

Monitoring and Evaluation Report

Project Title: *Sang Pour Sang (SPS) – Menstrual Health Dignity Education for Sex Workers*

Donor: Fos Feminista

Implementing Partner: Vision in Action Cameroon (VIAC)

Locations: Limbe (Church Street) – Buea (Soppo), South West, Cameroon

Reporting Period: November – December 2025

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Abstract

Strengthening Menstrual Health Dignity Among Sex Workers in South West Cameroon: Evidence from the Sang Pour Sang Pre-Post Intervention Study

Background: Sex workers in the South West Region of Cameroon face persistent challenges related to menstrual health management, dignity, and safety, driven by stigma, poverty, limited access to menstrual products, and unsafe working conditions. These challenges increase health risks and exacerbate gender-based violence and social exclusion. The Sang Pour Sang (SPS) project was designed to address these gaps through rights-based menstrual health dignity education tailored to sex workers in hotspot communities.

Objective: The objective of this project was to improve knowledge and understanding of menstrual health dignity practices among sex workers in Limbe (Church Street) and Buea (Soppo), and to generate evidence on the effectiveness of targeted educational interventions to inform scale-up and future programming.

Methods: A quantitative pre-post intervention design was employed between November and December 2025. The project was implemented by Vision in Action Cameroon (VIAC) across four hotspot sites, three in Limbe and one in Buea reaching 84 sex workers. Structured menstrual health dignity education sessions were delivered by trained staff and peer educators. Pre- and post-test questionnaires assessing menstrual hygiene, infection risks, bodily autonomy, and dignity-centered practices were administered. A total of 39 participants who completed both

assessments were included in the final analysis. Descriptive statistics, trend analysis, and significance testing were used to assess changes in knowledge.

Results: Participants had a mean age of 31 years, with the majority aged 26–30 years. Baseline knowledge was moderate, with an average pre-test score of 76%. Following the intervention, post-test knowledge increased to 95%, representing a 19% overall knowledge gain. This improvement was statistically significant ($p = 0.001$). Knowledge gains were observed across all age groups and locations, with Limbe accounting for 66% of participants and Buea 33%. Trend analysis showed a consistent upward shift in individual scores from pre- to post-test, indicating broad and inclusive learning outcomes.

Conclusion: The Sang Pour Sang project demonstrates that targeted, feminist-informed, and rights-based menstrual health dignity education can significantly improve knowledge among sex workers in hotspot settings. Despite contextual challenges such as mobility and vulnerability to violence, the intervention achieved strong and statistically significant results. These findings provide evidence to support continued funding, scale-up, and integration of menstrual health dignity programming for sex workers in Cameroon and similar contexts.

Recommendation: Strengthening linkages between menstrual health interventions and gender-based violence (GBV) prevention and response services is also critical, given the documented risks faced by sex workers while menstruating.

Key words: Menstrual Health Dignity; Sex Workers; Pre-Post Intervention; Knowledge Change; Feminist Health Programming; Monitoring and Evaluation; Cameroon; Key Populations; Gender-Based Violence.

1. Background

The Sang Pour Sang (SPS) project was designed to address critical gaps in menstrual health knowledge, dignity, and safe practices among sex workers operating in high-risk hotspot communities in the South West Region of Cameroon. In Limbe, particularly along Church Street, sex workers face intersecting vulnerabilities linked to poverty, stigma, unsafe working conditions, and limited access to menstrual health information and products. These conditions directly affect their health, safety, and economic stability.

1.1. Purpose of the Evaluation

As part of the project's Monitoring, Evaluation, and Learning (MEL) framework, a Pre- and Post-Test assessment was conducted to measure changes in knowledge and understanding of menstrual health dignity practices following targeted education sessions. This report presents an analysis, which consolidates individual-level mean scores, percentage knowledge changes, and summary statistics used to assess the effectiveness of the intervention and inform donor decision making for scale-up or continuation for future intervention.

2. Methodology and Data Coverage

The evaluation utilized a quantitative pre-post design, administered during menstrual health dignity educational sessions facilitated by trained staff and peer educators from VIAC. A total of four hotspot/sites were identified in Limbe (3) and Buea (1) with an estimated 20 sex workers per site, resulting in approximately 80 participants attending the education sessions.

However, due to mobility, work-related interruptions, literacy barriers, and time constraints common in sex work settings, only 39 participants successfully completed both the pre-test and post-test assessments. These 39 matched responses form the analytical sample for this report and represent the valid dataset used to measure knowledge change attributable to this intervention. The assessment tool consisted of structured questions covering menstrual hygiene, safe sex, infection risks, bodily autonomy, and dignity-centered practices. Scores were aggregated into total pre-test

and post-test values, allowing for percentage change calculations at the individual level.

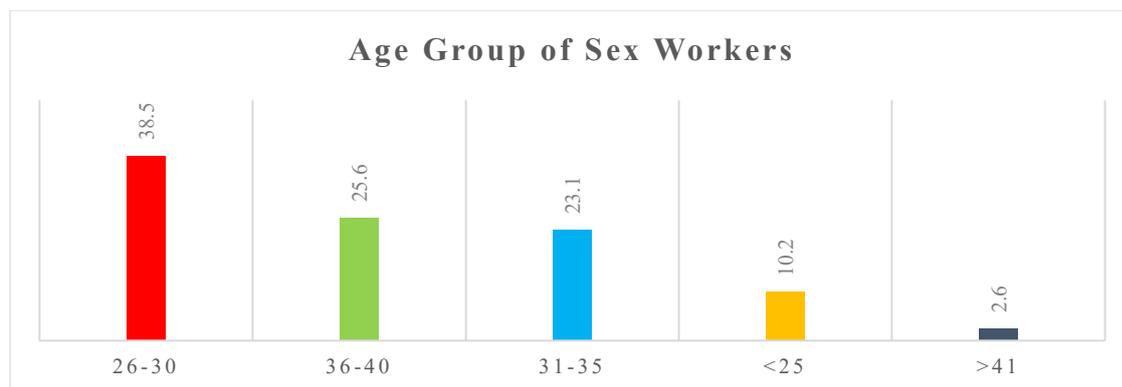
3. Results and Key Finding

3.1. Demographic Characteristics of Participants

3.1.1 Ages of Participants

A total of 39 sex workers participated in the menstrual health dignity education sessions and successfully completed both the pre-test and post-test assessments. The analysis shows that the mean age of participants is 31 years old, indicating that the majority of beneficiaries were young adults within their most economically active and reproductive years. The largest proportion of participants 38.5% fell within the 26–30 years age group, followed by those aged 36–40 years, with smaller representation among participants aged 41 years and above as seen in figure 1 below. This age distribution is consistent with regional patterns of sex work engagement and underscores the relevance of menstrual health dignity education for women who are simultaneously navigating income generation, reproductive health risks, and social marginalization.

Figure 1: Age Group of Sex workers in Southwest region.



The inclusion of age-disaggregated data strengthens the project’s alignment with feminist and rights-based programming principles, ensuring that learning outcomes

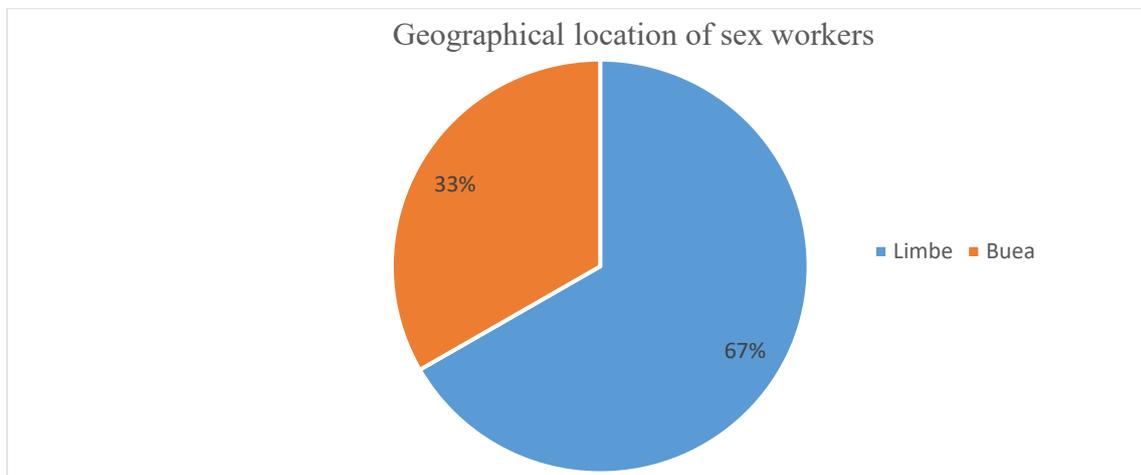
are contextualized within the life stages of participants as related to their menstrual dignity in Cameroon.

3.1.2. Sex worker density per location

Geographical location

The distribution of participants across project locations reveals a higher concentration of sex workers reached in Limbe compared to Buea, underscoring Limbe’s role as a major hotspot for sex work activities within the South West Region. Out of the total participants included in the analysis, 66% (23) were from Limbe, while 33% (13) were from Buea. This disparity reflects differences in sex worker density, mobility patterns, and the intensity of hotspot activity between the two urban settings as seen in figure 2 below.

Figure 2: Geographical location of sex workers

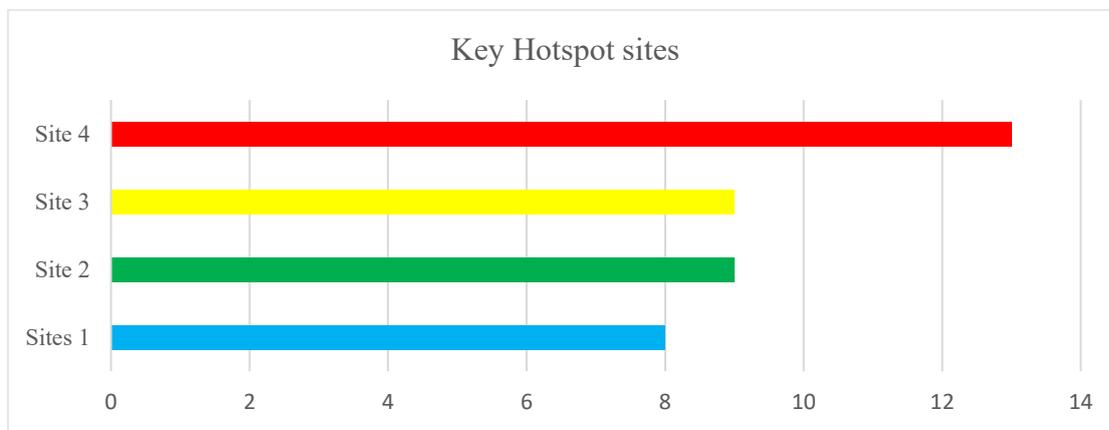


Key Hotspot sites

Within Limbe (Church Street), participant distribution was further disaggregated across three identified hotspot sites, demonstrating a relatively even spread of engagement. Site 1 recorded 8 participants, while Site 2 and Site 3 each recorded 9 participants, indicating consistent sex worker presence across multiple micro-

locations within Church Street and its surroundings. In contrast, Buea participants were all drawn from a single hotspot location (Site 4), which accounted for 13 participants, suggesting a more centralized pattern of sex work activity in Buea compared to Limbe’s multi-site distribution as seen in figure 3 below.

Figure 3: Key Hotspot sites

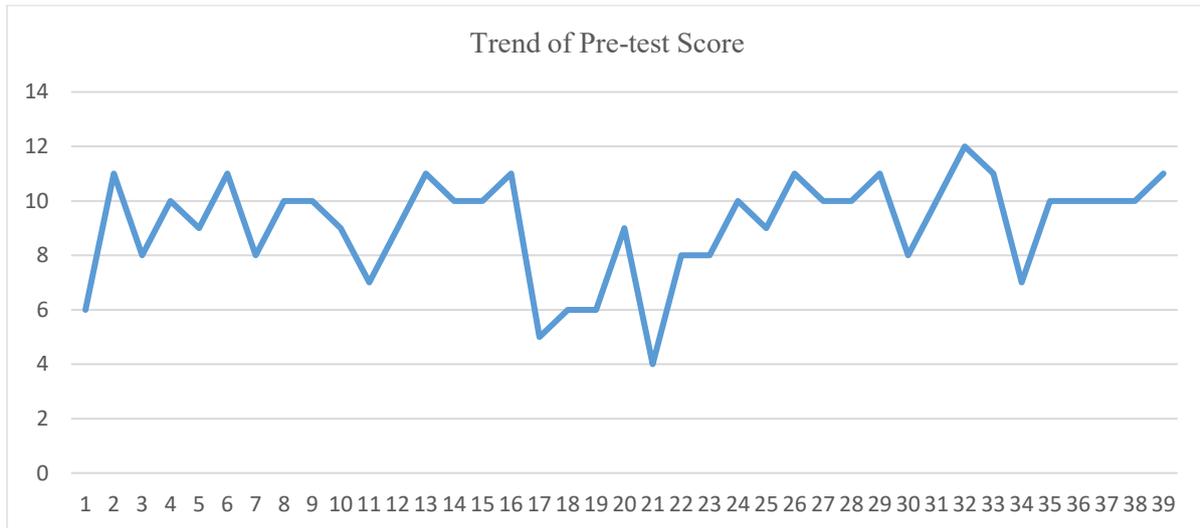


These findings informed site-level planning and resource allocation for the Sang Pour Sang project, enabling targeted delivery of menstrual health dignity education in areas with higher participant density while ensuring inclusion of emerging or less-dispersed hotspots such as Buea.

4. Baseline Knowledge on Menstrual Health Dignity (Pre-Test Results)

The baseline assessment results indicate that participants entered the program with moderate but incomplete knowledge of menstrual health dignity practices with the lowest score of 4 and upper score of 12 and mean score of 9.1 for the Pre-test. While some participants demonstrated relatively strong prior understanding, a significant proportion scored below optimal levels, reflecting gaps in access to accurate, stigma-free menstrual health information. The average pre-test score corresponded to a baseline knowledge level of 76% as illustrated on the figure 4.

Figure 4: Baseline knowledge of Menstrual health dignity

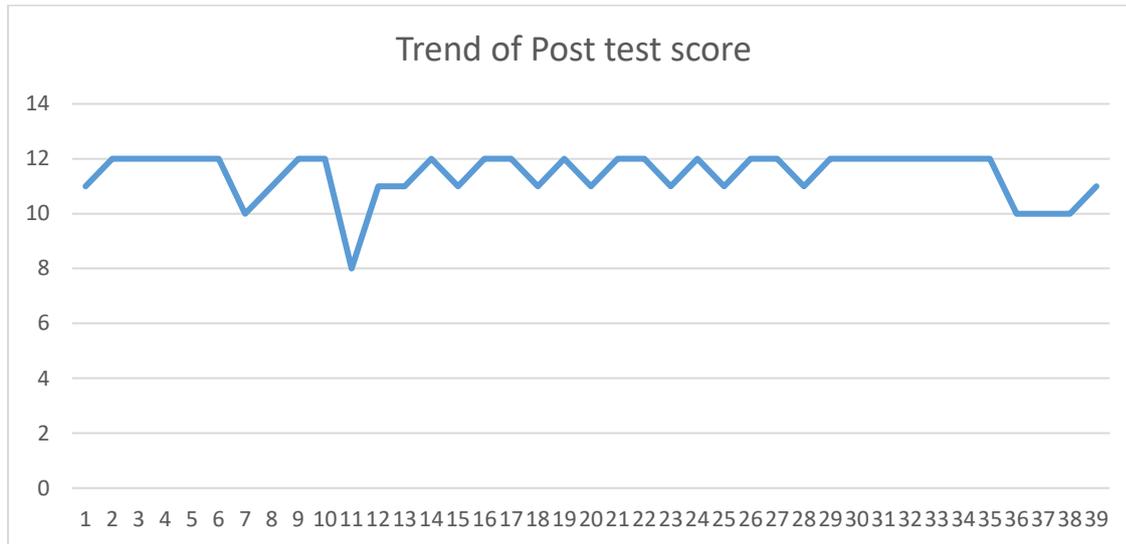


The trend chart of pre-test scores shows a wider spread of results, indicating heterogeneity in baseline knowledge among participants. This dispersion highlights the unequal exposure to menstrual health education within the sex worker communities and reinforces the necessity of targeted interventions such as the Sang Pour Sang.

5. Intervention Knowledge Outcomes (Post-Test Results)

Following the menstrual health dignity education sessions, post-test results demonstrate a substantial improvement in knowledge across nearly all participants with the lowest participant score of 8 and highest being 12 and a mean score of 11.4. As shown in figure 5, the average post-test knowledge level increased to 95%, indicating near-universal comprehension of key concepts covered during the sessions.

Figure 5: Sex worker intervention knowledge outcome

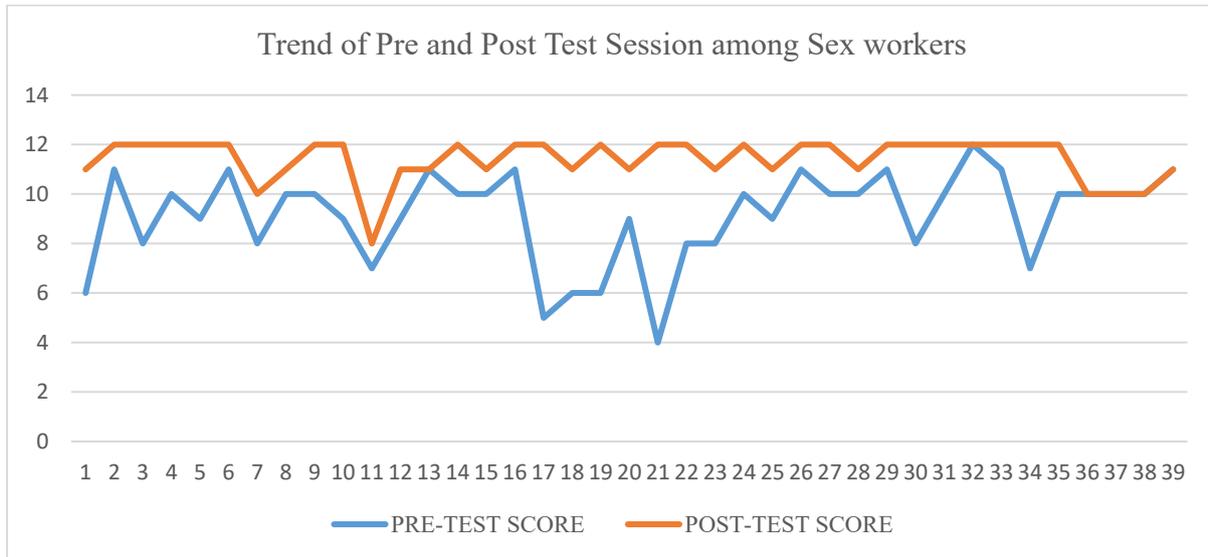


The post-test score distribution is notably more concentrated at the upper end of the scale, suggesting not only improvement but also consistency in learning outcomes. This pattern reflects the effectiveness of the educational approach, facilitation methods, and contextual relevance of the content delivered by Vision in Action Cameroon.

6. Knowledge Gain and Statistical Significance

The comparative analysis of pre-test and post-test scores reveals an overall increase in menstrual health knowledge of 19% points, moving from a baseline of 76% to 95%. This increase represents a meaningful and programmatically significant knowledge gain, particularly within a short implementation period and among a highly mobile and underserved population. Figure 6 illustrate the stark shift from Pre to Post test score of the participants in southwest region of Cameroon.

Figure 6: Trends in Pre-Post scores comparisons.

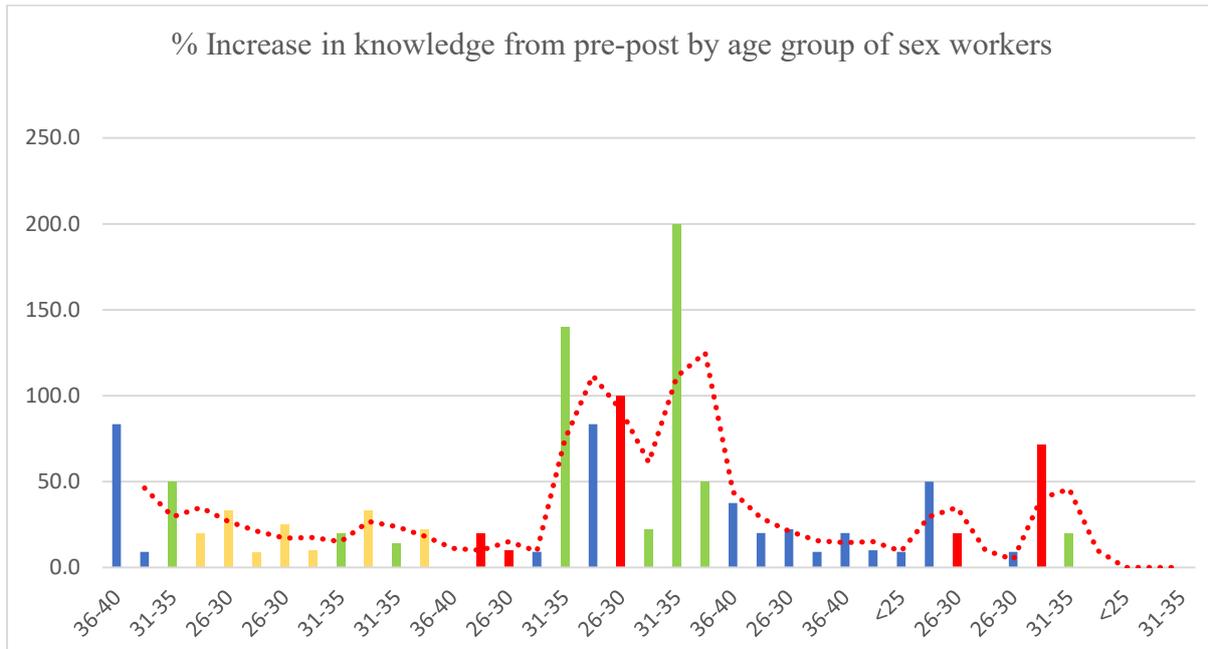


Statistical testing confirms that this improvement is highly significant, with a p-value (0.001), indicating that the observed change in knowledge is extremely unlikely to be due to chance alone. This level of statistical significance provides strong empirical evidence that the Sang Pour Sang intervention directly contributed to improved menstrual health dignity knowledge among sex workers in Southwest region.

7. Assessing Percentage Increase in Knowledge by age groups

Participants in the 26-30 and 31-35 age group recorded higher percentage increases in knowledge, largely due to lower baseline scores at pre-test and greater receptiveness to structured health education. While participant of age group <25 and >41 demonstrated meaningful improvements, although the magnitude of percentage change was comparatively more moderate, reflecting relatively higher baseline knowledge levels. Importantly, no age group showed stagnation or decline in post-test performance, confirming that the intervention was age-inclusive and responsive to diverse learning needs. Overall, the findings suggest that while age may influence the degree of percentage knowledge gain, the menstrual health dignity education was effective across all age groups and contributed to improved understanding irrespective of participant age as illustrated in figure 7 below.

Figure 7: Percentage Increase in Knowledge by age groups



8. Key Challenges Faced by Sex workers

The sessions surfaced alarming data regarding the physical and social risks faced by FSWs in Limbe and Buea during working period while menstruating. From our observation and report present to us by the participants, the raise the following challenges;

8.1. Drastic and Unsafe Internal Management of Menstruation.

Due to the high cost and unavailability of proper sanitary products like tampons, many participants reported using improvised materials to "Cotton plug" the vaginal canal so they could continue working while bleeding as stated by some participants below:

"It is common practice for me to use "Cotton ball" (Cotton plug) to prevent my flow while am working because I can't stop working just because I am menstruation: and I know everyone

(sex workers) seated use cotton... but if left in too long (4hours), it might lead to infection (itches).” - Said **participant 4 in Site 1**

“At times I lack the money to even buy the cotton or sanitary pads, talk least of even seeing a tampon, I have used a tampon just one when it given to us by one NGO like 2 years ago. Tampon is the best for us to use but when we don’t have money we go and buy Foam for 100 F.CFA and cut it into small sizes and insert it. It very effective and most often the client will not even notice that I’m bleeding. So, I prefer using Foam.” – Said **participant 8 in Site 1.**

8.2. Economic Vulnerability and Gender-Based Violence (GBV)

Sexual abuse and exploitation are very common within Key population communities particularly the Female Sex workers in Cameroon. Violence is plague with physical assault leading to injuries as sited by a participant:

“Just yesterday I received a beating from one of client just because I didn’t tell him I was menstruating before we started, but it was ironized because he only beat after he was done. He paid pay and twisted my left hand until it is now broken. It was very shameful to even call my friend to come help because I could even shout because of the pains and since he was huge, I couldn’t run away from him” – said **participant 2 in site 2.**

There is a profound lack of "menstruating with dignity," as the biological process is treated as a professional liability rather than a health reality which is a stigmatizing for the women to face on a daily basis.

Table 1: Monitoring and Evaluation Metrics

Indicator	Data Collected
Total Reach	84 FSWs across 4 sites
Pre-session Awareness	25% had access to safe internal MHM products
Reported GBV	68% experienced client hostility related to menstruation
Unsafe Practices	90% admitted to using mattress foam or cotton during work



9. Recommendation

- Participants suggest we provide them with tampon being it for sale or free it will be happy to have because it is not sold in their areas.
- Participants also suggest we educate men on sexual abuse and violence because GBV among sex worker is on the rise.
- Participants courage that the educational outreach should not stop because there a lot of sex workers who does not reside on this site but they come and go, so if we stop, they massage won't go around.

10. Conclusion

The Sang Pour Sang (SPS) project successfully demonstrated that targeted, rights-based menstrual health dignity education can significantly improve knowledge among sex workers operating in hotspot communities in the South West Region of Cameroon. The intervention reached a high-density and highly vulnerable population, particularly in Limbe, while ensuring inclusion of participants from Buea. Quantitative analysis showed a substantial increase in knowledge from a 76% baseline to 95% at post-test, representing a 19% overall gain that was statistically significant ($p = 0.001$). Learning improvements were consistent across age groups, sites, and locations, confirming the inclusiveness and effectiveness of the approach. Graphical trends further illustrated a clear upward shift in individual and group performance from pre- to post-test. Despite contextual challenges such as participant mobility and limited test completion and GBV cases, the project generated strong and credible evidence of impact. These results affirm the relevance of investing in menstrual health dignity programming for sex workers. Overall, the findings provide a solid justification for continued funding, scale-up, and deeper integration of the Sang Pour Sang project in future phases.

