



**Knowledge hub**  
-  
**Collection of best practices**

**Summary of the best practice**

1. Title of the best practice (e.g. name of policy, programme, project, etc.) \*

Supporting Education through Menstrual Hygiene Management for Refugee Girls' in Tanzania

2. Country or countries where the practice is implemented \*

Tanzania

3. Please select the **most relevant** Action Track(s) the best practice applies to \*

- Action Track 1. Inclusive, equitable, safe, and healthy schools
- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession
- Action Track 4. Digital learning and transformation
- Action Track 5. Financing of education

4. Implementation lead/partner organization(s) \*

Plan International - Tanzania

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. \*

Refugee education; girls' education; menstrual hygiene management; Tanzania

6. What makes it a best practice? \*

Girls' education in refugee contexts remains a key issue. Among the many factors and barriers to refugee girls' participation and retention in school is the challenge of MHM knowledge, materials, and resources. Providing MHM training, materials, and resources has proven to increase school enrollment and retention for refugee girls in a variety of contexts, including the Burundian refugee response in Tanzania. Since 2016, Plan International Tanzania's MHM programming has contributed to increased retention of adolescent refugee girls in secondary school and has led to a decrease in drop-out rates. If MHM training for both female refugee students and teachers is done in parallel with community engagement and advocacy, as well as gender-sensitive school facilities maintenance, then MHM programming has the potential to positively address the challenge of girls' education in refugee contexts to ensure female refugee students fulfill their right to quality and equitable education.

## Description of the best practice

### 7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

- i) Which population was affected?
- ii) What was the problem that needed to be addressed?
- iii) Which approach was taken and what objectives were achieved? \*

In 2015, hundreds of thousands of Burundians fled political violence and sought safety and asylum in Tanzania, where over 145,000 Burundian refugees still reside today. As a result, the education of thousands of children was disrupted and numerous children and families experienced significant trauma and adversity. While a robust education system was launched in the Tanzanian refugee camps supporting the Burundian arrivals, there existed numerous challenges related to supporting girls to participate in education.

While challenges to girls' education in the refugee camps in Tanzania included: a lack of parental support for girls' education, few safe walking routes to schools for girls, and the need for domestic support at home, one particular challenge identified by Plan International was the issue of menstrual hygiene management (MHM). In refugee contexts, the lack of adequate, gender-sensitive sanitary facilities at schools and little knowledge on MHM are a major barrier for girls to participate in education. The provision of MHM training and sanitary items has been proven to increase school enrollment and retention for refugee girls (1). As a result, Plan International Tanzania (PLAN) has been delivering MHM training and support to Burundian adolescent refugee girls in Tanzania since 2018 with the goal of improving participation and retention in education. While PLAN originally delivered their MHM interventions in both the Nduta and Mtendeli refugee camps, as of December 2021 the Mtendeli camp has been closed and all activities have shifted to the Nduta camp.

(1): Sommer, M. et al. (2021). Menstrual hygiene management in schools: midway progress update on the "MHM in Ten" 2014–2024 global agenda. *Health Research Policy and Systems*. 19(1): 1. doi: 10.1186/s12961-020-00669-8. PMID: 33388085; PMCID: PMC7776301

## 8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation? \*

Through community assessments conducted in 2016, PLAN recognized that Burundian refugee adolescent girls had limited access to: 1) adequate WASH facilities at school, 2) hygiene materials, and 3) knowledge and resources regarding MHM, which prevented a large percentage of girls from participating in school. As a result, PLAN launched a set of MHM interventions to address this gap.

First, PLAN worked, and continue to works, with the Hope Secondary School in the Nduta refugee camp to ensure the maintenance of gender-sensitive latrines, facilities, and MHM spaces.

Second, PLAN began delivering MHM training, using Plan International's MHM toolkit content, to small groups of female refugee teachers and students in order to help increase participation and retention in school. As of today, PLAN has trained over 2,448 female students, 4 female teachers, and 6 female school mentors.

Third, PLAN also delivers MHM kits to female students. These kits include: 1 reusable sanitary pad, 3 pairs of underwear, 1 khanga/towel, 1 bar of soap, and 1 twenty-litre bucket and help to ensure students are able to apply what they learn in their MHM training. Since 2018, PLAN has distributed 4,433 MHM kits to school girls. PLAN also supplies female students with additional emergency disposable sanitary pads to ensure they are able to use them as needed during the school day.

Upon the initial launch of its MHM programming, Plan International Tanzania also worked with the International Rescue Committee to train additional IRC and Plan International Tanzania Education Officers to directly deliver MHM trainings to participants and ensure follow-up monitoring to measure impact.

Finally, Plan International Tanzania has also led efforts across multiple education partners, including: Caritas, NRC, Oxfam, Save the Children, TCRS, and UNHCR, to coordinate the execution of International MHM Day celebrations and advocacy events. International MHM Day takes place each year in the month of May, and since 2018 PLAN and its partners have celebrated in the refugee camps to spread community awareness about the importance of girls' education and the importance of MHM support.

## 9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

- i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
- ii) What were the concrete results achieved with regard to outputs and outcomes?
- iii) Has an assessment of the practice been carried out? If yes, what were the results? \*

In 2018, upon completing a survey of nearly 70% of all girls enrolled in secondary school who completed PLAN's MHM training, it has been shown that the MHM training directly contributed to increased retention of adolescent refugee girls in secondary school and has led to a decrease in drop-out rates; the original objective of the initiative. Using a survey questionnaire, PLAN's Monitoring Evaluation Accountability and Learning team surveyed 192 female refugee secondary school students. Although 28% of respondents said they were thinking of dropping out of school prior to participating in the MHM training, 100% of respondents were in school at the time of the survey and 97% of these respondents reported that the MHM training directly prevented them from dropping out. Additionally, 91% of respondents reported that they attend school regularly due to increased MHM support.

While the above results are positive, 85% of respondents reported that they had additional MHM needs relating to physical sanitary items. While the cost to run the MHM trainings is extremely low – approximately \$3 USD per participant – the costs for purchasing and distributing sanitary items is higher – approximately \$20 USD per individual – and it is difficult to fulfill all physical item needs and requests from training participants.

## 10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? \*

In order to achieve the positive results outlined above, it was important for PLAN to engage schools, communities, and students to identify key challenges and barriers to girls' participation and retention in school. Only through engaging teachers and students directly was PLAN able to fully understand how a lack of adequate facilities and MHM support impacted girls' lives and education.

It was also necessary to identify quality MHM training content, as well as trainers who were knowledgeable on the training content and were able to relate to and engage the participants in a meaningful way.

Additionally, it was extremely important to include teachers and school mentors in the trainings in order to develop a holistic support system for adolescent girls in school.

More consideration should be taken regarding the sustainability of the provision of sanitary items to ensure that these items can be distributed as both part of the MHM trainings, as well as after the trainings in order to provide participants with longer-term support.

Additionally, through school and community feedback mechanisms, male students also requested to receive hygiene kits that are relevant to their needs, which should be considered and addressed by organizations working in similar contexts.

Finally, MHM training is only one piece of the puzzle. In order to fully address MHM needs and support girls' education, MHM training must be done in parallel with community engagement activities to create awareness about the importance of girls' education, as well as the impact that MHM has on girls' participation and retention in school, and also physical infrastructure maintenance of gender-sensitive latrines, facilities, and MHM spaces at schools and learning centers.

## 11. Conclusions (250 words)

Please describe why may this intervention be considered a “best practice”. What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? \*

Girls’ education in refugee contexts remains a key issue. Among the many factors and barriers to refugee girls’ participation and retention in school is the challenge of MHM knowledge, materials, and resources. Providing MHM training, materials, and resources has proven to increase school enrollment and retention for refugee girls in a variety of contexts, including the Burundian refugee response in Tanzania. Since 2018, PLAN’s MHM programming has contributed to increased retention of adolescent refugee girls in secondary school and has led to a decrease in drop-out rates. If MHM training for both female refugee students and teachers is done in parallel with community engagement and advocacy, as well as gender-sensitive school facilities maintenance, then MHM programming has the potential to positively address the challenge of girls’ education in refugee contexts to ensure female refugee students fulfill their right to quality and equitable education.

## 12. Further reading

Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. \*

<https://plan-international.org/publications/menstrual-hygiene-management/>

<https://reliefweb.int/report/united-republic-tanzania/menstrual-hygiene-management-mhm-education-emergencies-eie-study>

<https://www.rescue.org/resource/menstrual-hygiene-management-mhm-emergencies-toolkit>

<https://reliefweb.int/report/world/toolkit-integrating-menstrual-hygiene-management-mhm-humanitarian-response>

<https://menstrualhygieneday.org/>