



FINAL PROJECT REPORT PREPARED
FOR TOGETHER WOMEN RISE

AFRIC'UP: YA SOMA

Spring 2021 – Fall 2022

Implemented by:
The BARKA Foundation

1. Please provide the following information:

Organisation name: The BARKA Foundation

Project title: AFRIC'UP: Ya Soma

Grant amount: \$34,991

Contact person: Esu Anahata

Address: P.O. Box 2, Burlington, ME 04417

2. Recap briefly what outcomes the project was designed to achieve.

AFRIC'UP: Ya Soma (Ya Soma is an expression in the local language of Mooré that means 'it's good') is a pilot project which aimed to strengthen the skills of women leaders in Menstrual Hygiene Management (MHM) and to introduce to Burkinabè women menstrual cups as a new, sustainable and effective product for menstrual health. The outcomes we strove to achieve included the breaking of the silence around the taboo subject of menstruation, an increase in awareness about menstrual health and hygiene, and a distribution of menstrual cups to 1200 women, training them sufficiently to achieve 'body and cup confidence'. A monitoring system made it possible to assess the impact and effectiveness of this intervention and to draw appropriate lessons for the future and possible scaling up.

Indirectly, the project served to help lift taboos around menstruation and lay the foundations for reflections on future national health and menstrual hygiene programs. Advocacy for cup programming and integration within the government's national health plan was also a major goal.



First team meeting after funding was secured.



From left to right: BARKA CEO Esu Anahata, BARKA staffers Awa Traore, Mme. Sonde, Salimata Weogo Zalle, project manager Martine Nazotin, and Jen Rubli of Femme International (right).

3. What was accomplished in connection with this project? Please address each stated objective. If any project objectives were changed, please also explain the circumstances leading to the modification of the objective(s).

Results:

- 1230 women were trained on comprehensive MH awareness and cup usage
- 30 women became trainers in order to train others on MH and cup usage
- Menstrual cups were introduced to Burkina women in a major project for the first time in history
- Ministry of Health was introduced to menstrual cups as a sustainable and affordable product that women want and need; cups were put on their radar
- The capacity of 12 local associations was increased in the area of MH awareness

Here are the activities that were accomplished:

Stage 0: Establishing Project Coordination Mechanisms and Stakeholder Engagement

The goal of the inception stage was to produce the management and M&E tools necessary for proper coordination, and to conduct participatory meetings with local MH stakeholders, traditional and religious leaders (In particular the “Mogho Naaba”, the traditional chief of the Mossi ethnic group, the majority in Burkina Faso) in participating communities to introduce the project and engender their expressed support. The project team established partnerships with 15 local associations and private

health centers, who selected two women from their organization to inform them about the full project scope and enlist their consent to participate. We set up logistical arrangements for Stage I training, purchased cups and assembled Cup Kits. Cup Kits include a menstrual cup, a small metal pan to sterilize the cup (by boiling before use), locally made PH-neutral soap, a cloth bag for cup storage, and an illustrated leaflet on safe cup usage. In addition to that, we worked closely with the Ministry of Health to make them aware of this project and engender their support which was difficult and slow (see section 9).



Project leaders meet with local association to introduce project.



Project leaders Adeline Tiendrebeogo and Martine Nazotin.

Stage I: Initial Training in MSRH and Introduction to the Menstrual Cup

This stage included a 16-hour training over 2 days for 30 women, conducted by a Master Trainer from Femme International and Trainers from BARKA and Menstru'elles, to provide a comprehensive introduction to menstrual health and the menstrual cup (See ANNEX 1: Training 1 Agenda). 24 of these women (80%) will become trainers who will go into the field to reach out to 1200 women during Stage 2.

After this initial training, participants used the cup for 3 months in order to become familiar and comfortable with it (achieve “cup confidence”) prior to the next round of training (Training of Trainers). The all-female project staff provided individualized support as needed between the two trainings. Participants were encouraged to learn from each other and compare experiences in a peer-to-peer approach. Lastly, we finalized contracts with the 24 most-confident and reliable women to advance to stage II.

A baseline (pre-training) and endline (post-training) survey was created and conducted in order to gauge changes in knowledge and attitude among our trainers (See ANNEX 2: AFRIC'UP Trainers Baseline Report).



All-female project staff plans training of trainers.



Project leaders from BARKA and Menstru'elles lead the first training.



Trainers receive cups for the first time.



Trainers provided initial reactions to the cup.



This older woman who had already reached menopause became one of the group's natural leaders.



The trainings included comprehensive MH and SRHR education.



All trainers received a training manual.



Menstru'elles CEO Elodie Koundouno helped lead the first training.



(Continued) Menstru'elles CEO Elodie Koundouno helped lead the first training.



The cup and sterilization pot used to sterilize the cup with boiling water before use.



A "family photo" of all trainers after the 1st training was completed.

Stage II, part 1: Training of Trainers (ToT)

During Stage II, a 2nd 16-hour training taught 24 women from Stage I to become trainers and to conduct workshops in their community. Trainers shared their cup experiences with the group and learned how to present workshops on the subject of MH and cup usage. They all gave practice workshops in front of the group. Time was also devoted to the basics of data collection, education pedagogy, recruitment, advertising and logistics (see ANNEX 3: TOT Agenda).



A trainer practices giving a cup and MH workshop to the group.



A trainer practices giving a cup and MH workshop to the group.



A trainer practices giving a cup and MH workshop to the group.



Trainers were diligent in their tasks and learnings.



Trained trainers were ready and excited to go into the field to distribute cups and MH training.

Stage II, part 2: Menstrual Cup Distribution via Community Trainings

Once trained, trainers went into the field in pairs to run a total of 48 community workshops. Each trainer was responsible for mobilizing 50 participants, administering baseline questionnaires, conducting the training, distributing the cup kits and providing support and follow-up to each.

Project staff managed cup inventory, payroll of trainers, in-person workshop monitoring, and provided technical support to trainers as they supported beneficiaries by phone, a whatsapp group and in-person guidance to new cup users for the following 3 months.





Stage III: M&E, Lessons Learned and Advocacy

Stage III was dedicated to M&E and project review. Focus group discussions (FGDs) with trainers and beneficiaries explored cup drivers, barriers, and impact.

As planned, 6-months post-training questionnaires (see ANNEX 4: Beneficiary Questionnaire) were collected from 37% of the beneficiaries (459). An impact report, useful for broader programming, scaling, and future grants, was created and distributed to stakeholders (see ANNEX 5: Impact Evaluation).



4. Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under *Number of women and girls Directly Impacted and Indirectly Impacted*.

No change.

5. What challenges did you face in connection with this project? How did you address these challenges?

The main challenge, described further below in section 9, was in relation with the Public Authorities. It is also important to note that Burkina Faso experienced a successful coup d'état in January 2022, and another 10 months later, which led to two ministerial reorganizations. It was necessary to restart discussions with the Ministry of Health twice to attempt to obtain their support. The process continued for months after the pilot was completed. In this context, it was not possible to organize a media event or a capitalization workshop to Share Results and Lessons Learned which would require Ministry of Health involvement and support.

6. Is your organization or project situation different than presented in the approved proposal? For example, new executive director, significant project staffing changes or NGO affiliation, loss of large funding, or other significant changes?

No significant changes.

7. What were the most important lessons learned?

- The buy-in of local women leaders (and our trainers) was critical to the success of the project, and the subsequent buy-in of hundreds more. Sharing their experience helped to remove some of the fears and doubts of women in their community.
- Taking into account the local cultural context is essential (speaking local languages, dispelling myths, etc.) in order to succeed in getting people to adopt the cup.
- Beliefs about virginity and the hymen are strong and do not make it easy for non-sexually active girls to join. For example, a young woman trained in stage 1, engaged with her association for several years to lift the taboos around menstruation and feminist author, did not wish to try the cup because of her virginity.
- Implementing such a project requires further efforts to lay the groundwork with local authorities, in a context where menstrual innovations such as the cup are not well known and where resistance to change is strong.
- The logistical constraints are important; the team had to travel a lot to be close to the associations for each workshop, to bring the kits, to accompany in the follow-up and data collection, etc. It is therefore important to be able to act in a restricted and accessible geographical area to act with efficiency.
- Measuring impact takes time, and the results obtained +6 months after the trainings are encouraging but could be even more significant with more time, considering the time needed to become "cup confident".

8. What has changed within your organization as a result of this project?

This project has brought a sea change to BARKA Foundation. The organization is currently developing a large scale-up of this pilot and seeking \$1.5M from USAID. Our objective is to create a sustainable market for menstrual cups in Burkina Faso, and for BARKA to brand its own “BARKA Cup” and make it available for sale. This will be the largest project the organization has ever undertaken, and it is paving the way for our future direction.

9. Describe the unexpected events and outcomes, including unexpected benefits.

We encountered difficulties in mobilizing the representatives of the Ministry of Health. They required many steps before being able to collaborate. Initially we had hoped to distribute menstrual cups through government run community health clinics (CHCs, known locally as CSPS), and to train community health agents in order to build their capacity in MH. Unfortunately, we discovered that there is a long and arduous process involved to get the MOH to approve its CHCs to work on a specific project.

Faced with these obstacles, we obtained an audience with the Minister of Health in August 2021. He approved the implementation of the project, subject to obtaining these 3 documents:

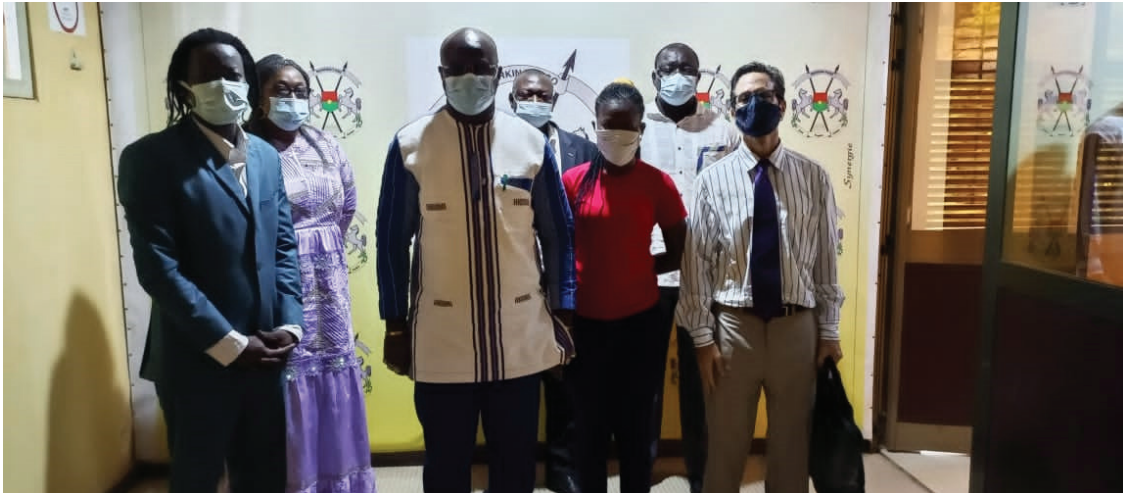
1. Establish a collaboration agreement (Convention) between the Ministry of Health and BARKA
2. Seek approval from the national ethics committee to collect menstrual health data from beneficiary women
3. Submit a Marketing Authorization dossier for the SIRONA menstrual cup, considered as a medical product, in order to be approved at the national level for sale and distribution within the country.

All these steps took time and struggled to progress, despite multiple reminders to the officials of the Ministry of Health. The agreement of the ethics committee was obtained in July 2021. The convention with the MOH was obtained in July, 2022 (after the project was completed). The marketing & sales authorization for the menstrual cup was obtained in January 2023 (also after the project was completed).

Under these conditions, the project had to be slightly revised, because it wasn't possible to include public CSPS facilities as partners. As a consequence:

1. We shifted from working with CHCs as the primary distribution mechanism, to working with local associations which were already active in the MH domain. The number of local women's associations was increased from 4 to 10 in order to guarantee a number of trained women equal to the initial objective. This enabled us to build the MH capacity for more local associations.
2. The launch workshop with Menstrual Health stakeholders was postponed – and finally cancelled, as well as the final workshop with stakeholders. The reason for this is that without the MOH fully on board, there was no point to the event.
3. Communication activities, as well as advocacy with stakeholders, were carried out on a small scale.

4. Menstru'elles was asked to be in the front line (front-facing organization for trainings), considering that it still had legal authority to carry out these actions as a social enterprise, whereas BARKA Foundation is an NGO and must adhere more strictly to the Ministry's guidelines.
5. The project was delayed and took 18 months to complete instead of 12 months.



BARKA Cups team with Minister of Health (center) after our meeting.

10. Did you change your strategy as a result of obstacles you encountered? How will you address these challenges in the future?

Yes, explained above. We have since obtained all the necessary agreements of the local authorities (signature of the convention and registration of the sirona cup as a medical device) in order to proceed with plans for the scale-up. We will continue to do whatever is necessary to ensure that public actors are involved upstream of any future project, which will allow us to fully carry out our advocacy and communication actions.

11. Approximately how many lives have been touched, both directly and indirectly, by the project?

As expected, we have directly impacted 1230 menstruating women and girls, aged 15-50, mostly living in the capital city Ouagadougou and surrounding districts, but also in regional cities (Koudougou and Fada):

- 30 women who work at local associations and community health centers
- 1200 menstruating and vulnerable women from local communities were recruited.

Considering the average household size in the country, there has been indirect benefits for up to 7 others per beneficiary. Therefore, the 1230 women beneficiaries have indirectly impacted at least 8610 others, mostly children and husbands. **This project has therefore impacted a total of 9,840 people in the country.**

12. What are the measurements used to monitor success and how was this information measured (e.g., surveys, observation)? Be specific and include measurable results.

Success and remaining challenges have been measured thanks to:

- A Focus Group Discussion (FGD) with 18 beneficiaries, sampled from each association, to collect information on their experience and feedbacks for scaling the project (See ANNEX 6).
- A FGD with the 24 trainers to collect their feedback and suggestions for scaling the project (See ANNEX 7).
- An impact survey: questionnaires (See ANNEX 4: Beneficiary Questionnaire) were used to measure the initial situation and the impacts at 6 months for the women beneficiaries. The information collected was focused on the use of the product distributed, new practices in health and menstrual hygiene, and the impacts / changes in the lives of these beneficiaries. A total of 459 women were surveyed.
- Main quantitative impacts are as follow:
 - » 77.55% of beneficiaries adopted cup usage
 - » Post MH training and cup usage, 74.4% of beneficiaries reported no shame from their period
 - » Increases in knowledge, participation, comfort, well being
 - » Decreases in shame, anxiety, and pain.

13. If the project is ongoing, provide plans and expected results, including projected timeframe.

As requested, this is the Final Progress Report, delivered when the grant has been expended and activities completed. That said, this pilot has inspired BARKA to expand the project to reach more beneficiaries including rural women, and girls in school. We have also partnered with a local social enterprise in order to begin testing the marketing and sales of cups, including willingness to pay. Therefore this project has given rise to an important new direction for BARKA that will continue to expand impact for years to come.

14. Provide a detailed list of all expenses incurred during the grant cycle which have been paid for with the Dining for Women grant.

The project was completed on budget. Please refer to the final budget with detailed financial accounting of all grant funds (ANNEX 9).

15. Did this grant and relationship with DFW assist your organization in obtaining other funding, partnerships with other organizations, or public recognition in some capacity?

Yes, we received an additional \$25,000 grant from International Foundation (IF) to cover expenses not funded by Together Women Rise. In addition, BARKA used an additional \$11,448 in funds from a private donor who supported this project, in particular to provide higher wages to local staff and trainers.

Annex 1

Une formation de :



Atelier de formation

Objectifs : Former des femmes issues d'associations en santé et hygiène menstruelle et à l'utilisation de la coupe menstruelle au Burkina Faso

Date : Vendredi 4 et samedi 5 juin 2021

Lieu : Maison de la Femme (vers le SIAO)

Jour 1	
Heure	Programme
8h30	Accueil et installation des participants
9h	Introduction <ul style="list-style-type: none"> ▪ Mot de bienvenue ▪ Présentation des objectifs du jour ▪ Présentation de Femme International ▪ Présentations individuelles des participantes à la formation ▪ Présentation du programme de formation ▪ Partage des attentes et définition collaboration des règles d'interaction
10h	Pause-café
10h15	Partie 1 : le corps <ul style="list-style-type: none"> ▪ Le corps de l'enfance à l'âge adulte (femme, homme) ▪ L'anatomie (interne, externe) ▪ La virginité et l'hymen
11h15	Partie 2 : le cycle menstruel <ul style="list-style-type: none"> ▪ Un mot de chacune à propos des menstrues ▪ Avoir ses règles - de la puberté à la ménopause ▪ Comprendre mon corps, comprendre mon cycle menstruel ▪ Le mythe des « jours sûrs »
12h45	Pause déjeuner
13h45	Partie 3 : La santé tout au long du cycle menstruel <ul style="list-style-type: none"> ▪ Le syndrome pré-menstruel ▪ Les pertes blanches ▪ <i>Exercice de groupe</i> : Suivre son cycle ▪ Gérer ses menstrues : la préparation, la pratique, les produits, les conseils ▪ Les possibles maladies associées au cycle menstruel (endométriose, SOPK...) ▪ Les possibles causes de l'absence ou du retard de règles ▪ La ménopause ▪ Les règles très abondantes ▪ Récapitulatifs des motifs de consultation médicale
15h45	Echange sur les mythes et réalités sur le cycle menstruel

17h	Fin de la première journée

Jour 2

Heure	Programme
8h30	Accueil des participants
9h	Tour de table - Rappel des points clés du jour 1 Partie 4 : les produits d'hygiène menstruelle <ul style="list-style-type: none"> ▪ Les produits jetables : utilisation, avantages et inconvénients ▪ Les produits réutilisables : utilisation, avantages et inconvénients
10h	Pause-café
10h15	Partie 5 : découvrir la coupe menstruelle <ul style="list-style-type: none"> ▪ Témoignage d'utilisatrices ▪ Introduction à la coupe menstruelle ▪ Positionner la coupe menstruelle ▪ Utiliser la coupe menstruelle ▪ Retirer la cup
10h45	Partie 6 : l'hygiène avec la cup <ul style="list-style-type: none"> ▪ Stérilisation ▪ Lavage des mains ▪ Stockage de la cup ▪ Les études scientifiques sur la cup et l'hygiène (le syndrome du choc toxique et les infections urinaires en particulier)
11h15	Partie 7 : discussions autour de la cup et récapitulatif sur les avantages / inconvénients de tous les produits existants <ul style="list-style-type: none"> ▪ Travaux de groupe : Est-ce adapté pour toutes ? (Déplacée ? Lycéenne dépourvue de sanitaires correctes ? Une personne non active sexuellement ? Une personne qui a des règles abondantes ? Une femme excisée ?) ▪ Les freins potentiels dans la communauté
12h15	Pause déjeuner
15h45	Partie 8 : partages d'expérience de Menstru'elles
16h45	Partie 9 : dotation en coupes menstruelles <ul style="list-style-type: none"> ▪ La communication et le soutien sur les 3 mois à venir ▪ Rappel sur les prochaines étapes possibles et le calendrier d'action ▪ Dotation des femmes en kits ▪ Distribution des certificats ▪ Photo de famille
17h	Clôture de l'atelier

Annex 2



AFRIC'UP: Ya Soma is a first of its kind menstrual cup pilot project in Burkina Faso.

Funding provided by Together Women Rise, International Foundation and individual donors.

BASELINE REPORT: PHASE I TRAINERS' WORKSHOP

AFRIC'UP: YA SOMA PHASE I TRAINING

PREPARED BY JEN RUBLI, DIRECTOR OF MONITORING AND EVALUATION

Sampling

The women in this group were purposely sampled to fulfil roles of community leaders promoting menstrual cups. They were all associated with an organisation already working in some area of women's health, had a base level of knowledge of issues, and able to be active leaders and teachers in their communities. Additionally, four women were already using menstrual cups. For this reason, they are not representative of the general adult population.

Data Collection

Data collection took place during the initial workshop, designed to introduce women to menstrual cups so they gain experience using them for a few months before beginning phase two, where they will train other women to use cups.

Questionnaires were distributed to 24 workshop participants; approximately six questionnaires were missing the fourth page, and no print shop was open, therefore we had a shortage of questionnaires. We attempted to distribute to participants who were menstruating, as there were several who had indicated they had reached menopause, or who were pregnant.

Questionnaires were paper/pencil format, and filled out during the course of the second day of the workshop, then collected at day's end.

Participants were given instructions on filling out questionnaires. They were encouraged to fill out all questions, but assured they could leave answers blank if they felt uncomfortable; missing data was minimum, and at random.

Results

Socio-demographics

Participants ranged from 20 to 61 years old, with a mean age of 34. All women had some level of education ranging from primary school completion (n=4) to university, with a mode = 11 for university, the highest level. The majority (n=13) were married, two were separated, and seven were single. Number of children ranged from zero (n=8) to four (n=2).

The majority (n=15) reported paid work, and several others (n=5) are students ranging from secondary school to university masters level.

All women were living/working in Ouagadougou, except for three (Koudougou = 2, Fada = 1).

WASH Facilities

WASH facilities at home were slightly better than at workplaces, however fairly good overall. The majority of women reported always or sometimes having a latrine, with doors and a lock, access to soap and water, toilet tissue, and light both at home and work; as squat toilets are the norm, toilet tissue is less common, but not necessarily an indicator of poor WASH facilities if there is clean water in the stall.

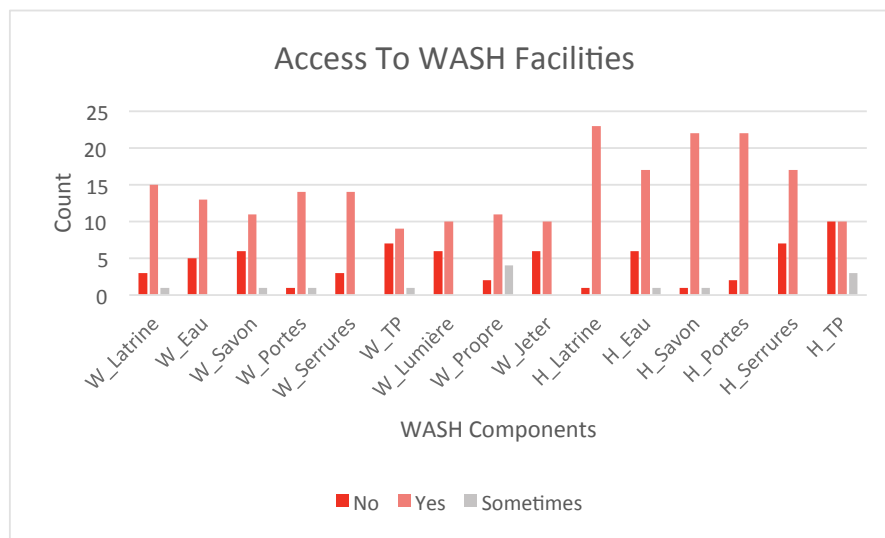


Figure 1: WASH facilities available to women at work (W) and home (H)

Menstrual Practices

The average age of menarche was 14.22 (SD = 2.11), which is consistent with findings in East Africa, whether collected from adolescents or adults. 29% (n=7) did not know what menstruation was at menarche, although the majority (n=14) say they knew it was normal. Respondents were evenly split on whether or not they felt they had enough information at the time to manage their period.

The most common sources of menstrual information were mothers (n=8) and friends (n=7); in East Africa it is commonly found that sisters and female teachers are the most common sources, suggesting that perhaps cultures in Burkina Faso tend to pass information more directly (mother-daughter) as opposed to the more common indirect (aunt/grandmother-girl) model in East Africa. Very few indicated learning about menstruation from either male or female teachers, which is typically found when a student experiences menarche at school.

The most commonly-used product was disposable pads (n=11), followed by fabric (n=6); this is consistent with findings in East Africa. Interestingly, a total of 8 women reported using a reusable commercial menstrual product (washable pads, period underwear, or menstrual cups), likely due to the presence of

project partners Menstru'elles and BARKA Foundation.

For those using disposable pads, the average cost per period is 500 CFA, or approximately \$1 USD. The vast majority dispose of them in the toilet (n=17).

For those using washable products, either commercial or homemade, they demonstrate good practices. Women report

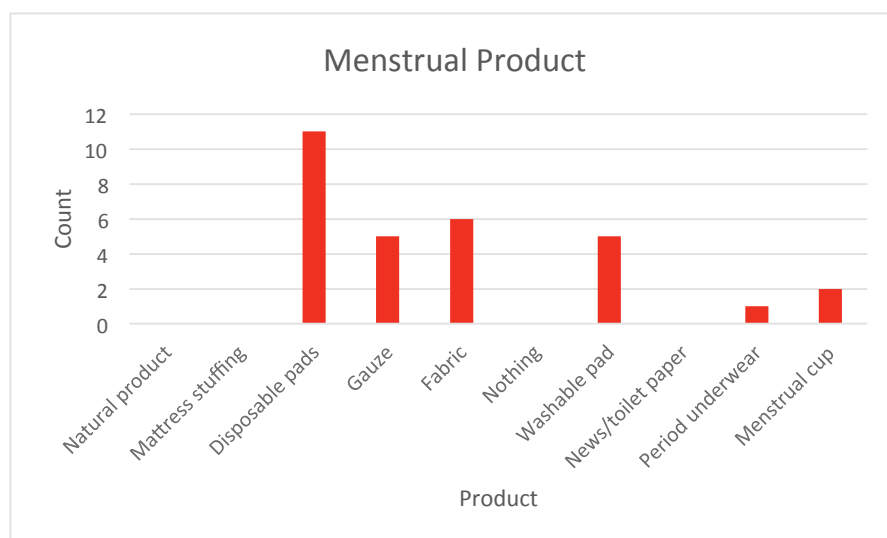


Figure 2: Menstrual products used by women during their last period.

washing with clean water and soap (n=22) and hanging to dry, either in the sun (n=9), in the sun but covered (n=5) or inside somewhere more private (n=9).

Participation

In general, women reported good participation in work activities during their periods, missing or leaving early on average less than one day per period. This is much better than is typically seen, and may be related to having good employment (and therefore ability to afford necessary resources) as well as the type of employment, related to women's health and therefore with some level of knowledge of the menstrual cycle and management, and perhaps even support from colleagues. Those using reusable products (cups, period underwear) are likely able to wear for longer than disposable pads or other homemade products, enabling them to remain at work or school for longer, and feel more confident avoiding leaks.

For those who do miss or leave early, the primary reason is menstrual pain, which is consistent with global findings. Two women were afraid of leaking, one woman was told to go home, and two lacked a menstrual product and left early.

Menstrual Health

Period length ranged from 0 to 7 days, with an average of 4.34 days, shorter than the globally-accepted 5-day average. However, we suspect a few post-menopausal women did fill out the questionnaire despite efforts to avoid this, which likely accounts for bringing down this average.

All respondents reported at least one symptom of PMS, up to a maximum of nine symptoms, and a median of two symptoms. Surprisingly, tender breasts were more common than cramping, which is generally the most commonly-reported PMS symptom.

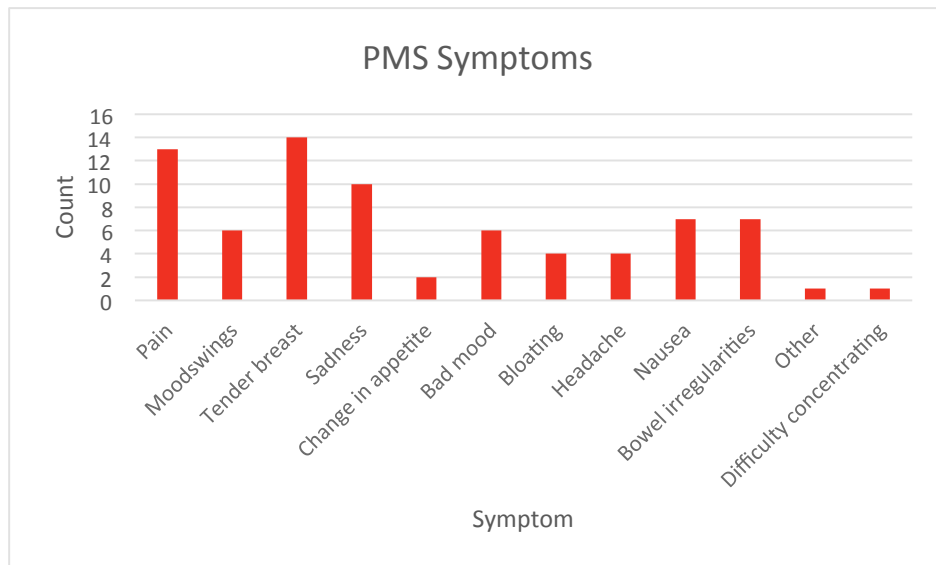


Figure 3: PMS symptoms experienced by women during their last period.

When it comes to urogenital symptoms of urinary and reproductive tract infections, results are much better than is seen in East Africa; this is likely related to better menstrual practices from products to washing, employment, and factors surrounding employment. Thirteen women reported no symptoms at all; the range of symptoms can be seen in the table below.

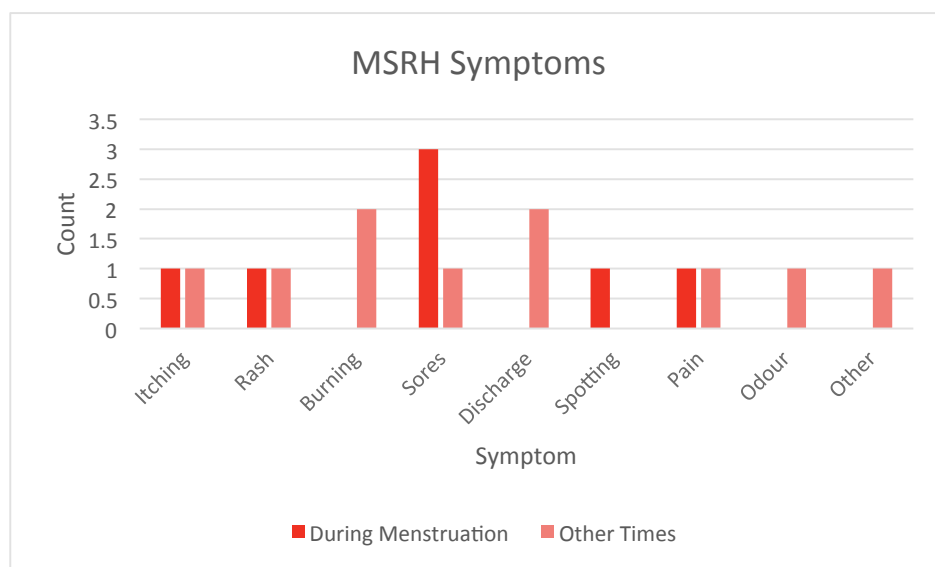


Figure 4: Vulval, vaginal, and urogenital symptoms reported by women during their last period.

Quality of Life

In general, women reported good quality of life and well-being during menstruation, with lower levels of anxiety and worry than is seen in East Africa; again, this is likely due to similar factors as MSRH symptoms and menstrual practices.

Women were split half and half on whether they experience shame during their periods. None reported menstruation affecting their ability to concentrate at work, which is a positive finding. Only four women reported feeling no confidence during menstruation, although many (n=14) suggested that sometimes this affects them. One woman stated that menstruation is a big problem for her, whilst twelve women said it was sometimes a problem, and ten women stated that menstruation, in general, was not a problem for them.

Annex 3

AFRIC'UP : YA SOMA | Promouvoir la coupe menstruelle au Burkina Faso

Un projet de :



Mis en œuvre par :



Avec l'assistance technique de :



Atelier de formation

Date : 27 et 28 octobre 2021

Lieu : Maison de la Femme (vers le SIAO)

Objectifs : transformer les femmes leaders associatives en ambassadrices de la Santé Menstruelle et de la cup dans leur communauté d'action

Jour 1

Heure	Programme
8h30	Accueil et installation des participantes <i>Signature de la feuille de présence</i>
9h	Introduction <ul style="list-style-type: none">▪ Mot de bienvenue et tour de table▪ Présentation de la suite du projet Afric'up : « ce que nous allons faire ensemble ! »▪ Présentation du programme de formation▪ Partage des attentes et définition collaboration des règles d'interaction L'expérience cup ! <ul style="list-style-type: none">▪ Tour de table sur l'expérience de chacune avec la cup▪ Exercice collaboratif : en groupe de 5 personnes, échangez sur l'un des thèmes suivants<ul style="list-style-type: none">○ « Ce que j'aurai aimé savoir avant d'essayer »○ « Mes conseils à partager » Restitution des travaux de groupe
10h30	Pause-café
11h15	<i>Distribution du manuel de formatrice</i> Partie 1 : Animer un atelier sur la GHM <ul style="list-style-type: none">▪ Votre rôle en tant qu'ambassadrice▪ Conseils pour une bonne facilitation▪ Conseils pour une bonne animation▪ L'agencement de l'espace▪ Réunir le matériel nécessaire (distribuer à chacune son « kit de démonstration »)▪ Communiquer avec les équipes Afric'up Echange : Discussion sur les stratégies pour sensibiliser et identifier les bénéficiaires dans sa communauté : qui ? comment ? pourquoi ? Comment et pourquoi impliquer les hommes ?
12h45	Pause déjeuner
13h45	Partie 2 : Animer la partie « Moi et mon corps »

<i>Pause café au moment opportun</i>	<p><i>Se référer à la partie 1 du Manuel « Moi et mon corps », présenter l'objectif de chaque session et demander à chacune de participer à au moins une session pour s'entraîner</i></p> <ul style="list-style-type: none"> ▪ Poser les bases ▪ Un mot ou sentiment à propos des menstrues ▪ Mes premières règles ▪ Mon corps, mes règles ▪ Comprendre mon corps ▪ Comprendre mon cycle ▪ Suivre mon cycle ▪ Quoi, où, quand ? ▪ Mes règles en bonne santé ▪ Mythes et réalités ▪ Les protections hygiéniques
17h	Fin de la première journée

Jour 2	
Heure	Programme
8h30	<p>Accueil des participants</p> <p><i>Signature de la feuille de présence</i></p>
9h	<p>Tour de table - Rappel des points clés du jour 1</p> <p>Partie 3 : Animer la partie « Moi et ma cup »</p> <p><i>Se référer à la partie 2 du Manuel « Moi et ma cup », présenter l'objectif de chaque session et demander à chacune de participer à au moins une session pour s'entraîner</i></p> <ul style="list-style-type: none"> ▪ Ma cup ▪ La bonne position de la cup ▪ Utiliser ma cup ▪ Hymen et virginité ▪ Garder ma cup propre ▪ Pour qui est la cup ? ▪ Retour sur « un mot sur les menstrues » <p>Présentation de la partie « Foire aux Questions »</p>
12h15	Pause déjeuner
13h15	<p>Partie 4 : la collecte de données</p> <ul style="list-style-type: none"> • Pourquoi collecter des données • La méthode de collecte de données (formulaire d'information, formulaire de consentement, questionnaire 1 et questionnaire 2) • Comment collecter les données • L'échantillon de répondantes (et la liste de présence aux ateliers mentionnant qui a répondu au questionnaire pour retrouver ces personnes 3 mois plus tard) <p><i>Pause café</i></p>
15h00	<p>Partie 5 : les prochaines étapes</p> <ul style="list-style-type: none"> ▪ Le calendrier d'action ▪ La logistique de formation (cup kits, rafraichissements, etc.)
	<ul style="list-style-type: none"> ▪ Les livrables et le paiement par tranche
16h	Clôture de l'atelier

Annex 4



Questionnaire individuel

Partie I: informations générales

1. Age : _____

2. Ville : _____

3. Niveau d'éducation:

Aucun	<input type="checkbox"/>	_____
Primaire	<input type="checkbox"/>	_____
Collège	<input type="checkbox"/>	_____
Lycée	<input type="checkbox"/>	_____
Université	<input type="checkbox"/>	_____

4. Etes-vous mariée ?

Oui	Veuve	Divorcée / Séparée	Non
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5. Combien avez-vous d'enfant? _____

6. Avez-vous un travail rémunéré ? Non ☐
 Oui (lequel?): ☐ _____

7. Combien de personnes vivent dans votre maison ? Total: _____
 Adultes : _____
 Enfants (moins de 18 ans): _____

8. Combien de pièces il y a dans votre maison ? _____

9. Encerclez les équipements présents dans votre maison :

Télévision	Radio	Téléphone	Point d'eau courant / robinet
Latrine partagée	Latrine privée	Electricité	Ventilateur

Partie II: accès à l'eau et aux sanitaires

Sur votre lieu de travail :

Y a-t-il des latrines au travail que vous pouvez utiliser pour vous changer ou vous laver pendant les règles ?	Oui	Parfois	Non
Vos latrines au travail ont-elles de l'eau que vous pouvez utiliser?	Oui	Parfois	Non
Vos latrines au travail disposent-elles de savon que vous pouvez utiliser?	Oui	Parfois	Non
Vos latrines au travail ont-elles des portes que vous pouvez fermer?	Oui	Parfois	Non
Vos latrines au travail ont-elles des serrures qui fonctionnent ?	Oui	Parfois	Non
Y a-t-il du papier toilette régulièrement disponible ?	Oui	Parfois	Non
Y a-t-il assez de lumière pour voir?	Oui	Parfois	Non

Est-ce que c'est propre?	Oui	Parfois	Non
Y a-t-il un endroit pour jeter un produit menstruel usagé autre que dans les latrines?	Oui	Parfois	Non

A la maison :

Y a-t-il des toilettes/latrines que vous pouvez utiliser pour vous changer ou vous laver pendant les règles ?	Oui	Parfois	Non
Disposez-vous d'eau dans la latrine ?	Oui	Parfois	Non
Disposez-vous de savon que vous pouvez utiliser?	Oui	Parfois	Non
Vos latrines ont-elles des portes que vous pouvez fermer ?	Oui	Parfois	Non
Vos latrines ont-elles des serrures qui fonctionnent?	Oui	Parfois	Non
Y a-t-il du papier toilette régulièrement disponible ?	Oui	Parfois	Non

Partie III : Histoire menstruelle

10. Quel âge aviez-vous lorsque vous avez eu vos premières règles? Age: _____

11. Saviez-vous ce que c'était quand vous les avez eu pour la 1^{ère} fois ?

Oui	Non
-----	-----

12. Que pensez-vous que c'était?

Malédiction		Maladie	
Blessure		Normal	
Je ne savais pas		Autre :	

13. Où aviez-vous appris cela?

Mère		Père	
Frère		Soeur	
Autre membre de la famille (femme)		Autre membre de la famille (homme)	
Enseignant homme		Enseignante (femme)	
Media		Amis	
Avis personne		Je ne l'ai pas encore appris	
Personne		Autre :	

14. Pensez-vous avoir suffisamment d'informations pour gérer vos règles lorsqu'elles ont commencé?

Oui	Non
-----	-----

Partie IV: Pratiques menstruelles

15. Au cours de vos dernières règles, qu'avez-vous le plus souvent utilisé pour gérer vos règles?
Cochez tout ce qui s'applique

Produits naturels (herbe, feuilles, etc.)		Rembourrage de matelas	
Serviettes jetables		Coton	
Tissu / chiffons / pagne		Rien	
Serviette lavable		Papier toilette, mouchoir, etc.	
Autre (lequel):			

15. Combien de fois par jour changez-vous votre protection menstruelle ?

1 fois	2 fois	3 fois	4 fois	5 fois	6+ fois
--------	--------	--------	--------	--------	---------

16. Pourquoi utilisez-vous cette méthode de protection ?

Je ne peux pas m'offrir d'autres méthodes		C'est confortable	
Mes amis l'utilisent		Je ne connais pas d'autres méthodes	
Autre raison		Car c'est la méthode que ma mère m'a enseignée	

17. Si vous utilisez des serviettes jetables, comment les obtenez-vous le plus souvent ?

Je les achète avec mon propre argent		Quelqu'un les paye pour moi*	
Quelqu'un me les donne*		Quelqu'un me donne l'argent pour payer*	

18. *Qui vous donne l'argent pour les serviettes?

Une femme de ma famille		Un homme de ma famille	
Mari / Copain		Une association	
Autre :			

19. Combien dépensez-vous chaque mois en serviettes jetables ? _____ FCFA

20. Lorsque vous utilisez quelque chose de jetable, que faites-vous habituellement pour vous en débarrasser ? Choisissez le moyen le plus courant.

Je le brûle		Je l'enterre	
Je le jette dans la latrine		Je le lave et le met à la poubelle	
Je lave et réutilise		Je mets dans la poubelle de la maison	
Je jette au dehors			

21. Lorsque vous utilisez quelque chose de lavable, comment le lavez-vous habituellement ?

Avec de l'eau		Avec savon et eau	
---------------	--	-------------------	--

22. Lorsque vous utilisez quelque chose de lavable, comment le séchez-vous? Choisissez le moyen le plus courant.

Au soleil		Je le pends à l'intérieur de ma maison	
Au soleil, sous un tissu		Sous un matelas	
Avec un fer à repasser		Au dessus d'un foyer de cuisson	

Partie V: Participation

24. Au cours de vos dernières règles, combien de jours de travail avez-vous manqué à cause de vos règles?

0 jour	1 jour	2 jours	3 jours	4 jours	5 jours	6+ jours
--------	--------	---------	---------	---------	---------	----------

24. Pourquoi avez-vous manqué d'aller travailler?

Douleur	<input type="checkbox"/>	Honte	<input type="checkbox"/>
Manque de protection	<input type="checkbox"/>	On m'a dit de rester à la maison	<input type="checkbox"/>
Manque de lieu où se changer	<input type="checkbox"/>	Peur de se tâcher	<input type="checkbox"/>
Mal à l'aise	<input type="checkbox"/>	Je ne manque pas le travail	<input type="checkbox"/>

23. Au cours de vos dernières règles, combien de jours de travail avez-vous quitté prématurément en raison de vos règles?

0 jours	1 jour	2 jours	3 jours	4 jours	5 jours	6+ jours
---------	--------	---------	---------	---------	---------	----------

24. Pourquoi avez-vous manqué d'aller travailler?

Douleur	<input type="checkbox"/>
Manque de protection	<input type="checkbox"/>
Manque de lieu où se changer	<input type="checkbox"/>
Mal à l'aise	<input type="checkbox"/>
Honte	<input type="checkbox"/>
On m'a dit de rentrer à la maison	<input type="checkbox"/>
Peur de se tâcher	<input type="checkbox"/>
Je ne manque pas le travail	<input type="checkbox"/>

Partie VI: Santé

44. Combien de jours durent normalement vos règles ?

0	1	2	3	4	5	6	7+
---	---	---	---	---	---	---	----

45. Au cours de vos dernières règles, avez-vous remarqué l'un de ces changements corporels avant ou pendant vos règles?

Crampes ou douleur		Sauts d'humeur	
Seins douloureux		Tristesse	

Gros appétit		Mauvaise humeur	
Ballonnements		Mal de tête, migraine	
Nausée		Diarrhée, selles molles ou constipation	
Autre:		Incapacité de se concentrer	

46. Au cours du dernier mois, avez-vous remarqué l'un de ces symptômes ?

Symptôme	Oui, je remarque avec mes règles	Oui, je remarque quand je n'ai pas mes règles	Non, je n'ai pas remarqué
Démangeaisons / irritation autour de la vulve			
Éruption cutanée / rougeur autour de votre vulve			
Brûlure en urinant			
Furoncles, lésions ou plaies autour de votre vulve			
Perte anormale (couleur, odeur, etc.)			
Saignements en dehors de la période de règles			
Douleur lorsque vous saignez ou urinez			
Mauvaise odeur de ma vulve ou de mon vagin			
Autre (précisez):			

Part VII: Confiance

47. Etes-vous à l'aise de parler à ces personnes de la menstruation ? Veuillez les encercler

Membre de la famille plus âgé	Homme	Femme	Aucun
Enfant	Homme	Femme	Aucun
Membre de la communauté / voisin	Homme	Femme	Aucun
Ami	Homme	Femme	Aucun
Mari/partenaire	Homme	Femme	Aucun

48. Pendant vos règles, ressentez-vous de la honte ?

Oui, toujours	Oui, parfois	Non, jamais
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49. Pendant vos règles, comment est votre concentration ?

Mauvaise	Pareil que habituellement	Pire
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50. Pendant vos règles, dans quelle mesure vous sentez-vous confiante ?

Pas du tout	Parfois	Beaucoup
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51. La menstruation est-elle un problème dans votre vie de tous les jours ?

Pas du tout	Parfois	Beaucoup
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Annex 5

SEPTEMBER 2022

MENSTRUAL CUPS IN BURKINA FASO: A TOOL THAT
CHANGES WOMEN'S LIVES

1. Summary

“I think that the menstrual cup is a tool that changes the lives of women.” (Interviewee # 2)

AFRIC'UP YA SOMA is a pilot feasibility and acceptability project designed to lay the groundwork for menstrual cup adoption and menstrual health programming in Burkina Faso.

Objective 1: explore and understand the processes for importing and implementing cups in Burkina

Objective 2: demonstrate feasibility, acceptability, and demand for cups

Objective 3: improve participants' menstrual, sexual, and reproductive health (MSRH) and participation in daily activities

Overall, the project was a great success. Participants were incredibly supportive of the menstrual cup as an invaluable tool that improved their lives across multiple domains.

“Thank you to [AFRIC'UP] for allowing us to get to know this product that changed our lives.”

2. Project Overview

AFRIC'UP: Ya Soma is a pilot menstrual health (MH) and menstrual cup intervention, implemented in Burkina Faso in 2021-2022. It was adapted from menstrual health programming conducted in Fada N'Gourma from 2017-2019 by BARKA Foundation (BARKA), in Ouagadougou by Menstru'elles and in East Africa by Femme International. It was co-implemented by BARKA and Menstru'elles, with technical and evaluation consultation by Femme International.

The BARKA Foundation (BARKA) is a UN-affiliated 501(c)3 organization based in the US and Burkina Faso where it has operated in Burkina Faso since 2006. BARKA implements a wide range of projects in water, sanitation & hygiene (WASH), menstrual health and gender equality, education and sustainable agriculture. BARKA has a deep understanding of Burkina's cultural context and extensive experience working with traditional, religious and government authorities.

Menstru'elles is a Ouagadougou-based social enterprise fighting 'period poverty' through increased access to affordable menstrual products and advocacy of sustainable MH programming. Femme International is an MH NGO in East Africa that uses education, distribution, research, and advocacy to ensure that menstruation is not a barrier for anyone.

The project used a community-based training of trainers (ToT) model. Intervention zones included Ouagadougou (Central Region), Koudougou (Centre-West), and Fada N'Gourma (Eastern Region). Twenty-eight female leaders from 14 local partner organizations working in the women's health domain were invited to attend a comprehensive two-day MSRH training and were introduced to the menstrual cup. Each participant was given a menstrual cup and taught to use it. Trainers then had four months to become comfortable using the cup (achieving what we call “cup confidence”), before returning for a more in-depth MSRH workshop to train the trainers (ToT) to train others. Twelve of the fourteen partner associations were invited to this 2nd training.

In the 2nd stage, trainers (now Cup Ambassadors) worked in pairs and were each responsible for conducting workshops in the languages of their local communities (there are 63 languages spoken in BF). Cup

Ambassadors recruited women from their own communities, and utilized networks connected to their associations. In all, 1,230 beneficiaries received MSRH education, along with menstrual cups at no cost.

3. Sampling and Data Collection

Quantitative questionnaires were adapted from Femme International's monitoring/evaluation/learning (MEL) tools and influenced by prior WASH surveys conducted by BARKA, along with guidance from local BARKA and Menstru'elles all-female project leaders and staff. Sociodemographic information from the Burkina Faso-specific PPI (Poverty Probability Index) was inputted, and the questionnaire was shortened and translated into French. The baseline questionnaire contained 34 questions, including socio-demographics and WASH questions; the evaluation consisted of 33 questions and included an additional section on cup usage. The questionnaires contain key menstrual health indicators, including participation in daily activities, MSRH, well-being, menstrual finances, and menstrual practices.

While both trainers and project participants were asked to fill out the questionnaire, this report contains data from community beneficiaries only. For analysis of the impact evaluation of the baseline questionnaire of the project's trainers (Africup Trainers Baseline Report) [click here](#). Questionnaires were completed at baseline, before taking part in the workshops, and then at endline, anywhere from three to six months post-workshop. Ideally, all endline data collection would have taken place minimum six months post-workshop, however logistical issues and project timelines precluded this.

459 women filled out baseline questionnaires; and 296 women completed follow-up questionnaires.

Focus group discussions (FGDs) were conducted twelve months post-workshop, with trainers (n=24), beneficiaries (n=22), and a forthcoming FGD will be held with stakeholders after the publishing of this report to explore attitudes towards cup usage, identify program successes and learnings, collect testimonials, and chart a course for potential scale-up and advocacy at the national level.

4. Results

4.1. Sociodemographics

Women ranged in age from 15 to 56 years of age, with a mean of 30.5 years. 26.9% had no education, 12.2% had completed primary schooling, 10.2% secondary, and 50.8% had completed post-secondary schooling, ranging from certificate and college programmes to post-graduate. Burkina Faso has a high fertility rate, which was not reflected in this sample: the number of children ranged from zero to eight, with a median of 2. This is likely linked to the high level of education reported, with 58.3% of women having paid employment, with jobs ranging from teaching, nursing, or professors, to seamstress, cleaner/washer, to selling fruit or vegetables in markets.

4.2. WASH Facilities

Poor WASH facilities - where women are unable to change their product, wash, and where there is no privacy and safety - are barriers to equitable participation at work, and women's economic empowerment and agency. This contributes to women leaving work or school early, as they are unable to safely and hygienically change their product and/or wash during the course of the day. For those who

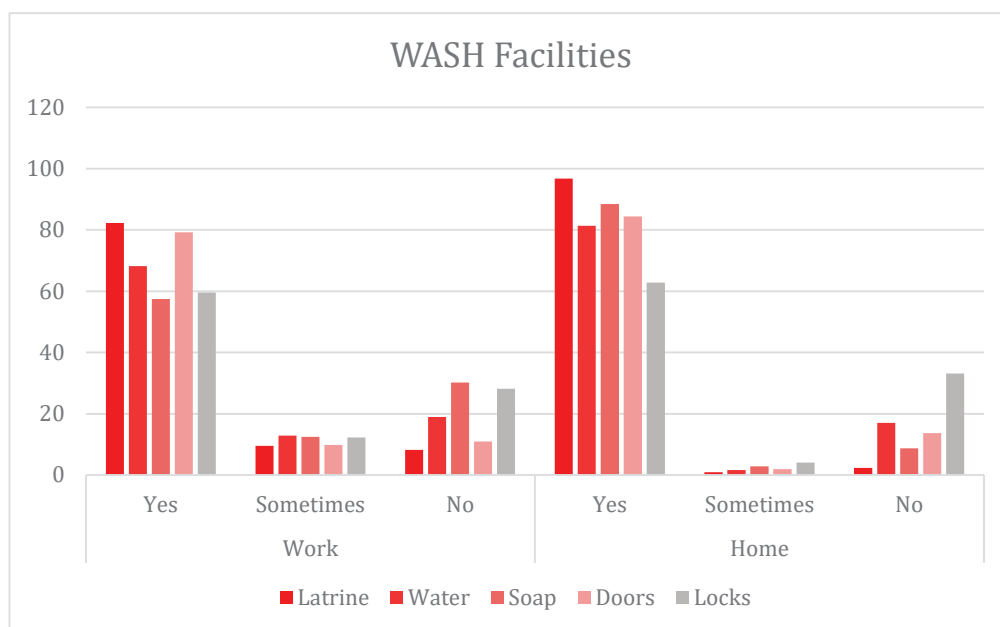


Figure 1: State of WASH facilities at home and at work

live close by, they may be able to return to work; however, those with a longer commute can miss out on a day's income.

Overall, access to (menstrual-friendly) WASH facilities both at work/school and home for the women in this pilot is fairly high compared to national and regional levels. This is likely because this pilot project was conducted in an urban area. Home settings are consistently slightly higher than work ones, a very normal phenomenon. Just under 60% of women reported workplace WASH facilities always equipped with soap, which while lower than other components, is actually higher than is often seen in lower-income African countries.

The lack of locking doors is often more problematic, as lack of privacy can endanger women, especially in public places. It should be noted that, depending on the type of facility in the home, locks may not be necessary.

4.3. Menstrual Practices

The average reported age of menarche among respondents is 14.30 (SD = 1.89), which corresponds with means from Eastern and Southern African countries. At menarche, 48% of women said they knew what it was, and that they had enough information to manage it.

Unsurprisingly, women's product usage changed drastically before and after the project. At baseline, the most common products were disposable pads or various types of fabric, aligning with findings across Eastern and Southern Africa. The more urban a setting, the more common disposable pads tend to be. This is due both to availability in shops (disposable pads are stocked), as well as affordability (urban incomes are typically higher than rural incomes).

At endline, 77.55% of participants reported using the menstrual cup during their last period. Given that, endline was less than six months post-intervention for all respondents, evaluation at six or twelve months would likely have shown an even higher percentage. Women reported taking anywhere from

one to three cycles to get comfortable using the cup. Once used to the cup, women reported it being extremely comfortable, like not wearing anything, and even being able to forget they were wearing it.

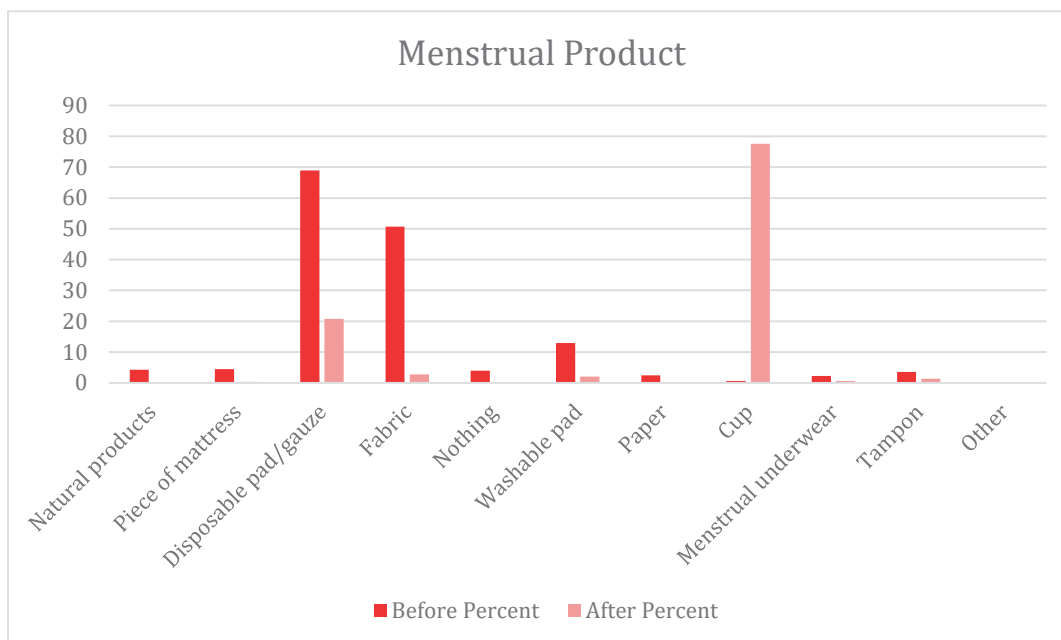


Figure 2: Utilisation of menstrual product during last period.

During FGDs, women spoke extremely highly of the cup, of its advantages over previous methods, citing factors such as fewer odours, less leaking, cost savings, and even environmental impact of less waste disposal. Ease and practicality around the cup was the most common reason for promoting the cup, for themselves and others. The length of time a cup can be worn (up to 12 hours) also made for a distinct advantage because it resulted in fewer sleep disturbances from the need to change a menstrual product or deal with leaks.

Beforehand, the most common reason given for usage of a particular menstrual product was comfort/practicality, and familiarity (the method taught by their mother). Other important reasons were lack of knowledge of other options, and lack of access to other options. Accessibility includes cost constraints, availability in shops, and having the time and means to travel to the shop in order to purchase. In addition, if there are only male clerks, or groups of men loitering in the vicinity, women may avoid making purchases.

At baseline, women using a washable product reported using water only (4.3%), water and soap (79.1%), water and bleach (8.6%), and water and laundry detergent (7.9%) to wash a reusable product. At endline, 79.2% reported using water and soap, while 20.8% reported using water alone. This sharp increase of water alone, typically regarded as an unhygienic practice, is very likely related to the large proportion of women using menstrual cups, whose cleaning requires boiling with water alone. It is therefore extremely unlikely that this finding indicates a rise in unhygienic practices, but instead reflects the switch to menstrual cup usage, and recommended hygiene practices.

4.4. Participation

Menstruation often restricts people's ability to participate in daily work activities for numerous institutional, structural, cultural, and individual reasons. These range from religious or cultural prohibitions on entry to places to interacting with types of objects. Produce, food, and farm animals are common objects, with myths about wells or cows' milk being poisoned or drying up, plants or crops

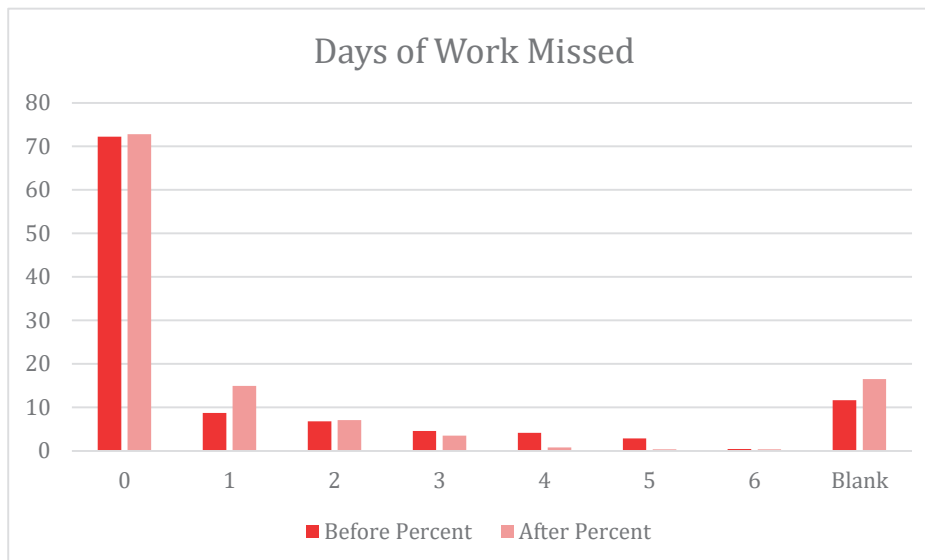


Figure 3: Number of days of worked missed because of menstruation, during last period.

dying, or food preparation being poisoned if done by a menstruating woman or rendering those who eat it infertile. Given the large proportion of women in lower-income and rural settings whose livelihoods depend on farming, cooking, selling fruit and vegetables, etc., this becomes a significant burden and disadvantage.

Days of work missed due to menstruation is one component of the participation indicator. Our results show that the majority of women are not missing much work or other daily activities because of menstruation. This is a more common finding in urban areas, which tend to contain women with higher incomes who work higher-income jobs, have higher education, and are better able to afford higher quality menstrual products and other menstrual needs. WASH facilities are also typically more prevalent in urban contexts. Post-intervention, we can see a slight decrease in the number of days of work women are missing. This pattern is also seen in number of work days where women left early because of menstruation.

Globally, pain is the number one reason women and girls give for missing work, which is reflected here. Of note is the decrease in the proportion of women who report this as a reason, suggesting the project



Figure 4: Reasons given for missing work during last menstrual period.

was effective at reducing menstrual pain. Other notable reasons often include WASH facilities that are not menstrual-friendly (no water, dirty, not private, pay access); this also precludes women from changing their product during the day, forcing them to leave early when they otherwise could have stayed. In keeping with results from other MH programming, it is also not uncommon for the more severe pain category to decrease, with respondents now falling into this less severe 'not well' category.

As the figure shows, there is a decrease in the number of days of paid work that women missed, post-intervention.

Post-intervention, only one participant reported shame preventing her from participating in daily activities, compared to ten at baseline. There was an increase in the proportion of women reporting 'not feeling well', a sort of general malaise, low-energy sensation that is not necessarily pain, but is nonetheless familiar to most people who menstruate. Some people also experience bowel symptoms, headaches, dizziness, and other symptoms that also fall into this category.

There was also a slight increase in the proportion of those who fear leaking. This is likely because most endline data collection took place less than six months post-intervention, and research shows that cup usage and confidence in usage need to be measured at minimum six months, with results improving over a one year period. Cups take time and practice.

4.5. Menstrual Finances

Managing menstruation is expensive, requiring an extra output of financial resources not just for disposable pads (if that is the product of choice), but also extra water and soap for washing the body, washable products, and potentially stained clothing or bed linens, analgesics, more expensive modes of transport due to pain or discomfort. On top of that, there is often missed income due to lowered productivity, concentration, or presence at work.

Expenditure for disposable pads per period ranged from 0 CFA to 3,000CFA (~\$5 US), with an average of 679 CFA (~\$1 US) being spent per period. At endline, the average spent on disposable pads rose; however, there was a marked decrease in the number of women actually purchasing disposable pads. It may be that those women with very heavy flow prefer to use disposable pads, accounting for the higher average, but given how rarely this is measured, more exploration is required.

In FGDs, women ranked an improvement in menstrual finances (saving money as a result of cup usage) as second in a list of importance for cup usage, and in encouraging others to use cups.

Women were also highly receptive to and supportive of expanding cup access. Questions related to market development, pricing, sales and willingness to pay were discussed. Women agreed that cups sales are feasible, but that within the context of the project and sensitization sessions, cups should be given for free because women won't buy them if they're not familiar with them. For that reason, mass media was suggested as a way to familiarize families, especially men (who are the primary financial decision makers in Burkina) with cups to provide legitimacy and credibility. In relation to cup pricing, suggestions ranged between 750 (\$1.50 US) - 6,000 CFA (~\$12 US). They estimated customers being able to afford a price point between 1,000 (\$2 US) - 2,000 CFA (\$4 US). It should be noted that Menstru'elles is currently selling the Sirona Cup, used in the pilot, on the open market at a price of 6000F CFA.

4.6. Health and Well-Being

We measured both physical and psychological indicators of health, taking a holistic approach to what truly constitutes wellness.

Globally, menstrual pain remains the number one reason people miss work, school, social, and other daily activities during menstruation, as reflected in Figure 4 in section 4.4.

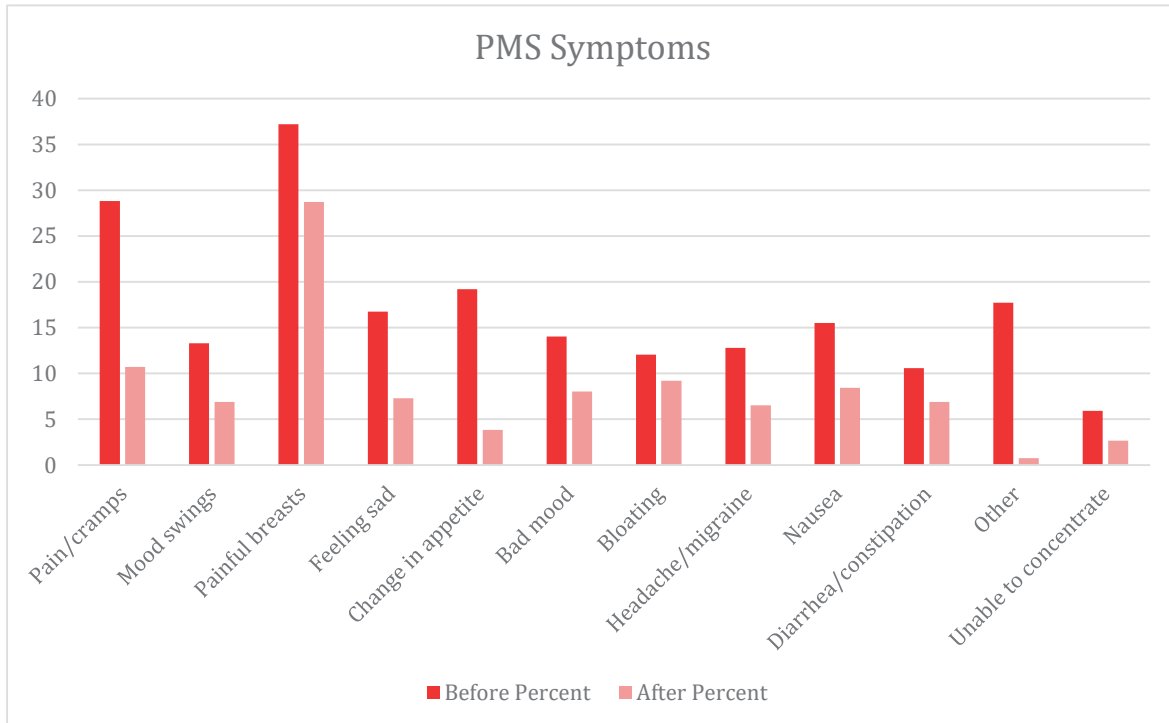


Figure 5: Reported PMS symptoms during last menstrual period.

PMS symptoms, including pain, can be absolutely debilitating. At baseline, women reported experiencing up to 11 symptoms. As Figure 5 shows, women's experience of all PMS symptoms decreased post-intervention. This occurs through several mechanisms; the educational workshops provide many practical tools and techniques that enable participants to better manage their periods, including pain management and dietary adjustments. The information also eases much menstrual-related anxiety, which decreases pain and other PMS symptoms.

Additionally, understanding what is normal and a common experience decreases anxiety and worry. An interesting trend was observed in reporting of MSRH symptoms, in that post-intervention, a higher proportion of participants reported experiencing most of these symptoms. While a marked decrease was noted in itching/irritation and rashes/redness, all other symptoms increased post-intervention. In FGDs, however, trainers and women reported fewer MSRH issues as a result of cup usage.

"The cup very much supported me, because I've had problems with disposable pads, and there already exist rumours that disposable pads are carcinogenic, and we seek new methods of protection."

Interviewee # 4

For example, one trainer noted how previously, after each period during which she used disposable pads, she required treatment for an unspecified reproductive tract infection that included abnormal vaginal discharge, whereas since using the cup, this has stopped completely.

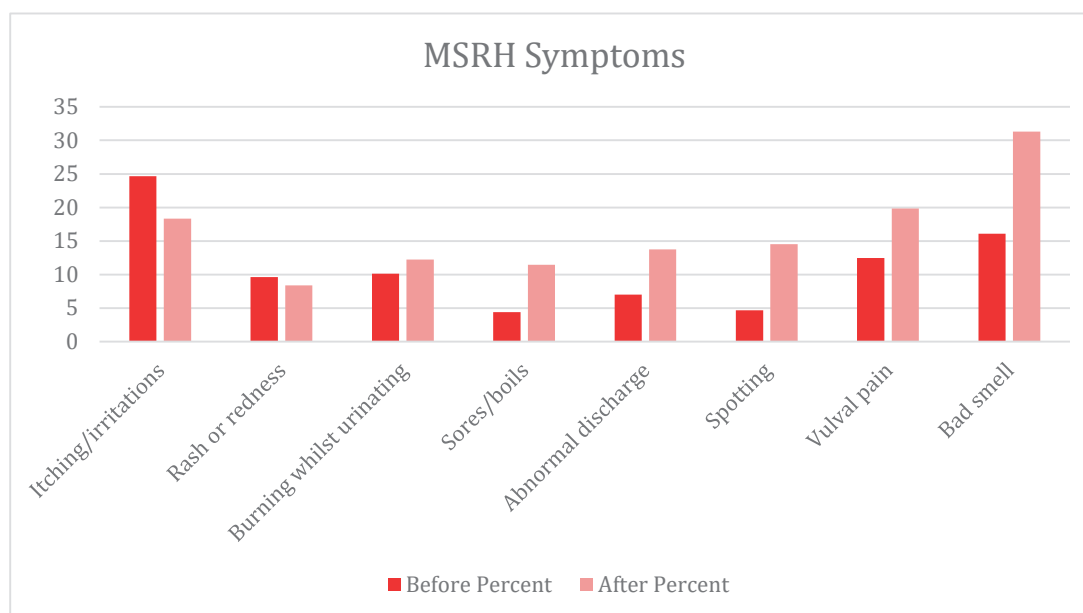


Figure 6: MSRH (or vulvo-vaginal) symptoms experienced during last menstrual period

MSRH results were uncommon, and there are several likely explanations and mechanisms of action for this. One contributing factor that has been observed in Eastern and Southern Africa is that an increase in knowledge, in understanding what is in fact normal and abnormal during menstruation, results in more women realizing the issues they are experiencing are not, in fact, normal, but problematic. At baseline, they may then report more MSRH symptoms than at baseline, simply from understanding those symptoms are in fact an issue. Added to this, many symptoms associated with menstruation, both in terms of PMS and MSRH symptoms, are considered to be normal, a part of life, and something sufferers need to toughen up and accept. With increased knowledge, women often realize this is not the case. More needs to be understood about resultant care-seeking behaviors as a result of this learning, alongside improving health systems' referral systems and quality of menstrual-related care.

The quality of the disposable pads that companies ship to Africa tends to be lower than the same brand in a high-income country. Additionally, many of the disposable pad brands that are affordable in Africa are lower quality in general. Many women and girls report itching, burning, rashes, redness, and irritations as a direct result of using commercial disposable pads. These are the symptoms that decreased in this project population (Figure 6).

In terms of well-being, a marked improvement was observed. At baseline, 57.6% of participants reported sometimes or always feeling shame during menstruation, while at endline, an impressive 74.4% reported feeling zero shame. Even more so, 61.1% of women said that menstruation was no longer a problem for them, a jump of nearly 20% compared to baseline.

5. Conclusion and Recommendations

This project population was urban, which is quite clearly reflected across indicators – e.g., high education levels, fairly good WASH facilities, and high disposable pad usage pre-intervention. The women in the sample were better able to manage their menstruation at baseline, which also accounts for some of the results that do not show a large pre/post difference, or even show a difference in an unexpected direction. Added to this is that most women had only used the cup for one to three cycles, and long-term outcomes such as health tend to start demonstrating improvements after six months. Additionally, interventions in more rural areas show much more striking differences and improvements, as women and girls tend to struggle much more in resource-poor environments – an important consideration in programme expansion.

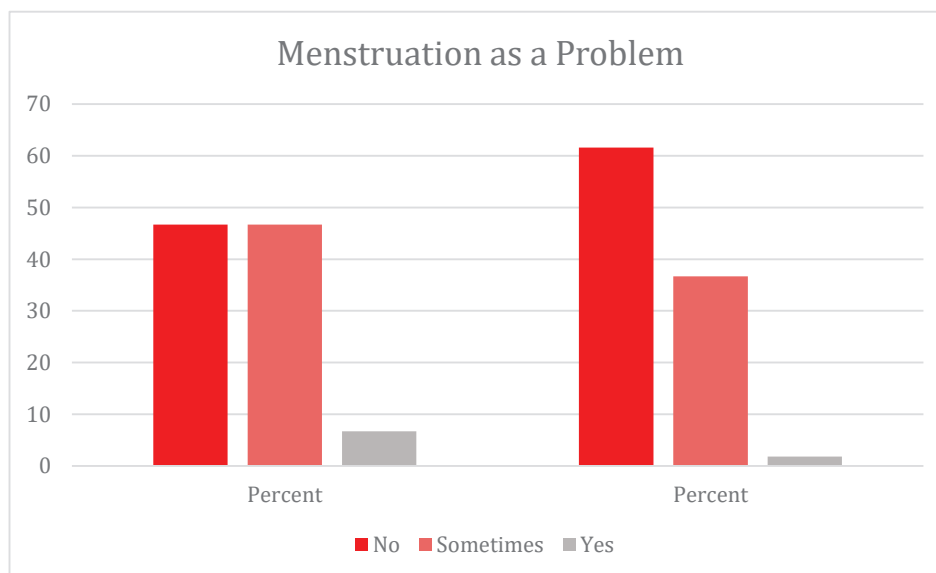


Figure 7: Menstruation as a problem.

Overall, however, this project showed very positive results. Knowledge was not an indicator included in the evaluation, however many participants and trainers alike spoke highly of the workshops and what they learned. Levels of knowledge around menstruation, especially more practical information, tend to be very low, and a basic understanding of what menstruation is, common signs and symptoms, and easily-accessible tools for management is often lacking. Many women and girls experience a decrease in menstrual-related anxiety from the simple fact of learning that much of what they experience (bleeding, PMS, pain) is normal and common, and they are not alone in their experiences or struggles. Given the negative feedback loop that anxiety has with pain, this then contributes to participants experiencing less pain during menstruation, with a resultant increase in ability to participate in daily activities.

Not only was there an increase in participants' ability to participate in daily activities, including income-generation activities, there was also an increase in their comfort while doing so. The combination of menstrual cups and information provides women with the tools to manage pain and other debilitating PMS symptoms. Women feel less shame, less menstrual-anxiety, and less pain, a cycle that continues to decrease the negative experience. They are also more aware of myths and taboos that previously restricted their participation in income-generating, religious, or social activities. Because cups can be worn for up to 12 hours, finding clean and safe WASH facilities becomes less of a

"The cup has greatly improved my life, because before I could not concentrate at my work, but now I can."

Interviewee # 5

burden, and so women can stay at work all day, travel more easily, or participate in a social event.

Very little is known about the prevalence of menstrual-related disorders in Africa, although anecdotal and coincidental data such as this suggest it is high. Additionally, STIs disproportionately affect women. The MSRH symptoms that showed an increase post-intervention are those that typically suggest a diagnosis of an STI or menstrual-related disorder such as PCOS, fibroids, or endometriosis. More needs to be done to explore disease prevalence, subsequent burden, and improve availability of diagnostic and treatment facilities.

Well-being is a complex and subjective indicator, and we measure this by including participation, comfort, MSRH, shame, confidence, and personal experiences. The proportion of women reporting shame, a negative and stigmatizing emotion that contributes to anxiety and pain, decreased significantly post-intervention. Programming with a greater focus on the supporting environment, targeting cultural and religious taboos and myths that perpetuate shame and stigma, and programs that include men in order to tackle patriarchal social norms and structures would even further decrease women's experiences of shame, while simultaneously improving their ability to participate in daily activities.

All participants highly recommend the menstrual cup, and continued expansion of programming and availability, including in rural areas. They advocate for selling of menstrual cups, specifically through existing networks such as health centers and pharmacies; short information sessions on usage and key themes should accompany sales. They suggest media campaigns for knowledge dissemination and general sensitization along with celebrity endorsements for increased legitimacy, as well as more inclusion of men who tend to be

"The cup completely changed my life, it changed my daily life and how I manage my period. With the cup, I am at ease."

Interviewee # 2

(financial) decision-makers. For those who are reluctant or fearful - a common initial reaction - trainers spoke of sharing their stories and experiences with the cup and how it changed their lives. They consistently say that men should be more involved, while also insisting that they will not present a barrier to menstrual cup usage and availability when provided with the relevant information. Men tend to be pragmatic, and when presented with a more economical option such as cups, are supportive and even eager. Women also want more workshops with more comprehensive MSRH information. Trainers and beneficiaries reported recommending the cup and sharing information about menstruation with their sisters, daughters, mothers, and other female family members, and friends.

Menstrual cups are a transformative tool in the lives of women and girls. They represent freedom – freedom to move around, to exercise, to earn money. They bring freedom from shame. Menstrual cups are an invaluable tool that should be accessible to all women who wish to use them.

"I congratulate the implementers of this project, and encourage them to continue so that other women can have this beautiful thing that I have been given the chance to have."

Interviewee # 3

Annex 6

Report on the focus group with the beneficiaries

Agenda

- 1) Presentation of participants
- 2) Questionnaire on the use of the cups
- 3) Collection of video testimonials from the various beneficiaries

The meeting began with the introduction of the participants; then the presenter made a brief reminder of the objectives of the project and the questionnaires:

What did you like about this project? What didn't you like? What can we improve for next time?

Answers: The discovery of the cup; the fact that the cut reinforces vigilance on cleanliness and hygiene; economy and the end of irritations; the follow-up of the ambassadors.

What we didn't like: the difficulties in inserting the cup; thinking the cup will become hard over time; the misunderstanding of certain aspects, in particular the sizes of the cups; sometimes the irritation and leakage caused with the cup, the smell of the cup.

1- About the cup

a-) What were the 1 or 2 most important points of the cup to convince you to use it?

Answers: Economically, no chemicals, no more irritation and odors; the fact of being comfortable with the cup, the fact of no longer having to use disposable pads, the fact of no longer having infections and you can also and above all urinate without leaking.

b-) How important is the following to you:

- 1°) Economic factors (not having to pay for the products monthly)
- 2°) its durability for ten years
- 3°) hygienic aspects
- 4°) Ease of cleaning
- 5°) The absence of leaks
- 6°) Environmental advantages
- 7°) The fact that you can wear it all day at work or all night
- 8°) Something else?

Answers: End of odors, the economic aspect; no longer having to shed blood with disposable towels, many environmental advantages (the service toilets are not suitable for disposable pads); no longer having to wake up at night to change cotton; with the cup we work quietly without having to change each time; sleep is no longer disturbed.

c-) Did you encounter any obstacles to using cups?

Answers: insertion problem; the edges of the cup are a bit thick

d-) Did you take a long time to start using the cup or did you use it right away?

Answers: 3 days; 2 months; 3 months.

e-) How long did it take you to feel comfortable?

Answers: 2nd month; 2 days

f-) What prompted you to persevere?

Answers:

- Curiosity and willingness to change hygienic material

- The testimony and encouragement of those who have already used it.

g-) What would you say to friends who do not use the cup or who have problems?

Answers: sensitize, encourage, inform and sensitize men

h-) Have you used it continuously since you received it?

Answers: yes continuously.

i-) Did your husband/boyfriend have any opinions about the cup and you using it?

Answers: yes, he wanted to know if it was reputable since he had never heard of it, most didn't care.

j-) What would be a good way to spread?

Responses: raise awareness; inform and train; encourage and emphasize the benefits of the cup.

k-) Would a major media campaign (TV, radio and events) be a good way to make women aware of the cups and to start accepting them?

Answers: Yes of course; this makes it possible to give the right information to each other; also, to ensure men; add more credibility.

l-) Are there any public figures, celebrities, role models who would be important to get a testimonial to increase adoption?

Answers: Mili Marta; Hypolite Wangrawa (M'Ba bouanga); Tanya; Amety Meria; Fleur, l'homme de savane...

m-) Do you have any suggestions for other strategies to expand the project?

Answers: work with the CSPS (maternities); work with people and structures involved in MHM; go to the provinces.

2) About training

a-) What was your experience of the training you received on cups?

Answers: the discovery of the functioning of their bodies and the reproductive system of women.

b-) Was it enough?

Answers: yes it was.

c-) Did you learn anything from this training?

Answers: the discovery of the woman's body, for example some women did not know that their urinary orifice was different from the vaginal orifice; control of the menstrual cycle; information on the material of the cup; more information on women and MHM.

d-) What could we do next time to improve the training?

4) About the development of a market for the cups?

a-) Do you think the women in Burkina Faso would buy the cups?

Answers: yes, it would be very economical for them.

b-) How much would you be willing to pay for a cup?

Responses: 1000; 2000; 2500; 3000; 5000; 6000; 750

c-) How much do you think women in Burkina Faso can afford the cup?

Answers: 2000; 1000

d-) Where would you feel most comfortable buying cups?

Answers: CSPS; ABBF; supermarkets; pharmacies.

e-) Will you consider selling cups within your structure?

Answers: Yes, with explanations from Esther who is the representative of Menstru'elles who already sells the cups in Ouagadougou.

Conclusion

The meeting ended with some interviews with women who have already used the cup. Many of them were willing to give their testimonies. These videos are available upon request.

Annex 7

Friday August 12th, 2022
Report on the focus group with the trainers
Agenda

- 1) Presentation of the participants
- 2) Presentation of the basic survey of trainers
- 3) Open discussion of the results
- 4) Presentation of beneficiaries initial and final survey
- 5) Open discussion of the results
- 6) Lessons learned during training
 - a) Assessment of the use of the cup (questionnaire)
 - b) Training report (questionnaire)

1) Presentation of the participants

All the 24 participants initially planned (to be determined) were able to take part in the focus group, however, two missing women were reported. (Attendance list)

2) Presentation of the baseline survey

Data collection was carried out during the first phase (pilot workshop) in the form of a questionnaire. In addition, the study targeted associations working in the field of hygiene and reproductive health, which greatly influenced the results obtained. In addition, most beneficiaries had a high level of education.

3) Open discussions of the results

This point was unanimously agreed upon by all the participants, supported by a few testimonials. All the ambassadors approved the results given and recognized themselves in the results.

Some testimonials: Mrs. Yameogo: I recognize myself in the results for disposable pads because I save more money with the cup.

Mrs. Lingani: "I recognize myself in the results because I had all the information I needed for my good health, and I am saving money. I no longer have any irritation, there is more fluidity with the cup, it is practical".

Mrs. Bah/Diallo: "I recognize myself through my daughter; since she uses the cup she is no longer stressed during her period and has no more irritation and no more odors".

Ms. Ouédraogo: "If possible, publicize the project in the media because the cup is really very beneficial and deserves to be known by all women. Also take men into account in the project".

4) Report of the impact of the project on the beneficiaries

The majority said they did not miss work because of menstruation; some were absent before knowing the menstrual cup but after the 3 months of use of the cup there was a decrease in the absences noted. Also, women spend less money on disposable pads after receiving the cup. As far as health is concerned, there is a decrease in the itching of rash infections after using the cup. More women report that menstruation is no longer a problem in their daily life after using the cup and can concentrate on work during menstruation. Some even (74%) do not feel ashamed during their period (against 42.2% before).

5) Open discussions and organization of the beneficiary focus group

At this level, some participants said they had helped (illiterate) women to complete their questionnaires, so they recognized the results presented. In general, women appreciated the results announced. Regarding the organization of the discussion group of beneficiaries, it was proposed to bring two beneficiaries per association and accompany them, if possible, by one of the ambassadors for their effective participation and that they are reassured. And then the beneficiary would participate in the FGD on their own (without presence of trainer which could influence their responses and the results).

6) Lessons learned

a) Assessment of the use of the cup (questionnaire)

1- What worked well in the project?

Answers: the discovery of the menstrual cup

The choice of associations

The discovery of the functioning of the body, the reproductive system and the course of the menstrual cycle.

2- What did not work so well with this project? Or what can be improved?

Responses: the questionnaires were too bulky; revisit questions in the future (e.g. avoid questions that are too private)

Insufficient material (tarpaulins, chairs, pens) during trainings they gave in the community.

Also, to sign contracts and partnerships directly with associations rather than individuals.

Write on the bottom of the packaging that the material is made of silicone

Re: the size of the cups, the choice was not always suitable, as most cups were Large size and there were very few small size. We actually need more small and medium cups because given the high incidence of FGMC and other risks concerning pregnancy, Caesarians are far more common and many women are not giving birth vaginally.

- It should be noted that Sirona makes cups in S, M and L, and Elodie and Jen determined that most all cups for the pilot should be Large size (despite my objections) with a small amount of S sizes for adolescents/daughters.

3- What convinced women that it was worth trying?

Answers: the testimony of a first woman who had already used the cup

The experience with Menstru'elles

Free cup

The absence of leakage

The durability of the cup

The economic and hygienic aspect

4- Did the beneficiaries use the cup?

Answers: yes

5- What obstacles to using the cup have you witnessed?

Answers: leaks, fear, heavy periods / size of cups (looks too large)

6- Have some stopped using it or resisted using it at first?

Yes, for fear of being sterile, of the size of the material, the stem of the cup, fear of the unknown, hesitation and problems with insertion.

7- Is there resistance linked to religious affiliation? : Nope

8- Would a major media campaign be a good way to introduce the cup in Burkina?

Answer: Yes of course, my husband said he wouldn't believe the cup is worthwhile until he sees it on TV. It adds credibility and legitimacy.

9- Are there public figures of celebrities who

Answers: Yes; Proposals: Minister of Health, CEO of Burkina info, Malika the slammer, Miss Tania, Amety Méria, Rovane, Maria Bissongo, Mai Lingani, a male artist or a lambda citizen, a family.

10-Do you have any suggestions on other strategies to successfully introduce the cup in Burkina Faso?

Answers: Include men in the project

11- Is there anything we could do differently to support women who have struggled?

Responses: Encourage women who find the material to be foreign (many thought it was plastic and would dry/harden inside them) and the place of sensitization, keep the associations as focal points, make associations a coalition in the hygienic management of menses, make recycling for training and awareness, provide a margin for snacks and the index cards

12- For those who have used the cup:

What was the most difficult in learning to use it and what pushed you?

Answers: Fear of the unknown, problem removing the cup, but perseverance made it possible to resist and also curiosity.

13- What would you tell friends who do not use the cup or who have problems?

Answers: Overcome fear, communicate a lot about the product and its qualities

14- Were women of certain ages receptive to the cup?

Answers: Women who had already given birth were more receptive than young girls; some young girls were less receptive because of the problem of virginity.

15- How can we better support them?

Answers: Provide cups in large quantities, especially small ones.

b) Training report

1- Were the two training courses sufficient to carry out your tasks?

Answers: Yes, the two formations gave us a lot of good information, we got much out of it; in addition, there were the necessary documents: but the language problem sometimes arose (there were issues of understanding when Jen led the 1st training in her Canadian French. This was resolved in the 2nd training in which we had our local leaders from BARKA and Menstru'elles lead the training- this was an early lesson learned, teach in the local language with local female leaders- a point we should note in grant submissions re: our approach).

Recommendations: spread the training over several days to better assimilate

2- Did the training give you the necessary skills to master the use of the cup?

Answers: Yes, but we would appreciate even to focus more on information on the menstrual cycle.

3- Do you have any suggestions for how to improve the training material?

Answers: Innovate the packaging: make it more aesthetic, add contacts, problem the size of the posters.

4- What could you do better next time?

Answers: Go to supermarkets for raising awareness (markets for example). Leave the latitude to the ambassadors to choose the places of awareness. Go to a peri-urban area (not subdivided) for training. Find a demonstration dummy for wearing the cup.

5- What lessons have you learned about setting up your own workshops to train women on menstrual health and cups?

Answers: Controlling the number of beneficiaries and the cups. Follow-up of women after training.

6- Were there any logistical problems that made it difficult to set up the training?

Answers: Problem with rooms, chalk, pen, tape to hang posters.

Also request for more cups for friends and family, and greater availability of different sizes of cups.

7- Do you think the cup is a feasible product for women in Burkina Faso? Yes

8- How much will you be willing to pay for a cup?

Answers: 50, 1000, 2000, 2500, 3000, 4000, 5000, 6000. The trend was more for 3000 with n=4

9- How much do you think women can really pay for the cup in Burkina Faso?

Answers: Rural and peri-urban areas: 750f - 1500f (\$1 - \$3) with state subsidy.

Our sirona cup is currently sold by menstruelles for 5000f (\$10) and a cup from France is sold for 10,000f (\$20).

10- Where should the cups be made available to women?

Answers: Associations, pharmacies, CSPS and clinics, supermarkets and women's centers in the regions.

11- Do you plan to sell cups and earn a commission on each sale? Yes

Explanation by Esther de Menstru'elle.

-About the expansion project

12- Could this program work in peri-urban or rural areas? Yes

13- What changes should take place for it to succeed?

Answers: Raise awareness. Subsidy by donors or the State

And to reach less educated women with less access to drinking water.
Important to reach out to students and teenagers

14- What are your thoughts on how to extend this to 75,000 women in Ouaga?
Answers: Invite other associations. Go through women's coordination in the regions to extend the project. Create a coalition of associations on the menstrual cup.

15- Do you think it is a feasible idea to distribute cups in high school universities:
Answers: yes, and we could strengthen the kits by adding a container for water.

16- Do you have any other strategies on how to distribute the cups?
Answers: Use social networks and organize film debates.

17- Do you think the cups should be sold if we extend this project to 100,000 women?
Answers: You must sell but at a lower cost (1000F) and you must reach more than 100,000 women to hope that 100,000 women will buy the cup.

Annex 8

SOME QUOTES FROM PARTICIPANTS IN THE TRAINING (FROM THE WHATSAPP GROUP)

Bonjour la famille et bon début de weekend sous une pluie merveilleuse. Je viens vous informer que j'ai utilisé ma cup hier et je n'ai pas trouvé de difficulté pour la mettre et même pour la retirer. La cup est géniale pour moi. Maintenant mon inquiétude est ce que à la longue, il n'y aura pas de problème ? Merci et excellent weekend à tous.

Hello family and good start of the weekend under a wonderful rain. I just wanted to let you know that I used my cup yesterday and I didn't find it difficult to put it on or even to take it off. The cup is great for me. Now my concern is that in the long run, there will be no problem? Thank you and have a great weekend.

Bonjour la famille ; vous allez toutes bien j'espère ! Première utilisation de ma cup bien réussie : pas de douleur ni de fuite ; je ne sens même pas la cup et j'ai une si grande sensation de liberté 🙌🙌🙌

Hello family; you are all doing well I hope! My first use of my cup is going well: no pain, no leakage; I don't even feel the cup and I feel so free 🙌🙌🙌

Mon binôme de formation a aussi utilisé et elle est plus que satisfaite... vive la cup 🙌🙌🙌🙌🙌🙌

My training partner also used it and she is more than satisfied... Hurray for the cup 🙌🙌🙌🙌🙌🙌

Contente de vous annoncer que j'ai utilisé pour la 1ère fois la cup hier et pas de problème majeur. Grâce à cette plateforme et à l'expérience des unes et autres qui ont déjà utilisés, j'ai pu le faire sans problème et zéro douleur à mon niveau.

I'm happy to announce that I used the cup for the first time yesterday and no major problems. Thanks to this platform and the experience of others who have already used it, I was able to do it without any problem and zero pain.

Salut à toutes ! [...] J'ai utilisé la cup et suis très contente du produit et le trouve très pratique et génial. Koudougou vous salut !!

Hi everyone! [...] I have used the cup and am very happy with the product and find it very practical and great. Koudougou greets you!

Bonsoir la famille ; première utilisation de ma cup bien réussie pas de fuite ni de douleur. Grâce à l'expérience des unes et des autres, j'ai pu l'utiliser. Je suis satisfaite. Vive la cup.

Good evening family; first use of my cup very successful, no leakage or pain. Thanks to everyone's experience, I was able to use it. I am satisfied. Viva la cup.

Bonsoir la famille ; moi aussi j'ai utilisé pour moi, je suis très satisfaite

Good evening family; I also used for me, I am very satisfied

Bonjour braves dames ! Vous allez bien ? Moi je suis très contente de la coupe ! Elle me va très bien et je l'utilise sans problème. Je suis très à l'aise avec.

Hello brave ladies! How are you doing? I am very happy with the cup! It fits me very well and I use it without any problem. I am very comfortable with it.

Bonsoir ; vous allez toutes bien j'espère ! J'utilise ma cup depuis fin juin avec une grande satisfaction ; pas de douleur, pas de fuite, ni gêne.

Good evening; I hope you are all well! I have been using my cup since the end of June with great satisfaction; no pain, no leakage, no discomfort.

Une amie à qui j'ai donné une cup dont je disposais (je l'avais reçu lors d'une formation) avait une gêne à cause de la tige mais tout va bien depuis qu'elle l'a coupée. Je suis plus que satisfaite surtout que j'habite une cour commune ; ce n'était pas du tout aisé d'aller jeter les couches dans le WC externe.

A friend to whom I gave a cup (I had received it during a training) had a discomfort because of the stem but all is well since she cut it. I am also more than satisfied, especially since I live in a common courtyard and it was not at all easy to throw the pads in the shared toilet.

CONVERSATION ON THE WHATSAPP GROUP WITH P. WHO HAS ENCOUNTERED SOME DIFFICULTIES.

NB: ADDITIONAL ADVICE WAS GIVEN BILATERALLY AND TO ENSURE SHE WAS USING THE CORRECT SIZE.

Bonsoir tout le monde j'espère que vous allez bien ; ok dieu merci. Moi aussi, ça va, c'est juste pour vous dire que j'ai utilisé ma cup mais ça fait mal ou bien ? Comme c'est la première fois, c'est pour ça que ça fait mal ? Je ne sais pas. Vous pouvez m'expliquer ?

Good evening everyone I hope you're doing well; ok thank god. I'm fine too, just to let you know that I used my cup but its, right? Since it's my first time, is that the reason why it hurts? I don't know. Can you explain it to me?

Bonsoir, il faut bien la plier avant de l'insérer, pour réduire le diamètre. En plus il faut vérifier qu'elle est bien ouverte et que tout est à l'intérieur, sinon elle vous fera mal si elle est mal placée. N'hésitez à nous revenir. On est là pour vous aider à l'utiliser. Réessayez ! Courage ! 🍷 🍷

Good evening, you have to fold it well before inserting it, to reduce the diameter. You also have to check that it is well opened and that everything is inside, otherwise it will hurt if it is badly placed. Don't hesitate to come back to us.

We're here to help you use it. Try it again! Cheer up!!! 🍷 🍷

Je l'ai bien inséré et il n'y a pas de fuite parce que le sang ne me touche pas, mais je ne sais pas pourquoi maintenant ça me fait mal.

I inserted it well, there is no leakage, but I don't know why it hurts.

Peux-tu essayer de couper de moitié la tige ? C'est peut-être cela qui te gêne à la vulve.

Can you try cutting half of the stem? Maybe that's what's bothering you at the vulva.

Je voulais juste vous dire que la cup je l'ai bien utilisée et c'est très bien. Maintenant ma seule inquiétude, c'est pour la retirer. A la longue, est qu'il n'y aura pas de problème d'élargissement du vagin ? A par cela, il n'y a pas de problème.

I just wanted to let you know that I have been using the cup and it is very good. Now my only concern is to remove it. Also, in the long run, won't there be a problem with vaginal enlargement? Apart from that, there is no problem.

Bravo de l'avoir utilisée. Juste vous rassurer que la cup n'élargie pas le vagin et pas de conséquences à long terme. Il faut toujours pratiquer les mesures d'hygiène c'est à dire se laver toujours les mains avant toute manipulation de la cup. Bon courage et encore bravo 🙌🙌🙌

Congratulations on using it. Just to reassure you that the cup does not enlarge the vagina and no long-term consequences. You should always practice hygiene measures i.e. always wash your hands before any handling of the cup. Good luck and again bravo 🙌🙌🙌

Annex 9

Introducing Menstrual Cups in Burkina Faso

Lead organization:



Partner organization



Total Project Budget

Budget Categories	Total (USD)	Actual
Coordination	\$ 10,334	\$20,026
Cup Kits & Materials	\$ 10,050	\$9,036
Trainings & Workshops	\$ 10,798	\$11,076
Cup Trainers	\$ 9,063	\$11,719
Admin & Travel	\$ 19,732	\$19,567
In-Kind Contributions	\$ 25,878	\$25,878
Total	\$ 85,854	\$97,302
Grand Total		\$98,523

Includes
\$1221 in pre-
project
coordination

Allocation per grantor

Allocation	DINING FOR WOMEN (DFW)	Actual	INT'L FOUNDT N (IF)	Actual2	BARKA Co-funding	Total Realize
Coordination	\$ 5,081	\$ 5,096	\$ 5,253	\$ 5,418	\$ 9,512	\$ 20,026
Cup Kits & Materials	\$ 10,050	\$ 8,736			\$ 300	\$ 9,036
Trainings & Workshops	\$ 10,798	\$ 11,076				\$ 11,076
Cup Trainers	\$ 9,063	\$ 10,083			\$ 1,636	\$ 11,719
Admin & Travel			\$ 19,732	\$ 19,567		\$ 19,567
In-Kind Partner Contributions					\$ 25,878	\$ 25,878
Grand Total	\$34,991	\$34,991	\$24,985	\$24,985	\$37,326	\$ 97,302

