we have chosen this focus to ensure that the project will contribute to a pro-poor development.

We seek to give Capacity to the Peer Educators/ trainers of trainers and teachers by training them and equipping them with necessary tools, skills and knowledge, to be able to train others and to become the ongoing agents of changes in their schools and districts.

We plan to create clubs in the ten (10) selected schools and monitor and facilitate the clubs by connecting them to become inter schools’ clubs exchanging experience and to be sustained. We hope to create 10 clubs of 50 school youth in each of the 10 schools thus a total of **500** being part of the clubs. Apart from the school youth, peers, trainers, teachers (female) will also have necessary knowledge about the menstrual period management of the young girls enabling them to help support the peer educators to do their job among their peers. The clubs will carry out their activities aiming at capacity building their peers, it is thus important to have the support of the teachers

* **What climate- and environmental conditions do the partnership and/or the intervention need to respond to? And how have the partners responded to it? This could be in relation to the conditions of the target groups, the number of flights or the activities of the intervention, and how these affect the environment or climate in the area.**

It is important to note that 95% of the population of the Gambia are Muslim and among our target group, we can count 98 % of them to be Muslim and that makes the cultural taboos more real and complicated.

Statistically more than 70% of the population of Gambia lives under the threshold of poverty. Health and school conditions are bad due to the lack of infrastructures and personnel. The country has been going through a socio-political crisis that has not found a solution yet. More than 63 % of the entire population of the Gambia are below the age of 30 years and 48 % below the age of 15 years, and this statistic offers a great opportunity to engage in empowering the young population in all aspects of life especially regarding providing relevant education, training and knowledge sharing to this big growing number of young people especially the girls.

Unfortunately, the situation of the youth in Gambia is characterized by marginalization in key decision-making processes and a real democracy is yet to come after the out dictator is force out of the country few years ago.

One main problem that this project hope to tackle is the fact that teachers are not trained to talk about sex and sexually related issues like menstrual health and management. Unhealthy practices and especially because of the taboos around the menstrual health, lack of access to quality education such as awareness, information, and Voluntary Counselling.

1. The partnership/collaborators (our starting point)

* **Describe any previous acquaintance or cooperation between the partners, and how these experiences have fed into the development of the proposed intervention.**

YFDD and GYFD have signed a partnership agreement about 2 years ago and since then both organisations have been exploring the possibilities for collaboration to start joint projects in targeting the children and young people. Both organizations agreed to maintain communication to formalize a long-term strategic partnership.

In 2017, two board members of YFDD who knows Gambia very well visited the local partner GYFD and after their visit the idea of collaboration and partnership came about, and it was in 2018 that the agreement was signed. Since then YFDD and GYFD also agreed to strengthen relationships, networking, fundraising and communication by having a regular talk on Skype twice a week and keep each other updated about what is happening in our organisations.

Due to the COVID19 pandemic and the restrictions, travelling quarantine and so on, we will monitor and give capacity to the local partner during this intervention over the zoom and teams online video interaction.

YFDD’s motto is to give the youth and children the life they deserve and that is why we look forward to assisting the children and youth during this crisis through the support of mothers. We intend to cooperate with school authorities (principals, vice principals), parents teachers associations (PTA) involving the students and teachers. We would want to also reach out to women associations where we are targeting mothers. We will also sensitize and raise awareness through the media e.g., local radio stations, and local bantaba’s. (Bantaba is traditional way of gardening under a big tree) Our partners contribution will be to grant us permission and create an environment where we can reach out to women and girls.

They will also jointly contribute for the facilities and materials such as (charts, projectors, notepads, and pens, etc. to give each participating student. This activity will equip and prepare every girl-student in these schools to regain their confidence and self-esteem to go to school without having any form of discomfort and ridicule from their peers as a result of menstrual leakage and stains on their uniforms. With such satisfaction, we are assured that these future women and mothers of tomorrow will have a dignified self-esteem, regain confidence in themselves that there will be no more embarrassing menstrual mishap situations at school and their dignity will be renewed.

* **Describe the partners and other actors’ contributions, roles, and responsibilities.**

**Youth for Development Denmark will be responsible for:**  
1-Supporting and giving technical advice to GYFD to ensure a successful implementation.   
2-Monitor and ensure that the intervention is in line in accordance with the approved budget.   
3-A volunteer from YFDD will travel to Gambia to monitor the activities at the start of the intervention.   
4-Responsible for the donor for reports, updates and the final reports and audits

**Gambia Youth for Development: The implementing partner will be responsible for:**1 Daily activities, responsible for the timely implementation of the proposed activities in   
2 Collaboration with the local government and other NGOs, and gathering the relevant information

3 Engaging with the target group and Monitoring the on-going activities.

4 They will also report monthly project progress to YFDD.

5 Local partner’s volunteers will handle the complaints and feedback and report to GYFD.

6 Local partner’s volunteers will monitor the daily activities

1. Target groups, objectives, and expected results (our intervention)

* **Who will benefit from the intervention? How many people will benefit in total? How will they participate in the intervention?**

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| **Date** | **Target groups** | **Tasks / Involvement** |
| 1-2 Months | 100 Girls. **First Target Groups** | These 100 schoolgirls from age 10-16 from selected schools will be involved in the project from all level, they will be part of all the activities from the launching till evaluation of the project. They will play a key role in the intervention. |
| 3-5 Months | 50 School  Teachers. **Second Target Group** | The 50 female schoolteachers will be trained as well as act as guarantor on the intervention. They will be the mediator between the school authority the implementing partners and the students’ group in general. They will be responsible for the schoolgirls to various training, workshop, and radio program. |
| 5-6 Months | 500 Peer  Educators. **Third Target Group** | The 500 girls will be involved in in the project and will train more girls and have many small talks and answering difficult questions. They will also lead various clubs in their school and advocate for the change in behaviour and views towards menstruating girls. |
| 1-7 Months | 2500 People | 2500 other people are expected to benefit through the radio and TV programs. The 10 selected schools would now be our ambassadors to promote Menstrual health awareness to the students. |

**Target Groups:** Therewill be **650 people** who will benefit from the project directly and more than 2500 who will benefit indirectly through advocacy and awareness campaign through the media, thus radio programs and Facebook page and webpage.

**First Target Groups: 100 Girls**, thus is 10 schoolgirls in each of the 10 selected schools: This group is made up of girls from age 10-16 from selected schools in the greater Banjul area. We target 1500 in total from the selected schools. They would learn and practice and share their new knowledge with their mothers and other family members in their community. We anticipate that through the students the communities they live in would become aware and gradually bad menstrual practices would phase out with time.

**Second Target Group:** **50 School teachers and Peer health educators:** We would reach out to also like to 50 schoolteachers and peer health educators within the school clubs. The training would equip them with the right knowledge to share and train other young future students. It would also enable them to interact with

other schools that were not initially part of the project.

**Objectives, and Expected results**

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| **OBJECTIVES** | **EXPECTED RESULTS** |
| 1. Awareness about the health issues related to MHM. By the end of the intervention the girls in the ten selected will increased awareness on the MHM.  By the end of the project, the girls having access to basic information about the menstrual cycle. | The young girls are better informed in health issues and no doubt, will increasingly visit the school clubs and the implementation organization for questions related to MHM. The 10 selected schools have been sensitized on the MHM and related. the female teachers are directly involved, and the male teachers are indirectly part of the project.  The Peer Educators are able and equipped to train other peers. They will also create 1 club of 50 students in each of the 10 selected schools.  Many educational talks have been carried out by Peer Educators in various clubs. |
| 2. Advocacy. The girls will advocate for their right and their voices to be heard first by the parents, their teachers and finally by the school’s authorities | The girls, the teachers and the school authorities have engaged promoting the project and especially the functioning of the clubs in each school. Many Radio programs for young people and families have been established and broadcasted to bring awareness and advocate for the teaching of this topic in school and clubs. Follow-up sessions and oversights of the Activities have been carried out during and after the intervention. |

* **Describe how the intervention will be implemented: what activities will be carried out? With whom? And when?**

We tried to re-arrange the activities to follow and show a logical flow however some activities such as radio program, video section will be done throughout the intervention. Other activities such as video section and evaluation and feedback are not budgeted for and this on purpose because we do not see any need for budget for these activities. The creation of clubs and their functioning is an activity through and listed here. This activity is be ongoing even after the end of the project to ensure the sustainability of the project

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| **Dates /Time** | **Activities / Results / Contribution** |
| 1st Month | **Activity 1:** Initial meeting with 10 participating schools + Ministry of Education and Ministry of Health |
| 1st Month | **Activity 2:** Official Launching will give visibility to the project. The presence of the education and health ministries will make an impact as the event shown on national TV |
| 2nd-7th month | **Activity 3:** Sensitization in each of the school will be an important part on the project. This is the opportunity for the entire school will hear about the project. |
| 2nd-7th month | **Activity 4:** Training of Trainers are going to be 500 schoolgirls and peer health educators within the school clubs. They will be responsible for the creating and the functioning of the clubs. They will be ambassadors for health awareness to students. |
| 2nd-7th month | **Activity 5:** Training on menstrual health: These activities will be for each of the 10 selected schools, we expect 500 in total including the 100 girls the teachers and the peer educators to be part of this group. This training will be led by experts and facilitators |
| 2nd-7th month | **Activity 6:** Drama and skits: There will be short plays in the selected schools. The drama group would actively participate by acting short drama’s and skits on the stigma and embarrassment girls face at school during their menstrual period and the struggles of inadequate menstrual care at home. This will be done in the 10 schools and by the professionals |
| 2nd-7th month | **Activity 7:** The creation of clubs and the ongoing functioning of the clubs in each schools. |
| 2nd-7th month | **Activity 8:** Video Section would be in a form of seminar on the perception of MHM, societal beliefs, cultural practices, and impact on health of the woman followed by a short video. |
| 7th Month | **Activity 9:** Evaluation and feedbacks: This be jointly done by both partners at the end and lessons will be learn and recommendation will be made for future project in the area. |

**Activity 1: Initial meeting with 10 participating schools + Ministry of Education and Ministry of Health**

We (the organizers) will send special invitation and information materials about the project to the principals of 10 schools in the greater Banjul area. We would visit the ministry of education and health and debrief them about GYFD organization, it is mission and objectives; and give them invitation letters for the launching of the project.

**Activity 2: Official Launching:** We plan to gather 500 students from the 10 selected schools that agree to participate in the project, two health care professionals, one mobiliser and 10 facilitators together to launch both the project and the organisation. The organisers would welcome the gathering and both ministers and their representatives from each of the ministries earlier mentioned would be invited to make an opening speech. The launching will be covered by the national TV (GRTS) which will be aired on the news or during one of the health programs sessions.

**Activity 3: Sensitization:** We will sensitize and raise awareness in each of the schools and through the media e.g., local radio stations. There will be (3) radio programs each for 1hr 30mins on different days of the activities. An interview of the organisers will take place. Thereafter, the lines would be opened to the public for calls-in. We will interact with the public and address any questions they might have. The dates of the next project activities would be announced.

**Activity 4: Training of Trainers:** We would reach out to 500 schoolgirls and peer health educators within the school clubs. Questionnaires from the sensitisation would be collated together, analysed. This would be assessed by the teachers. Current knowledge on the subject area and the knowledge gaps that exist which will be addressed during this training. After the program, we anticipate that the awareness level on menstrual hygiene would have increased significantly. They would then be identified as ambassadors and advocates of good MHM in their schools and health clubs; and in turn educate their parents and other peers about their new knowledge on menstrual health management and how to prevent vaginal infections and cancers that could result from poor hygienic menstrual management practices.

**Activity 5: Training on menstrual health: SDG (Good Health for all):** MHM sensitisation will be carried out in schools particularly where girls are the majority. We would collaborate with two qualified health care professionals (a midwife, and health care worker), one mobiliser and 10 facilitators. These activities will be for each of the 10 selected schools, we expect 100 girls including the teachers and the peer educators to be part of this group. They who would give lectures on the topic and interact with the students. We would also involve some of the teachers at each school to demonstrate to the students the importance of proper MHM. Questionnaires about MHM would be designed and given out for them to fill before and after the sensitisation to assess their current knowledge on the subject area and the knowledge gaps that exist which will be addressed during the sensitisation program.

**Activity 6: Drama drama’s and skits:** There will be short plays in the selected schools. The drama group would actively participate by acting short drama’s and skits on the stigma and embarrassment girls face at school during their menstrual period and the struggles of inadequate menstrual care at home. This will be to help the target group to reduce and limit the stigma and embarrassment girls face at school during their menstrual period and the struggles of inadequate menstrual care at home.

**Activity 7: The creation of clubs and their functioning**

**Activity 8: Video Section** This is expected to take place in a hall. We would give seminar on the perception of MHM, societal beliefs, cultural practices, and impact on health of the woman. Talks on how to improve MHM would be discussed and questionnaires forms on menstrual practice would be given out to the schoolgirls to fill. Short video sessions of between 5 to 20 mins on MHM would be played to the different school groups which will aid their learning and comprehension of the subject matter.

**Activity 9: Evaluation and feedbacks:** There will be evaluation and feedback from the training. The monitoring reporting jointly will be jointly done by YFDD and GYFD at the end of the project and lessons will be learn and recommendation will be made for future project in the area.