The Cup Summit 2018 Report

Nairobi, April 2018
Executive Summary

Increasingly, menstrual health programmes around the world are targeting underprivileged girls and women and some include menstrual cups as a viable intervention. The menstrual cup is environmentally friendly, sustainable, hygienic, can be used for 8-12 hours before it needs to be emptied, seldom leaks, needs little water, is comfortable, practical, cost efficient and loved by most girls and women who use them.

In January 2018 stake holders working with, or with an interest in, menstrual cups were invited to the first ‘Cup Summit’. This was initiated and organised by Camilla Wirseen, the founder of The Cup Foundation, with financial support from The Church of Sweden. Around 30 people representing 19 different organisations ranging from small NGOs and churches to large international organisations like UNHCR, Save the Children and Oxfam, gathered in Nairobi Kenya for a three-day conference. Participants came from Uganda, Tanzania, South Sudan, Britain and different parts of Kenya.

The main objective of the summit was to exchange information and experiences; find ways to share knowledge and experience; and develop collaborations to support women and girl’s choice and use of menstrual cups. The summit had a flexible agenda with presentations to encourage discussion. The conference had an open and positive atmosphere and participants left with practical ideas on how to improve their programmes.

Two important outcomes were the decision to form a Menstrual Cup Coalition for organisations or people working with menstrual cups; and to hold a Menstrual Cup Summit every year.
Objectives of the Cup Summit

- Improve communication channels between participants who market, distribute, and/or provide training on menstrual cups, or conduct research into cup use and impact.

- Discuss issues, which effect distribution, availability and use: how to improve cup uptake, measure impact and ensure sustainability.

- Identify common projects, such as fundraising, campaigns to create awareness of the menstrual cup and research, into the menstrual needs of underprivileged girls and women.

- Cover any other priority topics proposed by Summit participants related to programmes, campaigns, and other issues.

Venue

The summit took place from 23 - 25 of January, 2018. The first two days everyone gathered in a conference room at Gracia Gardens Hotel set in a conducive environment allowing the free flow of discussions. The last day group discussions were held at the home of Camilla Wirseen, in the outskirts of Nairobi. The weather was beautiful and the participants sat in the garden surrounded by flowers, cats and dogs for engaging discussions.

Participants

The attendees could be divided into two groups, those with a broad experience of cup implementation and those who were present to learn for future implementation. Most of the participants who have been working with cups belong to organisations that have been reaching out for at least two years providing menstrual cups and education to girls, or researching into their use. See Appendix 1 for list of participants.
Key Outcomes from The Cup Summit

The Menstrual Cup Coalition

One objective of the Cup Summit was to improve co-operation and communication among organisations and people working with cups. The participants decided to develop joint tools for monitoring and evaluation that will improve and widen data on menstrual cup use and experience from different countries, cultures and circumstances to be aggregated and evaluated. This will be an important step for identifying problems and finding solutions to support the development of menstrual health interventions around the world. This will also facilitate organisations to apply for funding together. Joint international campaigns about menstrual cups and about girls’ situations in developing countries will create a stronger voice.

- The organisations present at summit decided to form The Cup Coalition. The group consists of individuals from a range of backgrounds, each with different experience, knowledge, expertise and strengths.
- The initiative will expand the reach, impact and influence of the coalitions work so that more women and girls will benefit from menstrual cups.
- By combining the strengths and working together the quality of work will improve and make a bigger difference.
- The Cup Coalition will work together to produce Good Practice guidelines for implementation, information, training, research, monitoring and evaluation.
- A working group volunteered to explore and discuss a ‘blueprint’ for the Coalition and create a simple website in time for Global Menstrual day, 28 May 2018.
'The Menstrual Cup Coalition supports the safe use of affordable menstrual cups globally by sharing knowledge and good practice with other organisations.'

- The Menstrual Cup Coalition
Topics on Menstrual Cups Discussed During The Cup Summit

The following information and anecdotal observations are based on the presentations and discussions of participants during the Cup Summit.

General

Despite their numerous advantages, menstrual cups are not yet mainstream menstrual products. There is still a prejudice against cups within many organisations, due to ignorance of their advantages and acceptability. The high start-up cost required for the cups and training also prevents organisations using them - even though they may be cheaper than disposable pads after a year, and cheaper then reusable pads after 18 months. It is still more common for NGOs working on menstrual health in low-income communities to provide either disposable or clothe pads to women and girls. There are only a handful of organisations in East Africa committed to running projects that focus on menstrual cups.

"Why are we afraid to start using the cup?"

Unfortunately, most women are afraid to start using menstrual cups - whatever their age, tampon users or pad users, living in any context or country. The group concluded that one cause of this is fear that the cup is too big and hard and will be uncomfortable to insert and use. Also women don’t understand their own bodies. Suggestions were offered to present the cup folded; present the small size; and to compare the cup to the size of a penis, a tampon or a baby.

‘How can I choose something I don’t know?’

Many organisations believe that that women and girls should choose the menstrual solution they prefer. This approach can hinder the uptake of menstrual cups, as it is an unknown solution in most parts of the world. It is hard to choose something you don’t know. Everyone has the right to the information to make an informed choice about menstrual products. To accomplish this we need to ensure all knows the menstrual cup.
Menstruation and Gender

Menstruation isn’t only a female thing. It is important to include boys and men in the discussion as this we will also challenge the taboo which is often gender related. Girls and women are shyer about their periods in front of men and boys. Men need to take responsibility and if they speak about it at home it will create a ripple effect. In many societies women are traditionally submissive to men, and don’t want to use things that their men don’t like. If you speak only to girls their mothers might get concerned. If you speak to the mothers their husbands might get suspicious. So it is important to include the men in the discussion. Starting off with presenting the project to fathers, elders and religious leaders can solve most of the resistance in a community. Many men appreciate the fact a lot of money can be saved by using the cup.

Menstruation and Shame

One of the big hurdles while working with MHM is the general shame factor that is connected with menstruation. There are over 80 studies around the world, which have focused on shame in relation to menstruation where mostly girls were involved. The reviews show high level of shame in relation to periods.

Negative outcomes from lack of menstrual solutions

Usually people talk about the lack of hygienic menstrual solutions among adolescent girls resulting in discomfort and school absence. But there are also economic considerations. The current study in Western Kenya by Liverpool School of Tropical Medicine has found that 15 % of girls in Kenya are having transactional sex for menstrual pads, a number that might be higher as it is connected with shame. As this is poverty driven it probably occurs in both rural and urban settings and in any country. This transactional sex, often with older men, can result in teenage pregnancy or HIV and STDs.

School absenteeism

To connect girls school absenteeism with menstruation in research is difficult. Many girls go to school even if they have improper menstrual solutions or are over using pads etc. This may rather result in girls having lower life quality as they might have a hard time to concentrate in school due to the risk of leakage, smell from pads or discomfort. One study with primary school girls did show an increase in absenteeism among girls at menarche compared to before they had their period.
**Cramps and Cups**

Women have cramps during menstruation because the uterus contracts and expands. Some women and girls using cups have found that their cramps are reduced, possibly because they are more relaxed. Others find the opposite. This needs more research.

**Cups and Sex**

Some people believe that a menstrual cup can give sexual pleasure to women. This misunderstanding can be resolved by education that the cup is placed in the vagina below the cervix, and anatomically is not touching the clitoris, which is outside the vagina. Others ask if it is dangerous if a man has sex with a woman who is wearing a cup. Or what will happen if a girl is raped with a cup. Sex with a cup will be uncomfortable for both the males and female. While this is not harmful, the cup will be pushed out of place and blood may leak. Some cultures believe that sex during menstruation will cause the death of the man.

**How much do we bleed?**

A woman bleeds much less than most people believe. A normal period is approximately between 10 – 80 ml per period. A menstrual cup can contain three times as much menstrual flow as a pad or a tampon can absorb.

**Concept of virginity**

Most girls can use a menstrual cup, even from their first period. But many people ask about the hymen and virginity, believing they are the same thing. Education is the key and stating that boys are virgins as well as girls until they have had sexual intercourse is one way to reach understanding. An explanation of what the hymen really is, how it can be broken, and that it is not a sign of virginity is important. If someone hasn’t had sexual intercourse the vagina may be partly surrounded by a hymen. When visible, the hymen usually looks like skin formed like a crown. The hymen often disappears before a girl has sex for the first time while doing sports, riding a bike, or just living. If the hymen is there, using a menstrual cup will stretch it and make it disappear. But the lack of a hymen is not related to ‘virginity’. Despite popular beliefs, most women do not bleed at first sexual intercourse.

Some women may bleed when having sex due to being dry, unexcited, or the man being over-energetic or rough. There is a very rare condition where the hymen fully covers the entrance to the vagina, which requires minor surgery to allow the menstrual flow to come out.
Other rare conditions, which do not allow the insertion of a cup or a tampon, are when the hymen has only one or several very small holes; or prolapsed uterus, which causes a shorter vagina. Girls or women who have undergone extreme female genital mutilation or cutting may not be able to use a cup. If a girl is having a problem inserting a cup and she is experiencing severe pain during her periods every month it can be good to take her to a medical practice for a check up. But an easy way to check if you can use a cup, as a virgin is to try with your finger, if it can get inside you can most probably fit a cup.

Cups versus Pads

Research in Kenya found that girls who used their cups first were those in the lowest socio-economic group. The poorer the girl, the more likely they are to use the cup as they have fewer alternatives. Girls who are already using menstrual disposable pads take longer to try using menstrual cups than girls previously using rags, or having transactional sex. Womena found that when girls have been given the option between pads and cups it was a split of 50% for each product but girls over 16 years were more likely to choose cups. Golden Girls of Kenya found similar findings, with an uptake of 90% with older girls. The Cup Effect found that in Malawi, schoolgirls used their cups sooner if their mothers were given them too.

Cleaning the Cup

Cups need very little water to rinse when emptying. If there is no water the cup can be reinserted without rinsing. Since urine has a high level of ammonia it could be used as a disinfectant. Urinating on the cup after emptying is therefore not dangerous but no research has been performed if it has any other consequences. Some cup manufacturers suggest using commercial disinfectants such as Milton solution, but these are either expensive or not available to most people in Africa. There are different recommendations from Cup makers how long a cup needs to be boiled to be sterilized, ranging from 5 to 12 minutes, at the end of a period. This is probably longer than necessary and could reduce the life of a cup, damage the surface making it more able to hold bacteria, and uses valuable fuel.

The Cup Effect provides a small pan to boil the cup in. Girls like this, but even so reported they had to wait until the family was asleep before they could boil their cups. Liverpool School of Tropical Medicine is investigating the necessity or otherwise of boiling menstrual cups. Some organisations have found that girls in rural areas prefer cups to reusable pads due to the lack of water. This is also a good argument when advocating cups to international organisations.
What size cup?

It is generally believed that women under 30 years should use a smaller cup, as they may not have had sexual intercourse or babies. But the walls of the vagina are elastic and when the wet and a girl is squatting and relaxed it is easier to insert. Some women who have given birth have lower cervixes so they need the small cups. Some brands of cups are made of more flexible silicone than others. In Tanzania, Femme International found girls prefer the smaller size cups. When providing girls with the smaller cups they have had 78% uptake while giving the regular size cup only 65% uptake (the girls were not given a choice). Another recommendation was to call the cups ‘Regular’ or ‘Medium’, and ‘Small’; instead of ‘Large’ and ‘Small’ as this affects the perception of cups. If girls are shown both sizes of cups they will choose the smaller size as it looks less scary to insert.

Size of cup mostly depends on amount of flow and high or low cervix. But when distributing cups the uptake is influenced by physiological reasons and not practical and therefore most organisations prefer providing only one size. The Cup Effect underlines in their training that everyone is different to encourage girls to choose which cups suits them best. The problem in charitable projects is that there are not usually the funds to give cup users’ choice of size or brand.

Cups and health

Liverpool School of Tropical Medicine research in Western Kenya shows increasing evidence that cups compared to other pads lead to lower rates of urinary-genital infection and vaginosis. Micro trauma in the vagina caused by bacteria from tampons is also less when using the cup.

School is a ‘Social Vaccine’

Education is the key to overcoming the hurdles of the cup being unknown or the fear of it. People need to learn about what the cup is made of, how comfortable it is and that it will not hurt if used correctly. It is beneficial if education about safe sex and strengthening girls self-esteem with human right education (demand a condom if having sex) etc. is included in menstrual health programmes. It is important to address menstrual pain is the main reason for girls being absent from school during their menses.
Agreements with Schools

Establish a Memorandum of Understanding, or agreement, which sets out the roles and responsibilities with each school. For example, who can attend the classes or not (teachers may make girls feel uncomfortable), how long each session needs to be, and how many will be performed, the necessity for allowing time for follow up sessions, etc.

Parental Permission

When working in schools always get parents’ consent for their daughters using menstrual cups. Training the parents will also help ensure that they support the girls in using the cup and that the cups are cleaned properly, hands washed, etc. Distributing cups to mothers at the same time, or before, improves the acceptability rate. Even if the funds are for ‘adolescent girls’ if this improves acceptability then it will benefit more girls. Also, mothers will have more money to spend on their daughters’ school fees and books, instead of menstrual products.

Trust

Facilitators must create trust and create a safe space for girls where they feel comfortable to share experiences. Young women who are close in age with the same background and have experienced the same challenges as the girls they are training, and women who are satisfied cup users make good facilitators. People used to training in their communities such as Girl Guide leaders often make better facilitators than doctors. Teachers need to be trained in the use of menstrual cups, or projects will fail. Answering all their questions, and distributing cups to both female and male teachers ensure they will be supportive, and not spread untrue rumours about the dangers of cups.

First Teach Anatomy and Then Teach Cups

Even teachers may not understand their own anatomy, or what mensuration is. Girls and women need to know they have three openings: the vagina, the urethra and the anus, what they are for and where they are. Also important to explain that a cup cannot disappear while inside the vagina, or fall out. If a woman isn’t able to reach the cup she can relax and push down.
Girls need clear information

Whatever their culture or region, adolescent girls face many similar challenges. They may lack support from adults, feel alone, be at risk from abuse, lack esteem or lack knowledge about their bodies and relationships. The more information girls get early, the better they will be able to cope with growing up. The Cup Effect uses the slogan in training ‘Every woman is different’. Adolescents often compare themselves to each other and find faults in themselves. Using visual aids can be helpful. ‘Cut through’ diagrams of the male and female reproductive organs are hard to understand. Use simple images and words, and avoid medical terms. Talking about the vagina openly can help girls gain self-esteem. Trying to avoid the feeling it is a lecture and more a girl-chat session. Sit in a ring rather than at desks to help girls to open up. Ask girls to write anonymous questions about anything to help them to feel less shy or uncomfortable. Incest, rape, infections, pregnancy, pornography, how to say No, or HIV might appear in these questions. ‘Menstrual health’ is often a way to lead to these topics, without alarming teachers or parents.

Boys in the curriculum

Teaching boys about menstruation helps to break the vicious circle of menstrual shame. Educating boys can also give them empathy about the menstrual needs and challenges of girls and women and reduce teasing. Boys usually have gaps in basic knowledge about puberty and sex, or believe myths. Boys also need to discuss and understand unprotected sex, drugs and pornography. Boys often ask for gifts as the girls are getting a menstrual cup. Some projects give boys razor blades, soap, underwear or towels. Or this can be used as an opportunity to tell boys about the cost of menstruation, and that most governments charge tax on menstrual products.

‘Sing a song’

Make training fun. Involve theatre, do a puberty quiz, games or fun exercises. Women have had a Cup song written about menstruation, which makes the girls become more engaged and happy. Malawi Girl Guides and schoolgirls adapted traditional songs with new words.

Cup ambassadors

Celebrities and famous sportswomen make good Cup Ambassadors and inspire women and girls to try using them. Their status will also mitigate against the idea that menstrual cups are only for the underprivileged or poor. Male teachers, celebrities, faith leaders and politicians can also be ambassadors and speak about menstruation openly to break the menstrual taboo.
Research

Importance of Research

Good research can help strengthen the case for menstrual cups on the global stage. More research is needed relating to cup acceptability, uptake, correct use, hygiene practices, long-term use, and impact. A stronger research base would be increasing the evidence to generate greater support from aid agencies and grant bodies. This will fight the scepticism that cups are not culturally accepted, identify problems and find good arguments while advocating. It is important to have credible independent research partners such as specialist academic institutions, linking and supporting programs and organisations to increase capacity. Furthermore, guidance on robust measures can also support programmes to generate high quality data. Focus groups provide an opportunity to receive important information, as girls tend to be more honest in those situations. Combining quantitative and qualitative analyses gives the best result. It’s important to have a baseline survey before the implementation and follow-up monitoring and evaluation.

Femme International recommends following up after 6 weeks, 6 months and 12 months for proper support and evidence. Some organisations have a hard time to convince schools that there is a need for follow-ups. Some schools are asking for money or something to allow time with the girls. It is important to state in the agreement and to agree with the school to provide time for interacting with the girls after the first intervention. Writing questionnaires in a language that the girls understand may ensure correct answers. Every question should be connected with what you want to help them with or what you have resources for. Only include relevant questions. Open-ended questions don’t work well; try to use smiley faces or yes/no questions and try to make keep them short or they feel it is like an exam. Using electronic questionnaires instead of paper and pen saves a lot of time but is costly. Women give girls diaries to trace the uptake and problems. The methodology ‘Theory of change’ can help programmers to see what they want to accomplish and how to get there.
Cups and user acceptance

To know if girls are using the cup or not a good way is to ask them to bring the cup when doing the follow up. By watching colour changes on the cup which comes after usage and asking questions in detail on where used, how cleaned etc. it is possible to find out if they are using the cups or not. It is common when answering questionnaires that girls say they are using cups even if they are not. It has also been noted that if friends are using the cups it is easier for others to start using. One method which can be used in Follow ups is to let girls who were able to start using share their experiences with friends and make them support one friend each like a peer cup mentor.

Suggested topics for research

Throughout the summit gaps and challenges with research were discussed. A summary of topics for future research is listed below.

Cup uptake

• Indicators of acceptability; User acceptance; Rates of on-going continued usage; Influence of male involvement on cup uptake; Influence of mothers on cup uptake among school girls; What messages and form of media could influence cup uptake? How effective is social marketing at influencing cup uptake?

Impact of the Use of Cups

• Attendance in school; ability to concentrate in lessons, and participate in school activities; school dropout and performance; Reduction in sexual and reproductive health harms.

Cups and Maintenance

• Do silicone menstrual cups need to be boiled after each period as recommend by cup makers?

• What are the minimum ‘sterilisation’ requirements? Can urine be used to sterilize a cup?

• How does urine affect the cup? Is it safe to use a cup after ten years?
Cups vs. Pads

- Comparison between cups and reusable pads, and disposable pads: costs, pollution by duration of use (i.e. over 10 years), take taken to become comfortable, health impact, cost and program implications for adequate training for safe effective use.

Cups and Health

- Do cups have any influence on menstrual cramps? Develop a register of all cup users and any adverse events, to determine frequency (including infections)

Cups and Social Acceptance

- Where does scepticism about cups come from? Who, when, where says cups are not culturally acceptable?
- Which governments have approved cups and which NGOs are currently distributing them? What are the barriers?
- How much will rural versus urban people pay for cup? Women versus men?

General Menstruation

- How much pollution do disposable menstrual pads and tampons create? From growing cotton or pine trees, to production, transport, and disposal.
- How can more men and boys be involved in menstrual education?
- What is the prevalence of transactional sex in exchange for menstrual pads?
- How can social media and mobile phones be used most effectively?
One Thing About the Menstrual Cup

‘Flexible - You can do anything you want.’

‘Comfortable!’

‘You only need one - that’s it!’

‘You don’t need much water.’

‘You don’t have to carry around pads or tampons.’

‘Environmentally friendly.’

‘It’s a new product and I will try to use it.’

‘Thing of the Future!’

‘It’s good. I will give it to every person at my home.’

‘You can sleep without knickers and don’t worry about it leaking.’

‘It’s beautiful!’

‘It suits my style of wearing tight clothes.’

‘Excellent entry point for an interesting conversation!’

‘I want to be an ambassador and teach more!’

‘Sustainable!’

‘The effect of menstrual and vaginal bio and decreasing infertility.’

‘Will reduce a lot of psychological pain during long trips, it’s the best!’

‘No dry feeling!’
Appendix 1

The Cup Summit Participants (Alphabetical)

Golda Sawala Ayodo, *Golden Girls* - Kenya

Emma Berglund, *Church of Sweden* - Tanzania

Belacheo Deneko, *Lutheran World Federation* - South Sudan

Naglaa Abd Elwahid, *Relief & Emergency* - South Sudan

Amel Ferchichi, *UNHCR Regional Service* - Kenya

Joakim Friberg, *Church of Sweden* - Tanzania

Axsa Gabagambi, Project Coordinator, *Adolescent Girls Empowerment (AGE)* - South Sudan

Anna Gade, *WoMena* - Uganda

Janie Hampton, *World Menstrual Network* - England

Laura Jokinen, *UNHCR Regional Service* - Kenya

David Murethi Karia - Kenya


Sally King, *Menstrual Matters* - USA

Anna Godwin Mahenge, Tina Ruba, *Evangelical Lutheran Church* - Tanzania

Parvin Ngala, Regional WASH Advisor, *Oxfam International* - Kenya

Rachael Ouko, Program Coordinator Kenya, *Femme International* - Kenya

Felix Owino, *VSO* - Kenya

Penelope Phillips-Howard, *Liverpool School of Hygiene & Tropical Medicine* - Kenya

Mandu Reid, *The Cup Effect* - England

Jennifer Rubli, Research and M&E Coordinator, *Femme International* - Tanzania

Anna-Maria Sandström, *Church of Sweden* - Kenya

Nakalemah Shamirah, *WoMena* - Uganda

Marianne Siri Tellier - Denmark

Camilla Wirseen, *The Cup Foundation* - Kenya
Appendix 2

Agenda

23rd of January, 2018
Gracia Gardens Hotel, Nairobi, Kenya.

9.00 - 9.30 Welcome words - The Cup Foundation

9.30 - 10.00 Presentation of agenda and objectives + suggestion for topics. The group can amend the agenda during the three-day meeting. As there might be many topics that could be discussed and we will not have time for all, we might if needed vote for preferred topics.

10.00 - 13.00 Discussions around menstrual cup issue. Please prepare a 1-5 min introduction to topic to spark discussion. Suggested topics for discussion:

Most women and girls in developing and developed countries are afraid of starting to use the menstrual cup. How could it be overcome? What are the root reasons for the fear?

Sharing of different organization’s methodologies to overcome the problem of hymen.

Is the menstrual cup a solution for all women?

Hygiene and menstrual cups – challenges and sharing of solutions.

Dr Winnie Mwebia, gynaecologist from Kenyatta University, gave a presentation on the anatomy of the female genitalia, leading to interesting questions and discussions.

13.00 - 14.00 Lunch

14.00–14.30 Siri Tellier Womena Presentation by Skype on methodological aspects of research

- ‘Presentation on Cup Research Around the World’

14.30–15.00 Presentation by Penny Phillips-Howard, Liverpool School of Tropical Medicine Research in Western Kenya.

- ‘Menstrual Cups Pilot Study and Current Trial, Western Kenya’
15.00 - 15.15     Tea break
15.15 - 15.45     Good examples of monitoring and evaluation: Jennifer Rubli of Femme International
15.45 - 17.00     Development of priority research agenda – what is lacking.

24th of January, 2018

Gracia Gardens Hotel, Nairobi, Kenya.

9.00 - 10.00     Reflections on yesterday’s discussions. Go around the table where all can share what they learned and/or share new ideas that developed over night.
10.00 - 13.00    Discussions about educational programs/curriculums.

Suggestions on topics:

Training approaches: how to provide quality training that people remember and can apply – sharing of different organisation’s methodologies.

Long and short-term support structures for girls

How do we get more time to train girls in schools?

What are the challenges girls’ face that need to be urgently targeted in our programs?

Male involvement: Trainings of boys, using male teachers, male community ambassadors, engaging fathers, tailoring messages for males etc.

13.00 - 14.00    Lunch
14.00 - 15.00    Rachael Ouko from Femme International in Kenya presentation how to use the cup.
15.00 - 16.00    Presentation of each organisation’s menstrual cup kits and features of best cups.
16.00 - 17.00    Summary of first two days of summit and ideas for next year’s summit. The day ended with a round table discussion asking each participant to recall one important feature about the cup as a ‘take-home’ message.
25th of January, 2018

Venue Karen, (Home of Camilla Wirseen)

Not all participants who attended from the prior days were able to attend. Two groups were formed to discuss either:

(1) How to develop joint monitoring and evaluation tools. The group included most of the organisations who currently work with cups and discussed research gaps and listed research that is required to inform better implementation of cups across differing communities.

(2) The second group were mostly representatives from the Church of Sweden from Tanzania and South Sudan who are not yet using cups in their programmes who wished to discuss their way forward.

The second half of the day everyone present discussed the possibility of forming a Cup Coalition and how to move this forward with a framework for communication and agreement on how it will be managed with Social media, Crowd funding and Advocacy.
Feedback on Summit

- Unique opportunity to meet “like minded souls” allowing us all to openly discuss issues around cups, without having to justify or explain why we think cups are relevant; with positive and collaborative persons who are interested, keen, dedicated to improving girls and women’s lives.

- Allowed people in research to meet in different settings who have to deal with “real life” application of cups; this strengthens our knowledge to be more effective in how we design and implement our research so that is better application to these different program settings.

- Meeting everyone from diverse disciplines and settings facilitated exchange of experiences that in other meetings has been impossible.

- Meeting in this delightful way encouraged further collaborations with participants feeling they can share tools, questionnaires etc.

- Provided opportunity to utilise our current experiences to consider “what next” both for programs and for research; this includes both the development of the coalition, as well as what gaps have been missed to inform programs and research needed.

- Offered unique insight to expanding research to broader public health research on girls and women’s sexual and reproductive health, seen through the “lens” of our experience doing research on menstrual hygiene and provision of menstrual cups.
This report reflects the spirit and atmosphere at the Cup Summit where everyone participated, discussed and shared, all with focus on how to better help the girls.

This would have been impossible to depict without the assistance of Joakim Friberg and Emma Berglund’s amazing “word by word” minutes.

Special thanks to Janie Hampton who edited the report and to Penny Phillips-Howard, the guest of honor at the summit who also supported with editing, commenting and more, a person whose work has and is saving millions of peoples lives. But most of all it would not have been possible without everybody that decided to participate.

Organised by

The Cup

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