

### **Girls Mental and Physical Health Grant Progress Report**

We have been making significant progress in the implementation of our Uman Talk program. Our efforts this first quarter have been concentrated in three areas: menstruation kit and reproductive health education distribution, relationship development to address FGM/C, and enterprise establishment to sew menstruation kits.

#### **Health education and kit distribution progress:**

Prior to receiving the Embassy grant, we had distributed 261 kits and conducted reproductive health education in our schools in the North, but had not yet been able to provide the same programming in our schools in the South. Since receiving the Embassy grant, we have conducted Uman Talk programming in all our schools in the South.

#### **Impact Spotlight:**

On October 20<sup>th</sup>, our team was interviewed on a popular Radio Station in the south -Radio Kiss 104 about the Uman Talk Program. We received high levels of interest from listeners and eagerness for us to expand this program.

Our team left Freetown to go to Bo on October 19<sup>th</sup> and returned to Freetown on October 25<sup>th</sup>. We conducted the Uman Talk menstruation kit distribution and reproductive health education at our schools in Sahn Negbuema, Gbumbeh, Sembahun, Kandor, Kalia, Niagorehun, Lungi, Kpakuma, Buma, Bendu, and Junctionla.

In Niagorehun our team also presented to parents and teachers. The parents were very grateful for the education and the kits. Even the men were enthusiastic about the program.



The main topics of our reproductive health education sessions were sexuality and puberty. Juliet and Mannah, our female and male social workers, taught the girls and boys at each school about the relationship between physical development and sexual development, and what changes to expect during puberty.

Both girls and boys received information about the sexual changes that children experience as they mature. We elaborated on the physical, emotional, and social changes children experience during puberty. Specific topics for girls included menstruation, the menstrual cycle, and how to use and care for the kits we distributed.



The total number of students who attended the presentations in each school is as follows:

School	Boys at puberty	Girls at puberty	Total
Sahn Negbuema	24	44	68
Gbumbeh	6	8	14
Sembehun	25	43	68
Kandor	43	52	95
Kalia	22	70	92
Niagorehun	52	109	161
Lungi	16	42	58
Kpakuma	28	37	65
Buma	29	17	46
Bendu	21	32	53
Junctionla	16	29	45
<b>TOTAL</b>	<b>282</b>	<b>483</b>	<b>765</b>



Our team used community members to translate presentations to the local language to ensure the students understood the material. We used a female translator for the girls' classes and a male translator for the boys' classes. We gave kits to the 159 girls in our schools who have begun menstruating and to 13 female teachers/translators in the various schools we visited.

Our team discovered that the majority of girls enter puberty unprepared so they don't have confidence in themselves and they feel stupid, silly and curious. Girls feel shy about admitting that they are menstruating.

The presentations were well-received and the children were so enthusiastic to learn. We received lots of thanks and appreciation from both teachers and students especially for the kits.

At every school, students and teachers asked that we continue to provide these talks, because they have never understood why periods happen, how to take care of themselves, or the implications of teenage pregnancy and how it can be addressed. Each school community promised to give us feedback on how the kits change their lives.



#### **Impact Spotlight:**

Three girls in Kalia started menstruating at age nine. Two were neglected by their parents because they didn't believe they were menstruating since there were no visible signs of puberty. One of these girls uses papers from her notebook as pads and the others double their pants. They were so brave to tell us they have started seeing their periods, and they are so excited to have the menstruation kits to effectively take care of themselves.

#### **FGM/C education progress:**

Our team has created an FGM/C intervention plan to complement our Uman Talks in each community. We are initially targeting communities in Tonkolili District and in Bo District.

The first step was to establish relationship and credibility with the local women. To accomplish this, our team carried out a sit inspection with each community's local women's group between December 18<sup>th</sup> and 23<sup>rd</sup> to identify community leaders and influential women who will help to influence and change the practice of FGM/C in these communities. We intend to further pursue partnerships with two women in each community:

1. A Sowe (professional circumciser who performs FGM/C).
2. An influential woman who can talk and influence parents on this issue.

In Tonkolili District, the Paramount Chief is willing to give us his full support and gave us the mandate to go ahead with our FGM/C program in his Chiefdom. The Soweis in Tonkolili District are also supportive of this project. Our team met with community leaders including the Paramount Chief, Section Chiefs, Town Chiefs, and ceremonial heads in Makali, Maforeka, and Mabguraka. In Makali our team initially met with a very influential Sowei who was the only educated Sowei our team encountered. 19 Soweis and a number of parents and nurses from surrounding chiefdoms attended the meetings.



In Bo District our team coordinated with the Paramount Chief, Section, Town Chiefs and Traditional Sowei Head for Bo District. We held community meetings at Kani-Kandor in Jaiama Bongor Chiefdom on and at Kpeyama in Wonde Chiefdom in the Bo District. 17 Soweis were present at Kani-Kandor and 18 Soweis attended the Kpeyama meeting. The Paramount Chief, Section Chiefs, Town Chiefs, and community people were all present.

In the presentations, Juliet introduced the Uman Talk Project including the reproductive health education that we are giving to children in schools and the provision of lasting menstrual hygiene kits to keep girls in school and to empower women in Sierra Leone. Juliet also discussed issues affecting women including teenage pregnancy, early marriage, and FGM/C. Discussions also included the complications and challenges of the government policy that no girl child should be initiated below 18 years of age and that 18 and above can only be initiated with the consent of the child. Our team expresses that we know the law cannot stop them, but we are here to invite them to consider making new decisions and see how we can minimize or stop this culture/practice.

The Soweis we met with told us that they acknowledge the challenges associated with the practice of FGM/C and they are ready and willing to stop the practice, although they have some concerns. Their practice is what makes them respectable women in their communities. They earn their living through this society, and they use the proceeds they get from FGM/C to educate, feed, and clothe their children. To address this concern, the Soweis requested help with ways to earn a living through alternative livelihoods such as business, vocational training, agriculture, or educational support for their children.



Moving forward it will be important to acknowledge and respond to the need for alternate solutions to replace what FGM/C has previously provided.

Overall, the response from community leaders, Soweis, and parents was very positive. These communities are willing to work towards eliminating the practice of FGM/C. Our team will continue to engage with these communities on effective ways to replace the practice with other ways to meet the educational, financial, and respectability needs of community members.

#### **Impact Spotlight:**

Some parents initiate their female children with FGM/C because of cultural expectations and to prepare them for marriage. In many cases, parents have spent their income to initiate their children or are single parents and are left with nothing to support them in school. As a result, they give their girls to early marriages. Parents are the ones who give their children to the Soweis for cutting, so educating parents and getting parental support is an essential piece for successfully minimizing the practice of FGM/C.

Educational support to help keep girls in school will also help discourage early marriage and FGM/C practice. Many parents agreed that with more educational support, they would conform to whatever conditions were given to them, including not performing FGM/C.

#### **Kit-making enterprise progress:**

Our team has been gathering the tools and materials to begin sewing reusable menstruation kits. We have purchased all the sewing machines, serger machines, AccuCuts, sewing tools, and fabric necessary to set up the office space and complete our first 100 kits.



We purchased and shipped the electric serger machines from the UK because they are not available in Sierra Leone and because the UK uses the same voltage as Sierra Leone. We purchased other materials not available in Sierra Leone including the AccuCuts, PUL lining fabric, and other sewing tools in the US and shipped them to Sierra Leone. These items from the UK and the US are scheduled to arrive in Freetown in late January to early February.