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THE MENSTRUAL HEALTH AND HYGIENE LANDSCAPE IN KENYA

Progress, Gaps and Strategic Opportunities for Sustainable Menstrual Health Systems

A National Landscape Analysis for Government, County Governments, Development Partners, Civil Society, the Private Sector, Researchers and Advocacy Organizations

A Legacy Publication of the 2nd China-Africa People-to-People Public Welfare Exchange Forum

Kenya became the first country in the world to remove VAT on sanitary pads and tampons in 2004 – a full sixteen years before the more widely publicised 2020 removal of the UK's 'tampon tax'.

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Executive Summary

1. Executive Summary

PART I · ORIENTATION

Kenya has spent over two decades building the legal, institutional, and programmatic foundations of a menstrual health system – from the 2004 removal of VAT on sanitary products to a 2026 national conference that, for the first time, framed menstruation explicitly as an economic sector.

This report takes stock of that journey as a systems issue, not a product-distribution issue alone: it maps the policy and institutional landscape, presents the most credible available data on the state of menstrual health, gives a dedicated account of Kenya's flagship Free Sanitary Towels Distribution Programme, analyses the financing and market systems around it, and sets out strategic directions for a more sustainable, equitable, and economically productive menstrual health system

KENYA'S MENSTRUAL HEALTH LANDSCAPE AT A GLANCE

97%
Used appropriate materials at last period (KDHS 2022/KNBS 2023)

91%
Used disposable pads; 5% used reusable pads (KDHS 2022)

51%
Have a basic hand-washing facility with soap and water

45.3%
Of schoolgirls have both water AND soap for MHM at school (AWJP, 2023 data)

SCHOOL-LEVEL EVIDENCE

1. 80.6% of girls in a pastoralist-community study used school-provided towels, but only 39.1% received supply in the preceding month
2. 40.3% of girls delayed changing absorbent materials for more than six hours
3. 28.8% of surveyed girls showed poor MHM practice overall; lack of latrine privacy and teasing by boys were independent predictors
4. 74.4% of adolescent girls across 8 counties knew about menstruation before menarche - with wide regional variation (ICRH-K/UNFPA, 2024)

ACCESS DURING SHOCKS

1. 52.0% of adolescent girls and young women in Nairobi reported a product-access challenge in 2020, falling to 30.3% roughly six months later. (Gates Foundation-funded cohort study)
2. Product provision has been shown to reduce STI risk and school absenteeism in Kenyan trials, though effects on dropout independent of other factors remain mixed

THE FINANCING PICTURE

1. KES 3.49 billion cumulative government spend on the National Sanitary Towels Programme since 2011
2. KES 940 million current NGAAF-wide envelope (FY2025/26) - not a ring-fenced, pad-specific line
3. Allocations have fluctuated year to year even as girls' enrolment has risen, directly affecting how many are reached

Figure 1. Kenya's menstrual health landscape at a glance. Every figure is sourced and referenced in the sections that follow.

1.1 Major Achievements

1. Kenya was the first country in the world to abolish VAT on sanitary pads and tampons (2004), and has sustained a national free sanitary towels programme for over a decade, with cumulative government spend of roughly KES 3.49 billion since 2011.

2. A justiciable legal entitlement to free, sufficient, quality sanitary towels and safe disposal exists under s.39(k) of the Basic Education (Amendment) Act, 2017 – a stronger legal foundation than most peer countries have achieved.

3. A National Menstrual Hygiene Management Policy (2019–2030, launched May 2020), an MHM Teachers' Handbook (2022), and a KEBS Reusable Sanitary Towel Standard (KS 2925:2020) give Kenya a policy and standards architecture few African countries can match.

4. A domestic menstrual products manufacturing base is emerging – exemplified by the Galentine Care factory in Homa Bay County – and was formally recognised in June 2026 when Kenya's first Menstrual Economy Conference valued the sector at roughly USD 100 million (KES 13.5 billion) in domestic investment.

1.2 Persistent Gaps

1. According to the 2022 Kenya Demographic and Health Survey (KDHS), fielded by KNBS and launched in 2023, 97% of women used an appropriate menstrual material nationally – yet only 51% of the population has a basic handwashing facility with soap and water, only 41% has basic sanitation, and rural drinking-water access (56%) lags urban access (91%) by 35 percentage points.

2. More recent national research paints a more urgent picture than the 2022 averages alone suggest: a 2024/25 national study found 54% of respondents reported difficulty accessing menstrual products, and 65% reported lacking sustainable access to safe menstrual products despite ongoing government programmes.

3. The landmark Nia Project randomised controlled trial in Kilifi County – one of the most rigorous menstrual health studies conducted in Kenya – found that sanitary pad distribution alone did not significantly improve school attendance; only combining products with reproductive health education produced broad, statistically significant gains.

4. Kenya's installed menstrual-product manufacturing capacity exceeds 2 billion pads a year, yet current output remains below 50% of that capacity – a domestic industry constrained more by market and policy coordination than by production potential.

1.3 Priority Recommendations

1. Treat menstrual health as a cross-sectoral systems issue – spanning health, education, WASH, environment, and industry – rather than a single distribution programme, with a coordinating mechanism that can see across all of them.

2. Fix the institutional and financing architecture of the Free Sanitary Pads Distribution Programme specifically (Section 6) – it remains Kenya's flagship intervention and its largest single menstrual health investment, but has changed institutional custodian four times since 2011 with no ring-fenced budget protection.

3. Pair every product-distribution investment with reproductive health education, consistent with the Nia Project's central finding that products alone do not move school attendance.

4. Use Kenya's demonstrated manufacturing capacity deliberately – through the 'Buy Kenya, Build Kenya' procurement directive, KEBS quality standards, and investment facilitation – to convert underused production capacity into jobs, exports, and lower product costs.

02.

Introduction

2. Introduction

2.1 Background

Menstrual health has evolved conceptually over the past decade from Menstrual Hygiene Management (MHM) – a narrower focus on products, facilities, and hygienic practice – to Menstrual Health (MH), a broader framing that recognises menstruation as a public health, human rights, gender equality, and economic issue.

The Kenyan policy architecture reflects this evolution only partially: the founding legislation and much of the institutional machinery still centre on school-age product distribution, even as national dialogue – most visibly the 2026 Menstrual Economy Conference – has begun to treat menstrual health as economic and industrial policy, not only welfare.

Did you know?

Kenya became the first country in the world to remove VAT on sanitary pads and tampons in 2004 – a full sixteen years before the more widely publicised 2020 removal of the UK's 'tampon tax'.

2.2 Purpose of this Report

This report documents Kenya's menstrual health and hygiene landscape as it stands in 2026: what has been built, what the evidence shows, where the system's gaps and inefficiencies lie, and where the strategic opportunities for the next phase of investment sit.

It is written to be useful to government ministries and agencies, county governments, development partners, NGOs, private-sector manufacturers and investors, researchers, and advocacy organisations.

2.3 Objectives

1. **Document the menstrual health and hygiene landscape in Kenya comprehensively, across policy, institutions, financing, markets, and outcomes.**
2. **Assess progress against Kenya's own policy commitments and international benchmarks.**
3. **Identify systemic gaps in coordination, financing, data, and market development.**
4. **Inform policy design and programming by government, counties, and partners**
5. **Guide investment decisions by development partners and the private sector.**

2.4 Methodology

This report draws on a structured review of government policy and legal documents, the 2022 Kenya Demographic and Health Survey (KNBS/ICF, launched 2023), Performance Monitoring for Action (PMA) Kenya survey rounds, a curated bibliography of peer-reviewed menstrual health studies in Kenya spanning 2015–2026 (Section 11), sector reports from the Sanitation and Hygiene Fund (SHF), the Reproductive Health Supplies Coalition (RHSC), and UNFPA Kenya, and NGAAF's own institutional record and prior commissioned analyses of the Free Sanitary Pads Distribution Programme.

Every statistic in this report is sourced; where a figure could not be traced to a verifiable primary source, it has been left out rather than presented with false precision.

03.

Kenya’s Menstrual Health Journey

3. Kenya’s Menstrual Health Journey

PART II · THE JOURNEY & THE RULES

Kenya’s menstrual health system did not emerge from a single reform – it accumulated over more than two decades of tax policy, civil-society advocacy, legislation, national policy, standards development, and, most recently, industrial strategy.

KENYA’S MENSTRUAL HEALTH & HYGIENE JOURNEY, 2004 - 2026

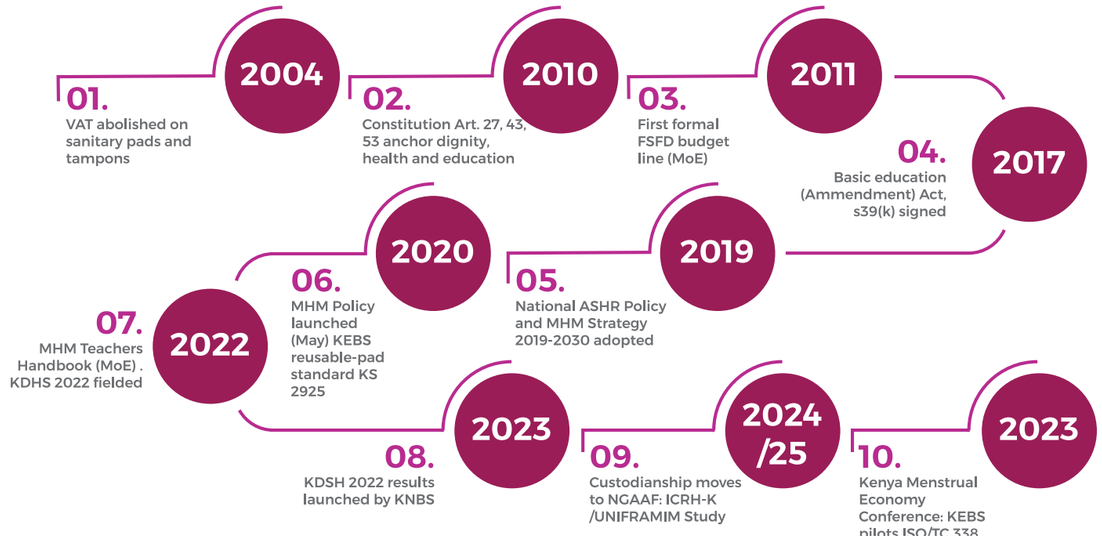


Figure 2. Key milestones in Kenya’s menstrual health and hygiene journey, 2004–2026.

3.1 From tax reform to statutory entitlement (2004–2017)

The 2004 VAT removal and the 2010 Constitution’s Articles 27, 43, and 53 (equality, health, and education) created the framing conditions.

In 2011, the Kenyan government, through the then Ministry of Education, Science and Technology, launched the Schools’ National Sanitary Towels Programme, providing sanitary pads to schoolgirls and training teachers on hygienic use and disposal.

The 2017 Basic Education (Amendment) Act’s Section 39(k) then converted that discretionary allocation into a justiciable legal right – a stronger entitlement, on paper, than most peer countries have legislated.

3.2 Building the evidence and standards architecture (2015–2022)

Kenya built a genuinely substantial menstrual health research base over this period – including the Nia Project cluster-randomised trial in Kilifi (2017–2021), qualitative studies of menstrual stigma and school WASH in western Kenya (Mason et al., 2015; Girod et al., 2017), and randomised research on menstrual cup safety and acceptability among Kenyan schoolgirls (Phillips-Howard et al., 2018) – alongside the Ministry of Health's National Menstrual Hygiene Management Policy (launched May 2020, covering 2019–2030), the KEBS Reusable Sanitary Towel Standard (KS 2925:2020, December 2020), and the Ministry of Education's MHM Teachers' Handbook (2022).

3.3 From programme to economy (2023–2026)

The 2022 KDHS, fielded by KNBS and launched in 2023, gave Kenya its first comprehensive national household data on menstrual material use and WASH access in over a decade.

Since 2024/25, custodianship of the sanitary towels programme has moved to NGAAF; and in June 2026, the inaugural Kenya Menstrual Economy Conference marked the first time the sector's industrial and investment potential was formally quantified and declared a national priority, alongside Kenya being selected as a pilot country for global ISO/TC 338 menstrual product standards.

04.

Policy and Institutional Landscape

4. Policy and Institutional Landscape

4.1 Constitutional Framework

Provision	Relevance to Menstrual Health
Article 43(1)(a)	Right to the highest attainable standard of health, including reproductive health
Article 53(1)(b)	Every child's right to free and compulsory basic education
Article 27	Equality and freedom from discrimination, including on the basis of gender
Article 56	Rights of minorities and marginalised groups

Table 1. Constitutional provisions engaged by menstrual health policy.

4.2 National Policy Framework

1. **National Menstrual Hygiene Management Policy 2019–2030 (Ministry of Health, launched May 2020) – Kenya's overarching MHM policy instrument.**
2. **MHM Teachers' Handbook (Ministry of Education, 2022) – equips teachers to support puberty and menstrual health education in schools.**
3. **School Health Policy – integrates menstrual hygiene management as a component of the broader school health agenda, alongside WASH and adolescent health.**
4. **National Adolescent Sexual and Reproductive Health Policy – situates menstrual health within adolescent SRH programming.**
5. **Kenya Environmental Sanitation and Hygiene Policy (2016–2030) and WASH Standards and Guidelines – govern school-level disposal infrastructure requirements.**
6. **Kenya Health Policy (2014–2030) – the overarching health-sector framework within which MHM sits.**

4.3 Legal Framework

Instrument	Relevance
Basic Education (Amendment) Act, 2017, s.39(k)	Statutory entitlement to free, sufficient, quality sanitary towels and safe disposal
Public Health Act, Cap 242	Governs sanitation and public health standards relevant to MHM facilities
Environmental Management and Coordination Act, No. 8 of 1999	Governs waste management and disposal standards
Public Procurement and Asset Disposal Act, 2015	Governs product procurement and local-manufacturer preference
Standards Act, Cap 496	Establishes KEBS and its mandate to certify menstrual product quality

Table 2. Legal instruments governing menstrual health in Kenya.

4.4 Institutional Arrangements

Institution	Role
Ministry of Health	Policy custodian for MHM Policy; reproductive and adolescent health programming
Ministry of Education	School-level implementation; curriculum and teacher-preparedness materials
National Treasury	Budget appropriation and public finance oversight
NGAAF	Current custodian of national sanitary towels distribution (2024/25 onward)
Ministry of Gender, Culture, the Arts and Heritage	Gender policy oversight; prior programme custodian (2023/24)
County Governments	Health service delivery, WASH infrastructure, and community-level programming
KEBS	Product quality standards and certification (D-Mark; KS 2925:2020; ISO/TC 338 pilot)
NEMA	Environmental compliance for menstrual waste management and disposal
KEMSA	Public-sector medical and health-commodity supply chain, where engaged
Development partners (UNFPA, UNICEF, USAID, WHO, Gates Foundation, others)	Technical assistance, research funding, and co-financing

Table 3. Institutional roles in Kenya's menstrual health system.

The coordination gap this landscape repeatedly surfaces

No single institution currently holds cross-sectoral oversight of menstrual health as a system spanning health, education, WASH, environment, and industry. Section 16 recommends a standing coordination mechanism bringing these institutions together – not to replace any of their mandates, but to close the visibility gap between them.

05.

Situation Analysis:

The State of Menstrual Health in Kenya

5. Situation Analysis:

The State of Menstrual Health in Kenya

PART III · THE SITUATION

5.1 Population Profile

Kenya's population was estimated at approximately 51.5 million in 2023.

Menstrual health needs span adolescent schoolgirls, working-age women, persons with disabilities, refugees and displaced populations, incarcerated women and girls, and pastoralist and other marginalised communities – each engaged in later sections on equity and inclusion (Section 10).

5.2 Product Access and Material Use

The 2022 KDHS found that 97% of women aged 15–49 used an appropriate material during their last menstruation, and 98% who were at home during their last period reported being able to wash and change in privacy.

Disposable sanitary pads are the dominant material (91%), followed by reusable sanitary pads (5%). A separate PMA Kenya analysis, examining material use in more granular categories, found 77.5% of women used pads exclusively, 9.0% used cloth exclusively, 2.5% used cotton wool exclusively, 7.8% combined pads and cloth, and 2.3% used multiple material types – a more textured picture than the KDHS headline figures alone convey.

Indicator	Figure	Source
Women using appropriate menstrual material	97%	KDHS 2022 (KNBS, 2023)
Women able to wash/change in privacy at home	98%	KDHS 2022 (KNBS, 2023)
Disposable pad use	91%	KDHS 2022 (KNBS, 2023)
Reusable pad use	5%	KDHS 2022 (KNBS, 2023)
Women using pads exclusively (granular)	77.5%	PMA Kenya analysis
Women using cloth exclusively	9.0%	PMA Kenya analysis
Women combining pads and cloth	7.8%	PMA Kenya analysis

Table 4. Menstrual material use in Kenya, national estimates.

A more urgent picture from newer national research

The positive 2022 KDHS national averages sit alongside more recent, more granular findings: a 2024/25 national study found 54% of respondents reported difficulty accessing menstrual products, 65% reported lacking sustainable access to safe menstrual products despite ongoing government programmes, and only 46% reported primarily using disposable pads – all reminders that a positive national average can still describe a system many individual women and girls experience as unreliable.

5.3 Water, Sanitation and Hygiene (WASH)

Indicator	Figure	Source
Population with basic drinking water access (national)	68%	KDHS 2022 / WHO-UNICEF JMP
Urban basic drinking water access	91%	KDHS 2022
Rural basic drinking water access	56%	KDHS 2022
Population with basic handwashing facility (soap + water)	51%	KDHS 2022
Population with basic sanitation services	41%	KDHS 2022 / JMP
Households without water on premises	54%	KDHS 2022
Women (15+) who are the household's primary water collectors	69%	KDHS 2022

Table 5. WASH access indicators relevant to menstrual hygiene management.

Independent school-focused research finds only 45.3% of girls have both water and soap available specifically for menstrual hygiene management at school, and a pastoralist-community study found 65% of surveyed schools lacked latrine privacy for girls, with 24% of latrines lacking doors or locks entirely – a reminder that national averages can mask sharply worse conditions in specific settings.

5.4 Menstrual Waste Management

A standard disposable sanitary pad can take 500 to 800 years to decompose in a landfill.

Qualitative research in Nairobi's informal settlements (Health & Place, 2022) documented the acute absence of disposal infrastructure – one respondent's words, 'there is no place to dispose them, what would you have me do?', capture a lived reality behind the national disposal-infrastructure statistics. Research on sanitation workers handling menstrual waste has further documented occupational health and safety risks in the absence of protective systems.

5.5 Menstrual health outcomes, education, and disorders

The Nia Project – a rigorous four-arm cluster-randomised controlled trial across 140 public primary schools in Kilifi County (Section 6 and Section 11) – remains the single most authoritative Kenyan study on whether menstrual product distribution changes educational outcomes, and its central finding, that products alone did not move school attendance while combined product-and-education interventions improved knowledge and gender attitudes, should shape how every actor in this landscape designs future programming.

Beyond hygiene and education outcomes, menstrual disorders – dysmenorrhea, heavy menstrual bleeding, and conditions such as endometriosis – remain comparatively under-researched and under-diagnosed in the Kenyan context.

06.

The Free Sanitary Towels Programme

6. The Free Sanitary Towels Programme

> "The government shall provide free, sufficient and quality sanitary towels to every girl child registered and enrolled in a public basic education institution... and provide a safe and environmental sound mechanism for disposal."
>
> **– Basic Education (Amendment) Act, 2017, s.39(k), as reported by the BBC**

No single intervention in Kenya's menstrual health landscape carries more weight, more history, or more unrealised potential than the Free Sanitary Pads Distribution Programme (FSPD).

Fourteen years after its first budget line and eight years after becoming a statutory entitlement, it remains simultaneously one of Africa's most ambitious public commitments to menstrual dignity and one of its most instructive case studies in what happens when institutional design lags legislative ambition.

6.1 From discretionary allocation to statutory right

In 2011, the Government of Kenya eliminated import duty on sanitary pads and created the first formal budget line to distribute free products to girls in public schools – roughly USD 3 million annually at the time, run through the Ministry of Education with no statute behind it and no dedicated institution to carry it.

That changed in 2017, when President Uhuru Kenyatta signed the Basic Education (Amendment) Act. Section 39(k) converted nine years of discretionary Treasury appropriation into a justiciable legal entitlement – a stronger standard of obligation than most peer countries have achieved, and one that gave girls, parents, and Parliament a statutory benchmark against which to measure delivery for the first time.

6.2 Four Custodians in Fourteen Years: The Institutional "Ping-Pong"

Since 2011, responsibility for procuring and distributing the pads has moved four times across three institutions, with each transition disrupting continuity of data, supplier relationships, and accountability lines:

- 2011–2022/23: Ministry of Education – original custodian; later audited and found not to have supplied sufficient pads to every enrolled girl.
- 2023/24: Ministry of Gender – responsibility shifted for one financial year; generated a KES 458.3 million pending bill that remained unresolved at the following year's audit, in breach of the Public Finance Management Regulations' first-charge rule.
- 2024 (transitional): a brief reversion to the Ministry of Education ahead of the final handover.
- 2024/25 to date: NGAAF – the 11th Parliament moved the budget line again, enabling the 47 County Woman Representatives to distribute pads directly.

The Institutional "Ping-Pong": Four Custodianship Transitions in Fourteen Years

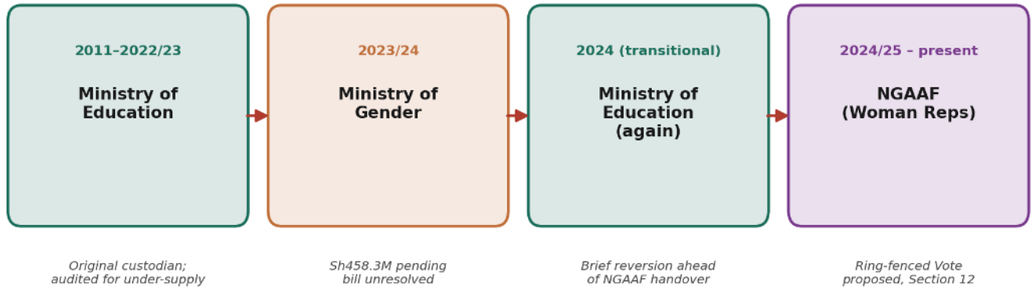


Figure 3. Four confirmed custodianship transitions since 2011. Each transfer reset procurement systems, supplier contracts, and monitoring data.

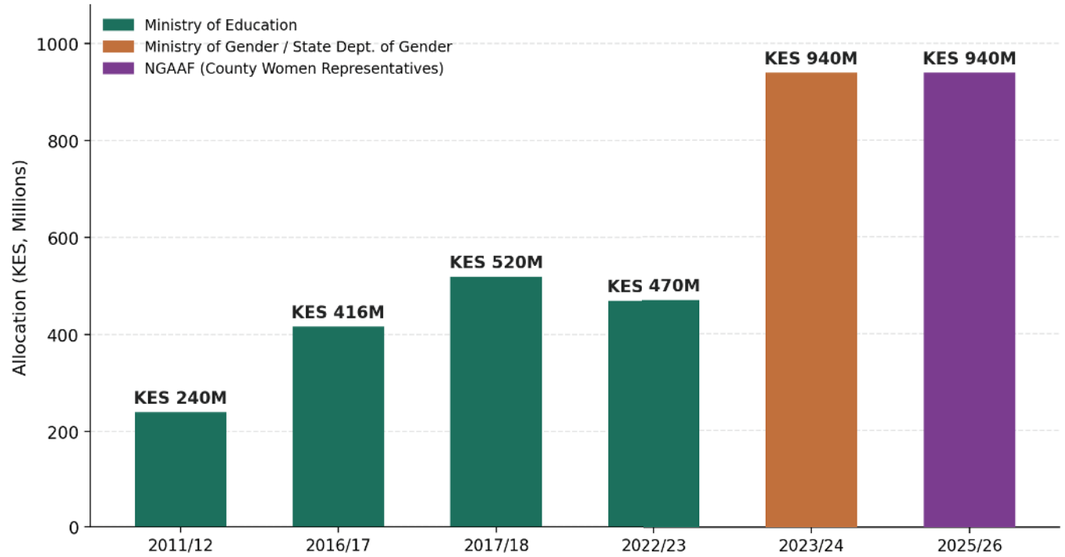
"...while the initiative was well-intended, interference by self-interested parties has [undermined it]..."

– A retired Ministry of Education officer, part of the 2011 planning team, quoted in the Daily Nation's investigation into the programme's history (2025)

6.3 Financing: Growth without Protection

Nominal allocations have grown more than fourfold since 2011 – but the trend conceals volatility and, since 2024/25, a structural vulnerability: the Programme's budget is no longer a distinct, trackable line. It is folded into NGAAF's general affirmative-action envelope, which was itself cut from KES 1.044 billion to KES 940 million for 2025/26 with no ring-fenced protection for the sanitary towels allocation within it.

FSPD Budget Allocation Trend, 2011/12 - 2025/26 (Nominal KES Millions)



Note: Figures reflect budget lines reported in Parliamentary proceedings, Treasury budget statements and media coverage of Auditor-General findings. Institutional custodian shown by colour – illustrating the programme's repeated transfer between ministries. USD equivalents in Table 2.

"This back-and-forth in the budget cap is hurting us in achieving our constitutional mandate."

– Esther Passaris, Nairobi Woman Representative

6.4 What The Evidence Says About Performance

The Programme's performance record can be separated into what is verified, what is credibly reported but unconfirmed, and – the finding that matters most – what remains simply unmeasured.

- **Verified: the Ministry of Education did not supply sufficient towels to every enrolled girl during the audited years 2019/20–2021/22; the KES 458.3 million pending bill breached public finance rules; disbursement delays in 2023/24 were severe enough to disrupt National Assembly proceedings.**
- **Reported but not independently verified: urban bias in distribution, with ASAL counties receiving proportionally less support; substandard or expired products reaching some schools.**
- **Unmeasured: no continuous administrative dataset links budget disbursed to products delivered to girls reached. Every audit since 2011, including the evidence behind this report, has relied on sample checks, self-reporting, or independent research – not routine programme data.**

Why the Nia Project findings matter directly for this Programme

The FSPD's core theory of change assumes that distributing pads keeps girls in school. The Nia Project's rigorous four-arm trial in Kilifi found that pad distribution alone did not significantly improve attendance – only combining products with reproductive health education produced measurable gains in knowledge, self-efficacy, and gender-equitable attitudes. This is not a reason to abandon product distribution; it is the strongest available evidence that the Programme's persuasive power, and its actual impact, both depend on pairing it with the education component it has historically lacked.

6.5 The Environmental Dimension

The 2017 Act mandated safe disposal alongside free provision, but disposal has received a fraction of the institutional attention procurement has.

A standard disposable pad takes 500 to 800 years to decompose, and independent testing of comparable Kenyan health-facility incinerators has found combustion efficiency materially below the national 99% standard – meaning any expansion of distribution volume without matching investment in disposal infrastructure mechanically increases environmental harm even as it advances menstrual dignity.

6.6 The Case For Strengthening and Accountability

None of this diminishes the Programme's real significance: over a decade of sustained public financing and a stronger legal foundation than most African peer countries have achieved. What it clarifies is the shape of the next phase.

The case for strengthening and accountability built on three pillars: a ring-fenced budget line protecting financing from unrelated fiscal pressure; the implementing regulations the 2017 Act has lacked for eight years, defining product quality, distribution formula, and disposal standards; and a genuine monitoring and evaluation system, anchored by a national baseline survey, so that future claims about the Programme's reach are measured rather than assumed.

> **"The question before us is not whether Kenya should continue investing in the Free Sanitary Towels Programme. The real question is: how do we transform one of Africa's largest public investments in menstrual dignity into a nationally accountable, evidence-driven programme that delivers measurable outcomes, stimulates local industry, and builds a sustainable menstrual economy?"**

07.

Financing Landscape

7. Financing Landscape

Government financing for menstrual health in Kenya has been substantial by regional standards but structurally fragile – a pattern most visible in the Free Sanitary Pads Distribution Programme (Section 6), but present across the wider system.

Financing Source	Indicative Figure	Note
Cumulative national government spend, FSPD (since 2011)	~KES 3.49 billion	AWJP synthesis of Treasury/OAG data
Current NGAAF-wide affirmative-action envelope (FY2025/26)	KES 940 million	Not a ring-fenced, pad-specific line
Kenya's domestic menstrual economy investment value (2026)	~USD 100 million (KES 13.5 billion)	Kenya Menstrual Economy Conference declaration, June 2026
Global menstrual health market in LMICs	> USD 28 billion	SHF-RHSC partnership estimate
Kenya menstrual health market potential by 2030	~USD 251 million	Sanitation and Hygiene Fund (SHF)

Table 6. Menstrual health financing landscape, national and market figures.

County budgets, development-partner co-financing (UNFPA, UNICEF, USAID, the Bill & Melinda Gates Foundation, and others), private-sector CSR, and household out-of-pocket expenditure supplement national government financing, but no consolidated national accounting currently tracks total menstrual-health-related spend across all these sources – itself a data gap this report flags for the coordination mechanism recommended in Section 16.

08.

Programme Landscape and Stakeholder Map

8. Programme Landscape and Stakeholder

A wide range of actors currently deliver menstrual health programming in Kenya, often without a shared data platform to coordinate reach – creating both duplication risk in well-served areas and coverage gaps in under-served ones.

Stakeholder Category	Representative Actors	Primary Role
Government	NGAAF, Ministry of Health, Ministry of Education, County Governments	Policy, financing, and public distribution
UN agencies	UNFPA, UNICEF, WHO, UN Women	Technical assistance, research, advocacy, co-financing
Global funds/initiatives	Sanitation and Hygiene Fund (SHF), Reproductive Health Supplies Coalition (RHSC)	Market development, data transparency, standards convening
International NGOs	Days for Girls International, ZanaAfrica, WaterAid	Product distribution, education, WASH programming
Research institutions	KEMRI, Kenyatta University, Population Council, APHRC, ICRH-K, international academic partners	Evidence generation and trials
Private sector / social enterprises	Galentine Care/GalCare, Kujuwa/SOKO Kenya, other local manufacturers	Local manufacturing and product innovation
Faith-based and community organisations	Various, county and community level	Community-level distribution and behaviour change

Table 7. Stakeholder matrix: who is doing what in Kenya's menstrual health landscape.

09.

The Menstrual Economy and Market Systems

9. The Menstrual Economy and Market Systems

PART IV · THE ECONOMY

Kenya's June 2026 Menstrual Economy Conference marked a deliberate reframing: menstruation as an industrial and investment opportunity, not only a public health and welfare concern. This section maps the value chain and the evidence behind that reframing.

Figure 5. Kenya's menstrual products value chain, from raw materials to circular-economy waste management.

9.1 Market Size and Potential

1. **Kenya's domestic menstrual economy is estimated at USD 100 million (KES 13.5 billion) in investment value (Kenya Menstrual Economy Conference declaration, June 2026).**

2. **Installed production capacity exceeds 2 billion sanitary pads annually, with current output below 50% of that capacity – evidence that the binding constraint is market coordination and demand aggregation, not manufacturing potential.**

3. **The Sanitation and Hygiene Fund (SHF) estimates Kenya's menstrual health market could reach USD 251 million by 2030 under current trajectories; one private market-analytics estimate puts the narrower 'menstrual care' retail market at USD 60 million in 2025, rising to USD 75 million by 2032, with sanitary towels holding roughly 90% of product-line sales.**

4. **Globally, the menstrual health market across low- and middle-income countries is valued at over USD 28 billion (SHF/RHSC), against a backdrop of more than 500 million menstruators worldwide – roughly a quarter of the global female population of reproductive age – lacking access to necessary menstrual supplies.**

9.2 The ‘Buy Kenya, Build Kenya’ Procurement Directive

Central to Kenya’s menstrual economy strategy is a directive for public institutions to procure locally manufactured sanitary products for state-sponsored distribution programmes, including the FSPD – intended to retain public procurement capital within the domestic market, strengthen local supply chains, reduce the national import bill, and create manufacturing employment.

Kenya’s first nationally coordinated Menstrual Health Economy Market Assessment was commissioned alongside the directive, to generate authoritative data on sector size, competitiveness, and investment potential.

9.3 Market-based approaches: the evidence from the Reproductive Health Supplies Coalition

The Reproductive Health Supplies Coalition’s Menstrual Health Supplies Workstream – whose contributors include market-access researchers such as Tanya Mahajan and Arundati Muralidharan – has argued that free or subsidised product provision alone cannot meet the scale of global menstrual health need, and that market-based approaches, alongside public provision, are necessary to expand sustainable access.

SHF’s partnership with RHSC specifically targets a structural market failure: the absence of dedicated Harmonized System (HS) trade codes for menstrual products, which currently makes it near-impossible to monitor trade flows, import duties, and market gaps at a country level.

Why the market-systems lens matters for Kenya specifically

SHF’s Menstrual Health Market Maturity (MHMat) framework has been used directly with the Government of Kenya to build an investment case and identify public-sector reform opportunities. Kenya is already a live case study in applying market-systems thinking to menstrual health, and the evidence base from RHSC, SHF, and market researchers should directly inform how the country’s own Menstrual Health Economy Market Assessment is designed and how the FSPD’s own procurement model (Section 6) evolves.

9.5 Innovation and Circularity

1. **Digital platforms for last-mile distribution and demand aggregation remain nascent in Kenya relative to India, where bleeding-management product sales are reported to be growing at roughly 10% per year.**

2. **Reusable and biodegradable products are commercially viable in the Kenyan market but remain a small share of overall sales; KEBS’s reusable-pad standard (2020) is an enabling foundation for this segment’s growth.**

3. **Circular-economy approaches to menstrual waste remain the least developed link in the value chain, and are identified in Section 13 as an emerging priority area.**

10.

Equity and Inclusion

10. Equity and Inclusion

A systems view of menstrual health must reach beyond the school-age girls who dominate current programming, including the FSPD.

1. Girls and women with disabilities face additional physical and information barriers to menstrual product use and disposal, often under-addressed in mainstream MHM programming.

2. Refugee and displaced populations face acute product-access and WASH gaps; a 2025 scoping review of menstrual hygiene management among girls and women refugees across Africa, including Kenyan evidence, documents these gaps directly.

3. Pastoralist communities, including Maasai communities studied directly in recent field research (Takayanagi & Ikeda, 2025), show measurably poorer MHM practice indicators than national averages.

4. Urban informal settlements face compounded WASH infrastructure gaps; qualitative research in Nairobi's informal settlements documents both stigma and the practical absence of disposal options.

5. Female sex workers in western Kenya face menstrual management challenges directly linked to livelihoods and stigma, as documented in recent qualitative research in Kisumu (2026).

6. Women in correctional facilities, street-connected girls, and older women managing perimenopause and menopause remain largely absent from current Kenyan menstrual health data and programming.

7. ·Working women's access to menstrual health support in formal and informal workplaces remains inconsistent, addressed internationally through initiatives such as the Period Positive Workplace campaign.

11.

Evidence and Research Landscape

11. Evidence and Research Landscape

Kenya has one of the richest menstrual health research bases in Africa, spanning more than a decade of peer-reviewed studies.

The table below curates published, peer-reviewed research specifically focused on menstrual health, hygiene, or hygiene management in Kenya, or including Kenya as a study country (2015–2026).

Year	Study / Citation	Design	Focus
2015	Mason et al., PLOS ONE – 'We keep it secret so no one should know'	Qualitative	Menstrual stigma, school attendance, western Kenya
2016	Phillips-Howard et al. – Menstrual needs and SRH risk, Siaya County	Cross-sectional	Menstrual practices and reproductive health risk
2016	Montgomery et al. – Sanitary pad and puberty education provision	Cluster RCT	Pads, education, and school attendance
2017	Girod et al. – Inequities constraining girls' menstrual management at school	Mixed methods	School WASH and menstrual management
2018	Phillips-Howard et al. – Menstrual cups and schoolgirls in rural Kenya	Randomised study	Cup safety and acceptability, Siaya
2019	van Eijk et al. – MHM among schoolgirls in LMICs (systematic review)	Systematic review	Kenya evidence synthesised within LMIC review
2020	Austrian et al. – Adolescent girls' experiences of menstruation and school participation	Mixed methods	Education, puberty, and gender norms, Nairobi & Kilifi
2021	Austrian, Kangwana, Muthengi, Soler-Hampejsek – the Nia Project (Section 6.4)	4-arm cluster RCT	Pads + RH education vs. attendance and RH knowledge, Kilifi
2021	PMA Kenya analyses of menstrual health indicators	National survey	Product access and menstrual practices
2022	'There is no place to dispose them…' – Health & Place	Qualitative	Waste management, stigma, Nairobi informal settlements
2022/23	Kenya Demographic and Health Survey (KDHS) 2022, launched 2023	National household survey	First nationally representative menstrual indicators
2025	UNFPA & ICRH-K – MHHM Policy Brief, based on 2024 national study	National study / policy brief	Knowledge, product access, stigma, policy recommendations
2025	Harerimana et al. – MHM among refugee girls and women in Africa	Scoping review	Refugee menstrual health, including Kenya
2025	Takayanagi & Ikeda – MHM among adolescent girls in Kenya's Maasai community	Field study	Cultural practices and access, pastoralist community
2026	Sanyanda et al. – Menstrual products lower school absenteeism, Frontiers	Quasi-experimental	Coastal Kenya, product provision and attendance
2026	McCullough et al. – Menstrual management and livelihoods of FSW, Frontiers	Qualitative	Kisumu, livelihoods, stigma, sexual health

Table 8. Curated bibliography of published menstrual health research in Kenya, 2015–2026. Commentaries, conference abstracts, blogs, and unpublished reports are excluded.

The Nia Project:

Kenya's landmark menstrual health trial

3,489 Grade 7 girls across 140 public primary schools in Magarini, Kaloleni, and Ganze sub-counties, Kilifi County.

A four-arm cluster-randomised design (control; pads only; RH education only; pads plus RH education) delivered over 18 months, with 94% participant retention at endline – exceptionally low attrition for a study of this scale. Pad distribution alone produced no statistically significant improvement in school attendance.

Reproductive health education – alone or combined with pads – produced significant improvements in RH knowledge, gender-equitable attitudes, and self-efficacy. The combined arm delivered the broadest gains overall. This is the strongest single piece of Kenyan evidence that product distribution and education are complements, not substitutes (Austrian et al., 2021).

11.1 Where Knowledge Gaps Remain

- No continuous national administrative data system exists linking distribution, product quality, and beneficiary reach – every current assessment, including this report, relies on periodic surveys and independent studies.
- Menstrual disorders (dysmenorrhea, heavy menstrual bleeding, endometriosis) remain comparatively under-researched relative to hygiene and access topics.
- Workplace, humanitarian, and custodial-setting menstrual health in Kenya specifically remains thinly documented compared to the school-age evidence base.
- Market-level data – production volumes, trade flows, and pricing across the full value chain – remains limited, a gap the planned national Menstrual Health Economy Market Assessment is intended to close.

12. Success Stories

12.1 The Free Sanitary Towels Programme

Despite the governance and continuity challenges documented in Section 6, the Programme represents a sustained, over-a-decade public commitment to menstrual dignity that few African countries have matched, cumulatively channelling an estimated KES 3.49 billion in public resources since 2011 and anchoring one of the strongest legal entitlements to menstrual health on the continent.

12.2 Local Manufacturing: Galentine Care

In early 2026, Galentine Care Ltd, backed by the US social enterprise GalCare, opened a fully automated sanitary pad factory in Mbita, Homa Bay County, producing pads at up to 60% below prevailing market prices and targeting reach to 500,000 women within three years – alongside donations to local schools.

12.3 KEBS Standards Leadership

KEBS's 2020 Reusable Sanitary Towel Standard and its 2026 selection as an ISO/TC 338 pilot country for global menstrual product standards position Kenya as a rule-shaper, not merely a rule-taker, in an international market increasingly under scrutiny for quality and counterfeit-product risk.

12.4 The Nia Project's Lasting Influence

Beyond its findings, the Nia Project demonstrated that rigorous, government- and academically-credible evaluation of menstrual health interventions is achievable in the Kenyan context – a model for the kind of evidence generation this report recommends be built into routine programming, not treated as an occasional research exercise.

13. Emerging Issues

13. Emerging Issues

PART V · LOOKING FORWARD

1. Climate change and environmental sustainability: the 500–800-year decomposition timeline of disposable products makes menstrual waste an emerging climate and circular-economy issue, not only a sanitation one.

2. Digital menstrual health: cycle-tracking apps and AI-enabled health tools are expanding globally but remain nascent in the Kenyan market and under-studied locally.

3. Workplace menstrual health: global initiatives such as the Period Positive Workplace campaign signal a growing expectation that menstrual health support extend into formal and informal workplaces, not only schools.

4. Menopause and perimenopause: an ageing population and rising life expectancy make menopausal health an emerging, currently under-addressed extension of the menstrual health agenda in Kenya.

5. Humanitarian response: menstrual health in refugee and displacement settings requires dedicated coordination distinct from national school-based systems.

6. Local manufacturing and economic empowerment: the Menstrual Economy Conference's declaration signals sustained political attention to manufacturing, trade, and enterprise development as an integral, not peripheral, part of menstrual health strategy going forward.

14.

Challenges

14. Challenges

1. Universal menstrual health coverage: extending Kenya's already-legislated school-age entitlement toward a broader population, sequenced deliberately rather than announced all at once.

2. A restructured, ring-fenced Free Sanitary Towels Programme: converting Kenya's flagship programme's institutional continuity and financing weaknesses into a durable, well-governed foundation (Section 6.6).

3. Local manufacturing scale-up: converting under-utilised production capacity (currently below 50% of installed capacity) into jobs, exports, and lower consumer prices through coordinated procurement and investment facilitation.

4. Public-private partnerships: leveraging SHF's Menstrual Health Market Maturity framework and RHSC's market-development expertise to structure Kenya's own market interventions.

5. Evidence-led programming: replicating the Nia Project's rigorous evaluation model as a standard feature of future menstrual health investment, not an exception.

6. Primary healthcare integration: embedding menstrual health – including menstrual disorders – within primary healthcare and Universal Health Coverage programming, not only school health.

7. County leadership: formalising and scaling county-level innovations through a shared national inventory and coordination mechanism.

8. Regional exports: positioning Kenya's manufacturing base for AfCFTA, EAC, and COMESA market access, building on KEBS's emerging international standards leadership.

15.

Opportunities

15. Opportunities

1. Universal menstrual health coverage: extending Kenya's already-legislated school-age entitlement toward a broader population, sequenced deliberately rather than announced all at once.

2. A restructured, ring-fenced Free Sanitary Towels Programme: converting Kenya's flagship programme's institutional continuity and financing weaknesses into a durable, well-governed foundation (Section 6.6).

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16.

Strategic Recommendation

16. Strategic Recommendations

16.1 For National Government

1. Establish a standing, cross-sectoral coordination mechanism for menstrual health, bringing together Health, Education, Treasury, NGAAF, Gender, KEBS, and NEMA.
2. Ring-fence FSPD financing within a protected budget line so it is not silently absorbed into unrelated fiscal pressures (Section 6.6).
3. Develop the implementing regulations the Basic Education (Amendment) Act, 2017 has lacked for eight years.
4. Complete the national Menstrual Health Economy Market Assessment and use it to inform procurement, taxation, and investment policy.

16.2 For County Governments

1. Integrate menstrual health into County Integrated Development Plans, with WASH infrastructure investment explicitly costed alongside product distribution.
2. Document and share county-level innovations through a national inventory.

16.3 For Development Partners

1. Fund the continuous monitoring and data systems this report identifies as Kenya's most significant evidence gap, rather than only periodic standalone surveys.
2. Support the 'Buy Kenya, Build Kenya' procurement transition with technical assistance on quality standards and investment facilitation.

16.4 For Schools

1. Pair every product distribution with structured reproductive health education, consistent with the **Nia Project's** evidence (Section 6.4, Section 11).
2. •Prioritise WASH infrastructure – privacy, water, and soap access – alongside product distribution, given the gap between national and school-level access data.

16.5 For The Private Sector

1. Scale local manufacturing capacity utilisation, using KEBS certification and public procurement preference as market entry points.
2. Invest in reusable and biodegradable product lines, building on the existing KS 2925:2020 standard.

16.6 For Researchers and Civil Society

1. Prioritise research on menstrual disorders, workplace menstrual health, and humanitarian-setting menstrual health – the least-studied areas identified in Section 11.
2. Support community-level advocacy addressing persistent stigma and religious/social restrictions documented in regional data.

17.

Future Outlook and Conclusion

17. Future Outlook and Conclusion

By 2030, this landscape suggests a plausible and achievable vision for Kenya: a menstrual health system in which product access, WASH infrastructure, and disposal capacity are treated as a single, coordinated system rather than separate initiatives; in which the country's own manufacturing base supplies a growing share of national demand and exports to regional markets; in which the Free Sanitary Pads Distribution Programme finally has the ring-fenced financing, regulations, and measurement system its legal entitlement has always deserved; and in which menstrual health data is generated continuously rather than rediscovered every few years through a new survey.

This vision aligns directly with Kenya's Vision 2030 social pillar, the Sustainable Development Goals (notably SDG 3, 4, 5, and 6), the Bottom-Up Economic Transformation Agenda's manufacturing priorities, Universal Health Coverage, and Africa Agenda 2063. Kenya's menstrual health journey since 2004 demonstrates sustained, genuine institutional commitment. The strategic task for the next phase, as this report has tried to show, is to convert that commitment into a coordinated system – one where every stakeholder mapped in Section 8 can see the same evidence, work from the same standards, and measure progress against the same baseline.

18.

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