

Centering Menstrual Health and Hygiene for Women's Health & Girls Opportunities

A Strategic Pathway 2026 -2030

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Foreword

On behalf of the Board of Directors of Irise Institute East Africa, it is our distinct privilege to present this strategic plan 2026-2030, which articulates our institutional trajectory for the next five years and reinforces our commitment to advancing menstrual health equity across the East African region.

The development of this strategic framework represents a critical milestone in our organisational history. Since IIEA establishment in 2016, IIEA has demonstrated consistent programmatic excellence and catalytic impact within the menstrual health and hygiene management (MHH) sector. The work has progressively matured from direct service delivery to sophisticated ecosystem building, evidenced through our stewardship by the Board and management and establishing a community of best practice through The Period Equality Network (TPEN)—a collective comprising over 270 member organisations that collectively amplifies grassroots advocacy and knowledge exchange across multiple issues intersecting with menstrual health and hygiene ranging from access to menstruation information, access to menstrual products and MHH advocacy for effective programming.

This strategy emerges from a thorough consultative processes engaging diverse stakeholders, including community-based organisations within TPEN, implementing partners, beneficiary constituencies, and sector specialists in government departments, funders, IIEA team and Board of Directors. It reflects both an analytical performance assessment of our operational achievements for 2021-2025 strategy and a forward-looking vision that responds to persistent systemic barriers confronting MHH sector throughout East Africa. The strategy integrates evidence-based approaches with contextually grounded interventions within the broader ecosystem, whilst maintaining our foundation principles of community readiness to change, intersectional equity, and sustainable systems change.

Our strategic priorities are deliberately structured to address multi-dimensional challenges within the ecosystem: the persistence of menstrual stigma rooted in cultural taboos; inadequate policy frameworks and enforcement mechanisms; limited access to appropriate menstrual health products and WASH infrastructure; and insufficient integration of comprehensive menstrual health education within formal curricula. These priorities necessitate coordinated action across MHH advocacy, capacity development, use of generated evidence in direct programming as an organization independently with TPEN partners.

The Board acknowledges that successful implementation will require robust resource mobilisation strategies, strengthened institutional capacity, enhanced monitoring and evaluation systems, and adaptive management frameworks responsive to changing contextual realities. We recognise the imperative of financial sustainability and have accordingly embedded diversified funding strategies and efficiency optimisation within our operational model.

Furthermore, this plan advances our commitment to collaborative governance and accountability. The Board has established clear oversight mechanisms, performance benchmarks, and reporting protocols that ensure strategic alignment between programmatic activities and IIEA broader mission. We remain steadfast in our responsibility to maintain organisational integrity, fiscal prudence, and transparent stakeholder engagement.

As we embark upon this strategic period, we extend profound appreciation to the IIEA management for their exceptional dedication, to the network members both in TPEN and strategic for their partnership and solidarity, and to our funders and supporters whose confidence enables menstrual justice and education work to intersect with other relevant issues like mental health, climate change and broader women's health. Most importantly, we acknowledge the communities we serve whose lived experiences and resilience continue to inform and inspire our work in MHH.

The Board of Directors commits to providing strategic guidance, resource stewardship, and institutional oversight that positions IIEA to achieve the ambitious yet attainable goals articulated herein. We are confident that this strategic plan will consolidate our position as a leading voice in menstrual health advocacy whilst expanding our impact across the East African region and beyond.

Board of Directors
Irise Institute East Africa

Vision

A world where women and girls have equitable access to health, education and opportunities to thrive in life

Mission

Empowering women and girls in communities to take charge of their health, education, and well-being, by advancing menstrual health and hygiene, strengthening grassroots networks, and advocating for evidence-informed and integrated approach to systems and policies.

Our Values

Together, these values guide our decisions, ways of working, communications, and internal and external engagement. They anchor our thinking, actions, strategy, and our mission to work with the most marginalised communities towards a more equal world.

Dignity and Respect

We recognise the inherent strength and agency of every person we serve and work with. Our actions and words honour individual experiences and foster inclusive, participatory spaces.

Mutual Trust

We build our organisation through transparency, reliability, and shared accountability. By trusting in the expertise and intentions of communities, partners, and each other, we create a foundation for collective action.

Driven by Passion

Our work is fueled by a deep commitment to justice, equity, and change. We believe that we need to be passionate about the work we do, to channel this conviction into persistent effort and a belief in the possibility of a better world

Accountability

and

Integrity

We hold ourselves accountable first and foremost to the communities we serve.

uniting diverse grassroots partners with intentionality, we amplify our collective impact beyond the reach of any individual effort.

Feminist Praxis in Action

We apply a feminist lens to all our work, challenging power structures and inequality. This means centering the voices of women and girls, redistributing power and resources, and fostering inclusive partnerships.

Place-Based Approach to Learning and Working

We believe that one-size-fits-all solutions can be reductionist and colonial in nature. We ground our strategies in the history, culture, people, and ecology of a place. We commit to deep listening and adaptive learning, ensuring our work is contextually relevant and responsive.

Context

Menstrual health and justice are shaped by, and reinforce, wider gender inequalities in education, health, safety, and economic participation. In Uganda, national data on adolescent girls and women show how these inequalities converge at the onset of menstruation and persist across the life course.

Gender disparity: In 2022, girls aged 15–19 were more than twice as likely as boys to have no education (3.8% compared with 1.7%), and one in five girls in this age group (20.0%) was already married or in a union, compared with just 1.5% of boys. These transitions into adult roles coincide with the start of menstruation, constraining girls’ autonomy, mobility, and access to information at a critical stage of development.

Education: While most girls attend school, nearly two-thirds of girls aged 15–19 (64.3%) had only attained primary education in 2022, and just under one-third (31.9%) had reached secondary level or higher. Menstruation, alongside poverty and gender norms, is one of the contributors to irregular attendance and dropout during adolescence. In this context, menstruation is not only a biological event but a social marker of “adulthood,” often accompanied by new expectations, restrictions, and controls on girls’ mobility that affect their ability to remain engaged in school.

Health: About 12% of adolescent girls reported first sexual intercourse at age 15, and nearly one in four (24%) had already begun childbearing by ages 15–19. At the same time, adolescents had the highest unmet need for family planning, at approximately 29%. Limited access to accurate, age-appropriate information about menstruation and reproductive health undermines girls’ ability to understand their bodies and make informed decisions.

Violence: National survey data document experiences of physical and sexual violence among female adolescents, alongside barriers to help-seeking. Menstrual stigma and bodily shame can compound this vulnerability by reinforcing silence, limiting disclosure, and weakening girls’ ability to assert boundaries or seek support.

Menstrual health and justice remain critical beyond adolescence. For many women — particularly those living in poverty, working in informal employment, displaced by crisis, or living with disabilities — menstruation continues to affect health, dignity, productivity, and participation in public life. Inadequate access

to affordable products, safe facilities, and supportive environments reinforces economic insecurity and social exclusion.

Menstrual justice is not a peripheral issue; it is structurally embedded in patterns of gender inequality, interrupted education, poor health outcomes, exposure to violence, and constrained economic opportunity. Advancing menstrual health and justice is therefore not only a matter of dignity, but a strategic investment in girls' and women's ability to remain in school, exercise bodily autonomy, participate in the economy, and shape their own futures. Any strategy seeking to advance gender equality and inclusive development must treat menstrual health and justice as foundational, not optional.

Note: The data in this section is from a July 2025 report by the Uganda Bureau of Statistics titled, [*Thematic Report on the Adolescents and Youths in Uganda*](#)

Introduction

Menstrual health shapes whether girls attend and thrive in school, how women experience dignity, health, and wellbeing, and how systems respond to gendered needs. In East Africa, unequal access to education and health, weak systems, climate stress, harmful social norms, and limited attention to mental and emotional wellbeing, reinforce menstrual injustice.

Over the next five years, IIEA will strengthen its role as a **systems-oriented menstrual justice organisation**, working across education, health, wellbeing, climate resilience, and gender equality. Guided by our Theory of Change, we recognise menstrual health as both a deeply personal lived experience and a structural issue shaped by policy choices, resource allocation, and social power.

IIEA aims to advance change through **five key pathways**: implementation and scale, grassroots movement-building, advocacy, research and evidence, and systems partnerships. IIEA will respond holistically to the realities faced by women and girls, particularly the connections between menstruation, health and education, through the intersections in these pathways. We view learning, adaptation, and collaboration as essential to achieving sustainable impact.

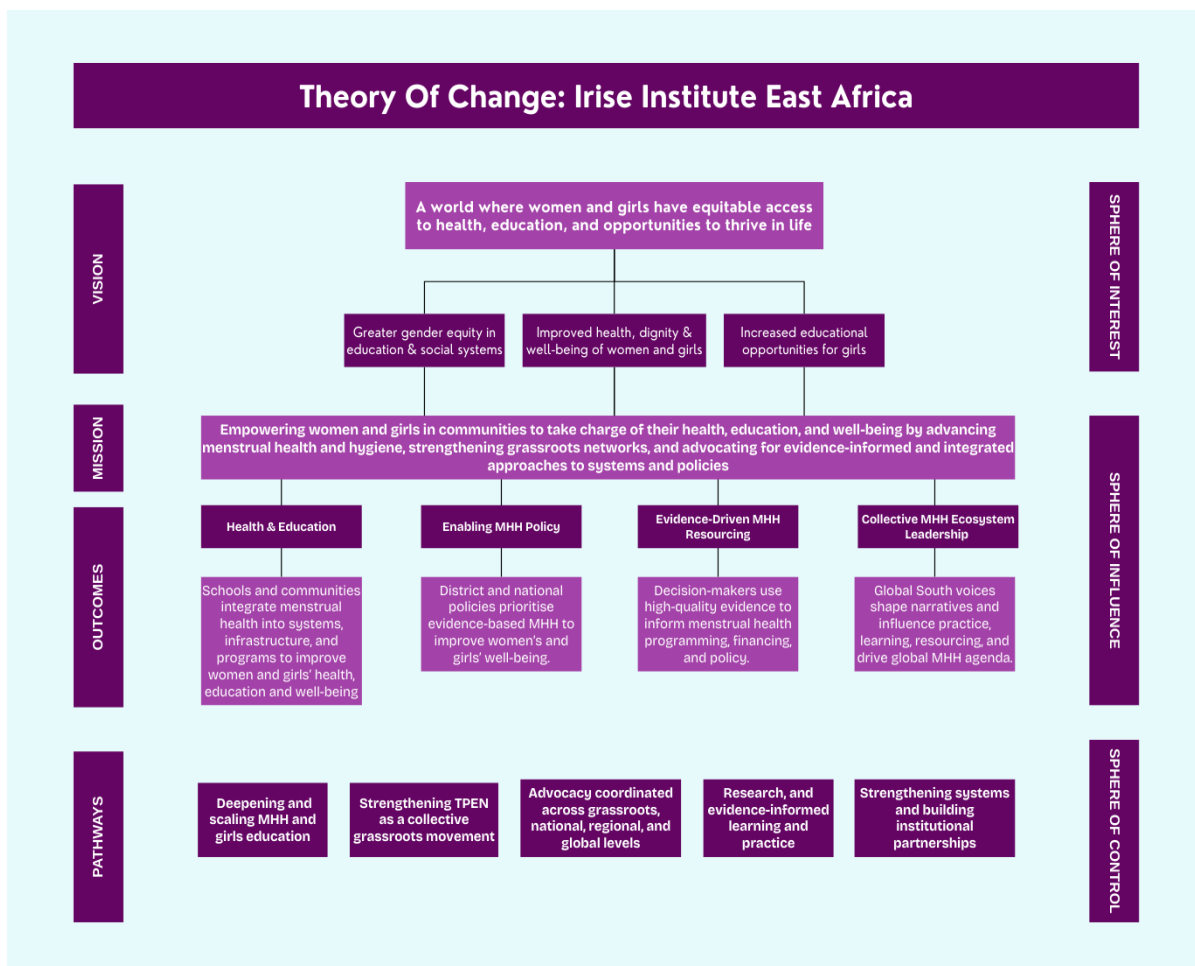
Our work will continue to **anchor menstrual health within education systems and public institutions**, while using schools and districts as entry points for wider

systems change. At the same time, we will invest in strengthening the broader ecosystem, ensuring grassroots organisations are recognised as leaders and knowledge holders, and that evidence from East Africa informs national, regional, and global agendas.

By aligning grassroots experience with evidence, policy influence, and institutional partnerships, IIEA seeks to ensure that menstrual health is **normalised, resourced, and embedded** across systems, supporting dignity, agency, and wellbeing of women and girls across the life course.

Theory of Change

Our Theory of Change is the compass that guides our work, helping us define the path from our aspirations to the impact we are determined to create. It brings clarity to our purpose and unites us around a shared vision of what is possible, showing how our actions, large and small, contribute to meaningful, lasting change. We are hoping this Theory of Change connects our values, our efforts, and the outcomes we seek, and empowers us to act with intention, learn with curiosity, and adapt with purpose.



The Impact We Seek

We contribute toward a transformed future defined by:

- **Our VISION:** A world where women and girls have equitable access to health, education, and opportunities to thrive in life.
- **The manifestations of this vision:**
 - **Greater gender equity** in health, education, and social ecosystems.
 - **Improved health, dignity, and well-being** of women and girls.
 - **Increased and sustained educational opportunities** for girls.

Changes We Catalyse

MISSION

Empowering women and girls in communities to take charge of their health, education, and well-being by advancing menstrual health and hygiene, strengthening grassroots networks, and advocating for evidence-informed and integrated approaches to systems and policies.

We aim to achieve the following outcomes and key shifts within systems and among stakeholders through our direct efforts and partnerships:

- **In schools and communities:** Schools, community structures, and service providers adopt integrated approaches that strengthen menstrual health and hygiene to ensure women and girls' overall health. MHH is integrated sustainably into school systems, curriculum, WASH infrastructure, and co-curricular clubs, impacting and amplifying girls' education.
- **In Policy:** District governments adopt and resource evidence-based menstrual health and hygiene programmes; national policies prioritise MHH to ensure women and girls' health, education, and well-being.
- **In Resourcing:** Policymakers allocate dedicated funding for evidence-based MHH programs linked to education outcomes.
- **In the Ecosystem:** TPEN operates as a powerfully coordinated, evidence-informed collective shaping grassroots, national, regional, and global narratives, influencing practice, learning, and resourcing in the MHH

ecosystem. We also envision grassroots voices from the Global South actively influencing the global MHH collective agenda.

Our Pathways to Change

Our work is grounded in the fundamental understanding that menstrual health and hygiene (MHH) cannot be addressed in isolation. It sits at the critical intersection of **physical health, mental and emotional well-being, educational access, climate resilience, and gender equity**. Therefore, our strategic pathways are designed to tackle MHH as a multi-dimensional issue, integrating these perspectives into every aspect of our implementation, advocacy, and research to create holistic and sustainable impact.

We execute five integrated pathways to build evidence, strengthen systems, and amplify voices:

1. **Deepening and Scaling MHH for Girls' Education:** Implementing and refining our flagship Period Positive Schools (PPS) model, integrating MHH and making it relevant in the intersections of education, physical health, mental health, and climate change.
2. **Strengthening TPEN as a Grassroots Movement:** Nurturing a coordinated, evidence-informed collective to drive the agenda from the ground up.
3. **Advocacy (Grassroots → Global):** Elevating grassroots voices to influence policy and resourcing from grassroots to global levels.
4. **Research, Learning and Evidence:** Generating robust data and contextual insights to inform practice, policy, and investment.
5. **Systems Strengthening and Institutional Partnerships:** Building the capacity and commitment of government and institutional partners for sustainable integration.

IIEA Strategic Priorities (2026–2030)

Preamble

This Theory of Change was developed through a participatory and iterative process that sought to reflect the lived realities, priorities, and expertise of those most affected by menstrual injustice, as well as the perspectives of partners and stakeholders working across the ecosystem. The process combined qualitative and reflective methods, including facilitated workshops, stakeholder consultations, and internal learning sessions. These engagements brought together a diverse group of contributors, including community members, grassroots partners, programme staff, advocates, and allied organisations operating at local, national, and regional levels. Insights from these consultations were complemented by a review of existing evidence, organisational learning, and contextual analysis of the social, political, and economic factors shaping menstrual justice in East Africa. The Theory of Change was refined over multiple cycles of feedback and reflection, sharpening priorities and making pathways of change explicit.

The resulting organisational Theory of Change represents both a strategic articulation of intent and a living framework. It is designed to guide implementation, learning, and adaptation over time, remaining responsive to shifting contexts and the ongoing insights of communities and partners.

These strategic priorities translate our Theory of Change into a clear organisational agenda. They are structured around the outcomes we seek across schools and communities, policy, resourcing, and the broader MHH ecosystem. Each priority strengthens one or more of our five pathways: implementation and scale, grassroots movement-building, advocacy, research and evidence, and systems partnerships.

1. Position Menstrual Health as a Foundation for Women and Girls' Education, Health, Well-Being and Opportunities

Strategic

Intent:

Advance MHH as a critical determinant of women's and girls' health, dignity, and agency, and as an enabler for girls education, participation, and opportunities.

What This Advances in the Theory of Change:

- Improved health and well-being of women and girls
- Stronger school environments that support girls' learning
- MHH integrated into school systems, curricula, and WASH structures

Priority Areas:

- Integrate MHH into education systems and school communities.
- Strengthen school-based programmes (Period Positive Schools, menstrual cups, period games) that improve girls' health, participation, and confidence.
- Acknowledge MHH as a multisectoral issue connected to physical health, mental well-being, climate resilience, and social inclusion.
- Advocate for policy development and financing models linking MHH to outcomes in education, health, and agency.

2. Deepen, Strengthen, and Scale Menstrual Health and Hygiene Programme

Strategic

Intent:

Establish MHH programmes as a robust, evidence-informed, scalable model for transforming how schools support girls' health and learning.

What This Advances in the Theory of Change:

- Sustainable integration of MHH into the education system
- Strengthened school and community structures supporting girls

Priority Areas:

- Use Jinja as a model district to innovate and test integration of MHH with climate resilience, nutrition, and psychosocial well-being.
- Maintain a structured "sandbox" approach for new themes, piloting locally and rigorously before integrating into the core programme.
- Develop scalable resources: ToT pathways, practitioner handbooks, and institutional models for government adoption.

- Position scale as partner-led, enabling TPEN members, schools, and districts to replicate IIEA's MHH programmes.

3. Strengthen TPEN as a Coordinated, Evidence-Informed Movement

Strategic

Intent:

Build TPEN into a vibrant, well-coordinated collective that elevates grassroots voices, accelerates learning, and shapes national and regional MHH practice.

What This Advances in the Theory of Change:

- A connected, collaborative MHH ecosystem
- Grassroots perspectives informing national and global MHH agendas

Priority Areas:

- Develop a shared thematic agenda across TPEN—spanning MHH, girls' education, health systems, financing, and evidence.
- Facilitate working groups and peer-learning platforms to strengthen practice and collaboration.
- Enable joint research and evidence generation across the network.
- Enhance TPEN's communication, identity, and visibility.
- Strengthen knowledge exchange across Uganda, East Africa, and global spaces.

4. Advance MHH Policy and Financing Commitments from Grassroots to Global Levels

Strategic

Intent:

Ensure that policies, budgets, and narratives at district, national, regional, and global levels prioritise MHH as essential to the health, well-being, and education of women and girls.

What This Advances in the Theory of Change:

- Dedicated MHH financing
- Evidence-informed district and national policies

- Global recognition of grassroots insights

Priority

Areas:

National:

- Advocate for dedicated MHH financing in national and district budgets.
- Support reforms such as tax exemptions on menstrual products.
- Strengthen clarity and coherence in MHH integration across SRHR, gender, and education policies.

Regional & Pan-African:

- Support establishment of regional platforms on MHH and girls' education.
- Engage African Union structures to strengthen continental commitments to MHH and adolescent well-being.

Global:

- Ensure grassroots perspectives from Uganda and East Africa inform global MHH, gender equality, and education frameworks.

5. Build Resource and Evidence Base to Inform Practice, Policy, and Investment

Strategic

Intent:

Generate actionable evidence and learning to strengthen implementation, advance policy influence, and shape global understanding of MHH as a determinant of well-being.

What This Advances in the Theory of Change:

- Evidence-based programming in schools and communities
- Stronger justification for policy change and financing
- A learning ecosystem grounded in practice and research

Priority Areas:

- Strengthen evidence-to-policy pathways to position IIEA as a thought leader.

- Conduct research with TPEN, universities, and global partners on MHH's linkages to education, health, agency, and systemic change.
- Strengthen tools and methodologies.
- Document and publish models, case studies, and insights for scale.

6. Strengthen Systems Through Sustainable Institutional Partnerships

Strategic Intent:

Work with government ministries, district structures, civil society, and institutions to embed MHH sustainably across health, education, and gender systems.

What This Advances in the Theory of Change:

- Systems integration and long-term sustainability
- Government adoption and resourcing of MHH programmes

Priority Areas:

- Partner with education, health and gender ministries to institutionalise MHH programmes within sector programmes.
- Strengthen connections between MHH and broader health systems to enhance women's and girls' well-being.
- Support training and mentorship of teachers, health workers, district officers, and community actors.
- Serve as a technical partner supporting implementation, scale, and evidence generation.

Cross-Cutting Commitments

These commitments strengthen all six strategic priorities and reflect our organisational values.

1. Equity, Inclusion, and Intersectionality

- Map and respond to intersecting barriers facing the most marginalised women and girls, ensuring no one is left out.

- Engage boys, parents, teachers, and community influencers to shift norms and enable supportive environments.

2. Monitoring, Evaluation, Accountability, and Learning

- Use a refined Theory of Change to measure outcomes related to agency, dignity, health, and systemic change.
- Strengthen learning cycles to ensure programmes evolve based on evidence and community insights.

3. Communications and Storytelling/Power of lived experiences

- Communicate MHH as central to health, climate resilience, gender justice, and education.
- Share evidence-driven stories that amplify grassroots voices and enhance donor and policymaker understanding.

Partnerships and Collaborations

Partnerships and collaboration are central to how we will deliver impact over the next phase of our strategy. The scale and complexity of the challenges we are addressing require shared effort, combining resources, expertise, and influence. We actively seek partners who align with our priorities and values, and who are committed to working with us in focused, meaningful ways.

Funders & Philanthropic Partners

Who:

Foundations, trusts, individual philanthropists, and aligned private funders.

What we are looking for:

- Multi-year and longer-term funding
- Support for priority programmes and core capacity
- Strategic partnership mindset
- Openness to learning, adaptation, and honest reporting

Government & Public Sector

Who:

National, regional, and local government bodies; public agencies.

What we are looking for:

- Alignment with policy and public priorities
- Opportunities to pilot, test, or scale effective approaches
- Long-term commissioning or co-funding arrangements
- Pathways to systems and policy influence

Private Sector & Corporate Partners

Who:

Values-aligned companies, social enterprises, corporate foundations.

What we are looking for:

- Shared purpose and ethical alignment
- Financial or in-kind contributions that strengthen delivery
- Skills, technology, or platforms that extend impact
- Long-term engagement

Research, Learning & Evidence Partners

Who:

Research institutions, researchers, evaluators, learning partners.

What we are looking for:

- Practical approaches to evidence and learning
- Support to strengthen impact measurement and storytelling
- Joint learning, reflection, and dissemination
- Focus on understanding the impact of our programme and how we can do better

Advocacy, Networks & Influencers

Who:

Coalitions, alliances, policy actors, media and platform partners.

What we are looking for:

- Amplification of evidence and practitioner insight
- Collective voice to influence policy and systems
- Strategic alignment on messaging and goals
- Opportunities to contribute to broader sector change