State Menstrual Hygiene Management Action Plan

2018-2022

DRINKING WATER AND SANITATION DEPARTMENT
Government of Jharkhand
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ABBREVIATIONS

ARSH  Adolescent Reproductive and Sexual Health
ASHA  Accredited Social Health Activist
AWCs  Anganwadi Centres
BEO   Block-level Educational Officer
BRC   Block-level Resource Center
CRC   Cluster Resource Center
CSOs  Civil Society Organizations
DEO   District Education Officer
GOI   Government of India
ICDS  Integrated Child Development Scheme
IEC   Information Education and Communication
KGBV  Kasturba Gandhi Balika Vidyalaya
MDWS  Ministry of Drinking Water and Sanitation
MHM   Menstrual Hygiene Management
MoHFW Ministry of Health and Family Welfare
MoHRD Ministry of Human Resource Development
NGO   Non-Government Organization
O&M   Operation and Maintenance
PHED  Public Health Engineering Department
RDD   Rural Development Department
RKSK  Rashtriya Kishor Swasthya Karyakram
SABLA Rajiv Gandhi Scheme for Empowerment and Adolescent Girls
SBM (G) Swachh Bharat Mission (Gramin)
SHG   Self-Help Group
SBSV  Swachh Bharat: Swachh Vidyalaya
WASH  Water, Sanitation and Hygiene
WCD   (Ministry of) Women and Child Development
WSSO  Water & Sanitation Support Organization
Minister,
Drinking water and sanitation Department
— cum— Water Resources ,
Government of Jharkhand

Menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices, which sometimes result into adverse health outcomes.

Government of Jharkhand is committed to work towards comprehensive development of all aspects of sanitation and hygiene. I am glad to know that Swachh Bharat Mission Grameen has taken up the role of conveying the MHM activities in State and this action plan will help all departments to come together on this important issue. We will continue to work for achievement of sustainable development goal-6 of water, sanitation and Hygiene in the state in timely manner.

(Chandra Prakash Choudhary)
Swachh Bharat Mission-Grameen envisages to create a clean and healthy environment. With a demand driven strategy and putting community first, Drinking Water and Sanitation Department has been able to achieve open defecation free communities across all districts of the state. It is now an opportune moment to develop a comprehensive framework for ODF sustainability and ODF plus activities to achieve the desired results. Menstrual Hygiene Management is one of the core focus agenda to be addressed for a long term wider impact in overall development of half of the community.

Menstruation is a sensitive topic and taboos associated with menstruation, has an impact in the ways menstruation is perceived and managed. Working on MHM requires a well-planned out detailed strategy and coordinated efforts from various stakeholders and line departments. Multi-stakeholders engagement and convergence from different schemes would definitely bring change in the existing situation and practices across districts.

The Menstrual Hygiene Management guideline is the result of teamwork and synergy of contribution from DWSD, Health, Education, WCD and technical support from WSSCC and UNICEF. I appreciate the team effort and hope that this document will be useful in rolling out planned activities at different levels.

(Aradhana Patnaik)
Menstrual hygiene is not just about the management of the menstrual period but also the need to address societal beliefs and taboos surrounding the issue.

In Swachh Bharat Mission are attempting to address the challenges related to Menstrual Hygiene Management (MHM), an important issue affecting the health, dignity and privacy of millions of girls and women on a daily basis. It is great to have a clear plan dedicated to MHM, as it will help us, the male dominated, engineering-based sector, to increase our understanding of this aspect of the development work we do on a daily basis.

We will develop plans to build capacity of all Jalsahiyas, Rani Mistri and VWSC members for creating an enabling environment for better MHM practices. SBMG will put provisions in next year's AIP on MHM activities aligned to this action plan.

My sincere thanks to all those who contributed in development of this action plan and participated in the consultation process Plan India, World Vision, Tata Trust, WSSCC and UNICEF Jharkhand. I am sure they will continue to support in implementation of the action plan.

(Ameet Kumar)
1. BACKGROUND

The National guidelines on Menstrual Hygiene Management was issued by Ministry of Drinking Water and Sanitation, GOI in December 2015 to highlight the importance of providing necessary facilities and linkages to ensure access and to lay stress on strategic behavioral change communication to ensure usage and safe disposal of sanitary absorbents for safe Menstrual Hygiene Management. The guideline outlined roles of different stakeholders like state governments, district administrations, engineers and technical experts and frontline cadre in the various line departments including school head teachers and teachers. National guidelines also suggest that states should develop state specific guidelines and implementing effective initiatives with an objective of supporting adolescent girls and women to have safe MHM. The national guidelines also suggest that “state is responsible for identifying district level resource people and implementing partners, to assist the process of orienting all relevant district and sub-district personnel. Collaborative orientation programs can be organized by SBM, Department of Education, Department of Women and Child Development, Department of Health and P&RD”.

There are a few programs of the government that seek to engage in this issue particularly the Swachh Bharat: Swachh Vidyalya, initiated in 2014, the national campaign to drive ‘Clean India: Clean Schools’. This campaign aims to not only ensure that every school in India has a set of functioning and well maintained WASH facilities but enhanced training programmes for teachers so that their capacity is built to communicate effectively and sensitively with the girls. As per these guidelines, other steps that can be taken to support girls include stockpiling extra sanitary pads and clothes (such as school uniforms) for emergencies. Sanitation and hygiene are key issues for women, consistent with their need for privacy, dignity, safety and self-respect.

The Swachh Bharat Mission, Grameen places a special emphasis on addressing the sanitation needs of women recognizing that these needs must be addressed holistically so that the goal of making a Swachh Bharat is attained. In the context of MHM, it aims at awareness raising and skills building on Menstrual Hygiene Management in all places and specifically amongst adolescent girls in schools.

To further the initiative, Government of Jharkhand developed ODF sustainability action plan, where MHM taken as a key agenda for ODF+ plan. The key strategy mentioned in ODF sustainability plan is raising awareness and capacity building on importance of safe MHM among key stakeholders and adolescents.

Menstrual hygiene management in the Swachh Bharat (G) guideline

- Funds available under the IEC component may be used for IEC in this matter and to raise awareness and skills on Menstrual Hygiene Management in all places and specifically amongst adolescent girls in schools. IEC plans should include this component for raising awareness among all stakeholders. Funds under the SLWM components can also be used for setting up of incinerators in schools. IEC plans should include this component for raising awareness among all stakeholders.

- Issues relating to women’s personal hygiene namely menstrual hygiene are to be focused under the SBM (G). Girls and women have hygiene and sanitation needs linked to their menstrual cycle. Women suffer in the absence of knowledge about safe practices on MHM.

- There are several examples where CSOs and SHGs have worked with the community, informed them about menstrual hygiene practices and also developed economic models to meet the demand for sanitary napkins. This is one area where CSOs and SHGs can play a key role.
This document will serve as a strategic note to establish a state-level actions for mainstreaming MHM in ongoing programmes. The document will also provide suggestive framework for convergence and elaborate on scope of collaboration of various stakeholders for strengthening different areas of MHM.

2. THE CONTEXT

Menstruation is a natural biological process that occurs in the lives of all adolescent girls and women normally between the ages of 12 to 50 years. Occurrence of menstruation signifies that the reproductive system of the female is maturing gradually to make pregnancy possible and handle it. The onset of menstruation is called menarche and normally begins between ages 12 to 15 years in adolescent girls due to hormonal changes in the body. A normal menstrual cycle is about 28 days with vaginal bleeding, normally referred to as periods, happening between two to seven days and the blood flow may vary during this period.

The adolescent girls of India, more than 115 million, in particular are more vulnerable to the problems that are associated with menarche & menstruation. It is important to note that a Review of Menstrual Hygiene Management in Schools in India was conducted by Liverpool School of Tropical Medicine, Liverpool, UK and Tata Institute of Social Sciences, Mumbai with the support of UNICEF India in 2015-2016 through a study conducted in 57 schools across India, with participation of around 3600 adolescent girls and 285 teachers. As per the data collected, it was found that girls had very poor knowledge about their bodies with only a quarter knowing the source of bleeding during menstruation. Less than a tenth of the girls were informed regarding MHM by a teacher or health worker and they mentioned many restrictions that affected their nutrition, attendance in class, exercise, bathing, socializing or even sleeping.

Thus, at this time, they need a safe environment that offers protection and guidance to ensure their basic health, well-being and educational opportunity is realized. The situation needs to improve as 132 million households in India do not have a toilet (NSSO 2015), leaving adolescent girls and women to face indignity and lack of privacy.
2.1 MHM Scenario in Jharkhand

In 2013, a baseline study was conducted to determine existing knowledge levels, attitudes, practices, and norms related to Menstrual Hygiene Behaviors among adolescent girls in Gumla and East Singhbhum districts of Jharkhand. The baseline studies revealed that-

- There exists a perception in the community that onset of menarche indicated that the girl is mature enough for marriage.

- Menstruation also has a direct impact on access to education for the adolescent girls. 44% girls missed school because menstruation. Physical pain and discomfort due to menstruation was the main reason girls missed school followed by fear of staining clothes. 96% of the girls expressed medium to high confidence levels in attending school regularly during menstruation.

- Menstrual Hygiene Management (MHM) and disposal practices were poor among adolescent girls. Majority (98%) of the girls used the same cloth for multiple cycles. Although they washed this cloth with soap, 80% of the girls were unaware of the importance of drying and storing the same in a hygienic manner.

- During menstruation, girls were considered unclean and impure and not allowed to enter the kitchen, places of worship or touch food items.

- Adolescent girls were unprepared for menstruation, as their mothers or frontline workers (FLWs) hadn’t discussed this with them. Around 32% of girls knew nothing about menstruation before its onset, leaving them frightened and confused. They lacked knowledge about menstruation, its physiology, hygiene, management, and the health implications of poor menstrual hygiene practices.

- 54% of girls sought information from their friends and often receive incomplete and incorrect knowledge.

- Mothers had limited communication with their adolescent daughters on menstruation, as the topic was considered shameful. FLWs and teachers had misconceptions and believed in the social restrictions around menstruation. Lack of accurate information coupled with myths stopped them from supporting adolescent girls.

Often toilets in schools remain under lock and key due to poor water connectivity and lack of cleaning staff. The supply of subsidized menstrual absorbents and its distribution has remained a challenge in the state. The supply initiated by Health and Family Welfare Department has come down by 50 percent in the last one year due to delayed procurement. Also, dissemination, tracking and reporting of Menstrual Hygiene Supply scheme is uneven due to lack of convergence between Health, Education and Women Child Development Departments.

2.2 MHM Initiatives in Jharkhand

In 2013, Department of Health initiated the Menstrual Health and Hygiene Management for Adolescent Girls (MAHIMA) programme in 1058 villages of East Singhbhum and Gumla. The MAHIMA programme was linked with the Government of India’s Rashtriya Kishor Swasthya Karyakram (RKS) and the Menstrual Hygiene Scheme (MHS). It aimed to improve Menstrual Hygiene Management (MHM) among adolescent girls through community dialogue, capacity development and interpersonal communication. A multi-media communication package was developed for adolescents and included ‘Ammaji Kehti Hai’ interpersonal communication videos; Paheli Ki Saheli (Friends of Riddles) & Life Skill package for adolescents.
As a part of the scale up efforts, the Education Department has integrated MHM communication toolkit in 39 KGBVs and 16 elementary schools in three RKSK districts (Gumla, Lohardaga and Simdega). It is proposed to scale up MHM communication toolkit and life skill modules at all residential schools for girls through development of Master Trainers (203 KGBVs, 57 JAVs and 58 Tribal Residential Schools) as well as technical support in training to create a pool of master trainers at state and district level.

2.3 Recent Development in Context of MHM in Jharkhand

In Jharkhand, MHM is one of key ODF+ activity. The same has been incorporated with ODF Sustainability strategy. DWSD, Department of health and Department of School and Literacy have issued notifications (Letter no-225 dated 11.01.2018) for provisions of installation of Incinerator and sanitary napkin vending machines (through SBM) for all KGBVs in the state; supplies of sanitary napkins in schools. As per the DISE -17-18 in 15879 1148616 adolescents are studying in schools. Education department has planned to provide training and IEC/ SBCC activities in schools, on MHM.

DWSD conducted one state level MT’s workshop in 2018 and 35 trainers were developed for 6 districts following that Ramgarh, Saraikela, Chaibasa, Simdega, Deoghar districts organized district level orientation workshops. Peer support volunteers are being developed in all KGBVs.

3. GOAL, PURPOSE & OUTCOMES

Goal

By 2022, Adolescents girls in the state break away from cultural of silence and have consistent access to knowledge on MHM and support to address myths, taboos, restrictive perception social norms.

Purpose of action plan

- Breaking the silence around menstruation: sensitizing men, women and adolescents about menstruation and triggering them for behaviour change around the taboos and myths related to menstruation.
- Easy access to appropriate knowledge about menstruation: how it is caused? What are the safe and hygienic practices during menstruation? What are the environmentally safe disposal practices of menstrual absorbents/material?
- Enabling easy access of menstrual absorbents/material: helping the girls and women make informed choice; providing access to wide range of re-usable and single use absorbents/menstrual which are bio-degradable when eventually disposed-off.
- Ensuring easy access to WASH infrastructure required for menstrual hygiene management, such as functional toilets with regular water supply, soap, a lock and a shelf for keeping sanitary materials, private space for changing and washing sanitary materials, etc.
- Enabling easy access to knowledge and safe disposal of used absorbents /menstrual material.
Expected Outcomes

Phase 1: By 2018, 80 percent adolescents from the 250 residential schools demonstrate increase in knowledge level on MHM, confidence to context myths and taboos using life skills and communication tools and adapt safe disposal practices with support from 200 (one each KGBV) sensitized and capacitated team of Master Trainers.

Phase 2: By 2019, 70 percent adolescents from the secondary schools in the state demonstrate increase in knowledge level on MHM, confidence to context myths and taboos using life skills and communication tools and adapt safe disposal practices with support from 125 (five per district) sensitized and capacitated team of Master Trainers.

Phase 3: By 2022, concerned departments implement convergent SBCC action plan to address social norms, myths, taboos and practices around menstruation and ensure sustained access to information on MHM and support from FLWs for adolescent girls in school as well as out of school.

4. STRATEGIC AREAS FOR ACTION

The strategic areas of action is proposed largely on the menstrual hygiene framework in the national MHM guidelines. Actions will be implemented to increase access to knowledge and information at all levels, increase access to safe menstrual absorbents, enhancing the WASH infrastructure and options for safe disposal.

Policy Formulation: promoting sanitary pads as standard absorbents. Standards to be maintained for disposal of absorbents of all sorts at institutions, within community and at homes and develop policies for the same.
**System Strengthening:** There is a need to assess the current capacity of the system and the loopholes existing which result in poor MHM in institutions and community. There is also a need to assess what additional resources are required to strengthen various areas of existing systems for safe MHM. This will include strengthening of existing WASH infrastructure, supply chain to ensure access to sanitary absorbents like pads and clothes as well as system to safely dispose used absorbents. Gaps in the capability of FLWs to engage and educate community on MHM.

**Capacity Building:** Capacity building and sensitization of service providers is a must for reaching out to all adolescent girls and women. There is a need to develop the skills and knowledge of frontline workers and provide them with necessary job aids including digital aid like net-enabled handset/tablet to enable them to engage adolescent girls and women for hygienically managing periods and produce timely reports for monitoring and review.

**Strategic Behaviour Change and Communication:** MHM is a very sensitive subject on which people do not like to discuss openly. Also attached to the phenomenon are shame, taboo and myths which discourage adolescent girls and women to seek information. Set of Communication tool developed, piloted and scaled within Jharkhand including a life skill module. It can be further mainstreamed into educational and other adolescent programmes to be made sustainable.

**Concurrent Monitoring:** Developing a robust monitoring and evaluation system which enables each participating department to review the implementation of the program to make mid-term course corrections for higher impact.

**Knowledge Management:** Involvement of academic institutions, CSOs and adolescent girls themselves to strengthen peer education for increased awareness and demand of services and products, community-based monitoring and governance and action-based research.

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**5. IMPLEMENTATION PLAN**

The action plan outlines actions in three phases- Phase I will be focused on developing the plans and roll out in residential schools. Based on the learnings all schools will be targeted in 2019 and then it will be upscaled across the state.
| PHASE- 1 2018 | By 2018, 80 percent adolescents from the 250 residential schools demonstrate increase in knowledge level on MHM, confidence to contest myths and taboos using life skills and communication tools and adapt safe disposal practices with support from 200 (one each KGBV) sensitized and capacitated team of Master Trainers. |
| PHASE- 2 2019 | BY 2019, 70 percent adolescents from the secondary schools in the state demonstrate increase in knowledge level on MHM, confidence to contest myths and taboos using life skills and communication tools and adapt safe disposal practices with support from 125 (five per district) sensitized and capacitated team of Master Trainers. |
| PHASE- 3 2020-22 | By 2022, concerned departments implement convergent SBCC action plan to address social norms, myths, taboos and practices around menstruation and ensure sustained access to information on MHM and support from FLWs for adolescent girls in school as well as out of school. |

**State level convergent meetings and support to districts**

Government of Jharkhand will enable districts to design, plan and cost, and implement and monitor interventions that will sustainably support improved menstrual hygiene management DWSD in collaboration with WCD, Education and Health will be identifying district level resource people and implementing partners, to assist the process of orienting all relevant district and sub-district personnel. Collaborative orientation programmes will be organized between the SBM Cell, Department of Education, Department of Women and Child development, department of Health and P&R&D. Development partners and NGOs can provide facilitation and technical advice throughout.

**District level orientations and follow ups**

District Collectors office will convene meetings and set up district task force for MHM. Capacities of district level officials will be built at the district level to influence this change. DWSD will organise orientation for district officials belonging to Water Supply and Sanitation/ SBM, Departments of Education, Health and Women and Child Development and Tribal Development. The focus will remain on sensitizing senior district level officials on the issue, providing a platform to explore convergence opportunities and define roles, responsibilities and follow up actions for various line departments. Key resource persons for block level training of nodal teachers would be identified during the district level orientation. The DDC can take a leadership role in organising the district level orientation workshops.

**Working with adolescent boys, male teachers and parents**

Platform like Swachhata divas, SMC meetings and child cabinet in schools will be utilized for enhancing knowledge of MHM among adolescent boys, male teachers and parents who contribute to a supportive environment for adolescent girls in school and at home. Working with boys also helps to ensure that girls are free from ridicule and treated with respect and dignity throughout their school life and beyond. This will include:

- Explaining to boys what menstruation is and their role in supporting the girls and women around them; and discuss issues of boys’ puberty; Providing male teachers with information to better inform them about the needs of adolescent girls; Talking to parents about MHM in the context of girl’s access to education, school completion and access to a toilet and soap and water at home.
Establishment of child peer support groups

The establishment of support groups, such as the Girls Hygiene Clubs, perhaps linked to the child cabinets is an essential part of ensuring peer-to-peer learning and sharing of information. Such groups work well when girls are in charge, take responsibility, provide peer advice and represent girls’ views at school meetings. In the same manner, support groups among girls out of school can be created and the girls to be engaged in the process as described above. GoJ will promote child peer groups in all schools with students of class 7, 8, 9 and 11.

Working with adolescent girls

Peer groups of girls will be provide proper trainings and printed information about menstruation and menstrual hygiene management will be provided to them. Working with girls will assist them to feel more confident about managing their menstruation privately and effectively in school and at home. Sanitation nodal teachers will take in to account the learning needs of different girls and treat the needs of each sensitively. While working with girls it will be important to understand the number of menstruating girls and the number of girls reaching menarche. Separate sessions can be taken with girls in both categories. However, the girls who are menstruating will need a lot more support. It is also advised to build a trust and rapport over time and to repeat sessions regularly so that girls feel comfortable to talk about menstruation.

School level activities

Swachhta divas in schools and meeting of child cabinets will critical platforms to orient teachers to address menstrual hygiene management in schools. When teachers have the right information and sufficient confidence to break the silence, adolescent girls can readily overcome stigma and shame associated with menstruation. Sensitive involving boys and male teachers will also have a positive effect on how girls feel. A supportive community at school will help girls to deal with issues around menstruation more confidently for the rest of their lives- for this MHM issues will be discussed in MHM.

MHM is also part of Course curriculum. The responsibility for organizing these classes will lie with the head teacher and/or nodal teacher for sanitation.

Working with AWW, PRLs, SHGs and Rani Mistris

In SBM SHGs, PRLs, AWW and Rani Mistris have played crucial role in mobilization and consensus building. These people will be take in to account the learning needs of different girls and treat the needs of each sensitively. Printed and verbal information about menstruation and menstrual hygiene management for these groups will be developed. These groups will be influential for out of schools girls especially.

Availability of sanitary napkins through health and ICDS

Although the communication strategy will focus on use of clean absorbents. The key barrier to usage of commercial sanitary napkins is often the price, and in very remote areas also the access. To overcome this barrier, low-cost napkins, which are locally produced by self-help groups, or by girls and women themselves are a good option. Supply mechanism through health and ICDS will be strengthened.

Availability of WASH infrastructure in all schools and health facilities

It will be ensured that every school have basic water and sanitation infrastructure so that girls and female staff can privately manage menstruation hygienically and with dignity. Essential facilities are:
• Separate toilets for girls and boys and ideally also for male and female teachers.
• Water supply (based on approximately 500 litres water storage capacity for 100 children), soap availability for handwashing and space for washing laundering menstrual absorbent.
• Facilities for safe disposal of used menstrual absorbents.

Water and soap in every school is essential. Both are needed for girls, boys, and staff to wash hands with soap after toilet use and before eating food. Girls and female staff must have clean, easily accessible water and soap to wash themselves, wash their clothing if soiled, and wash menstrual cloths or reusable napkins. DWSD will provide guidance on assessing different safe disposal options and ensure proper planning, design, budgeting and operation and maintenance thereof.

6. STAKEHOLDER MAPPING AND THEIR ROLE

Improving Menstrual Hygiene Management for both adolescent girls and women is a multi-stakeholder responsibility which concerns many government departments of Jharkhand like Health Dept, Education Department, Department of Women and Children Development (DWCD), Rural Development Department (RDD)-JSLPS and Drinking Water and Sanitation department.

Various government programmes and schemes, which are associated with adolescent girls and women have been mapped below. These programmes or schemes provide a platform to concerned departments to converge with each other and provide opportunity to frontline workers to directly reach out to adolescent girls and women.

<table>
<thead>
<tr>
<th>Department</th>
<th>Programmes/Schemes</th>
<th>Relevance for department</th>
<th>Key role</th>
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<tbody>
<tr>
<td>Health</td>
<td>RMNCHA+</td>
<td>Reduction in IMR and MMR</td>
<td>Coordination and support of for capacity building of Sahiya on MHM to reach out to adolescent girls; creation of MTs at district level. Ensuring access to inclusive WASH infrastructure and products in health facilities, procurement of sanitary napkins and keep provision of budget in PIP</td>
</tr>
<tr>
<td></td>
<td>Rashtriya Kishor Swasthya Karyakram (RKS)</td>
<td>Reduction in STDs and RTI, Reduction in Anemia, Reduction in low birth weight deliveries Reduction in teenage pregnancies</td>
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<tr>
<td></td>
<td>RMNCHA+</td>
<td>Reduction in IMR and MMR</td>
<td>Capacity building of AWW on MHM; Creation of cadre of Master Trainers at district level; integrate MHM in the refresher trainings for AWWs and ICDS supervisors; develop a calendar of dissemination of key messages on MHM; with current focus on Poshan Abhiyan, MHM needs to be linked with adolescent anemia and nutrition for AWWs to be able to lead this; Adolescent Health Day observation</td>
</tr>
<tr>
<td></td>
<td>Rashtriya Kishor Swasthya Karyakram (RKS)</td>
<td>Reduction in Anemia and improved nutrition Continued education Vocational skill building and developing entrepreneurship</td>
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<tr>
<td>Department</td>
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<tr>
<td>Education</td>
<td>✓ Adolescence Education Programme (AEP) ✓ Swachh Vidyalaya campaign</td>
<td>Reduced drop out, Improved attendance and concentration leading to better quality of education</td>
<td>Development of training package including modules and tools for activity based involvement of adolescent in school; Training at district level of District Coordinators; Development of activity based workbook, comic book etc. for adolescents to raise awareness in a joyful manner; enable access to functional inclusive girl-friendly toilets, water and soap in all schools and KGBVs; ensure private bathing or changing units, including a place for drying their reusable menstrual absorbent and shelf, hooks or niche in the toilet cubicle for girls to keep clothing and menstrual adsorbents dry and safe disposal of menstrual waste ; appoint a nodal teacher for sanitation in each schools; Involvement of SMCs, mothers’ group, adolescent girls’ group etc; Develop group of Peer Educators and implement swachhta divas activities</td>
</tr>
<tr>
<td>DWSD /RDD</td>
<td>✓ Swachh Bharat Mission ✓ Jharkhand State Livelihood Promotion Society</td>
<td>Improved hygiene education, reduction in environmental pollution by SLWM initiatives, ODF+</td>
<td>Sensitization of PRIs, Rani Mistri and SHGs on MHM; Provision of budget in PIP RDD should facilitate orientation and training of SHG women on MHM and production of safe sanitary absorbents Ensuring access to inclusive WASH infrastructure and quality products; Mobilisation and training of SHGs for entrepreneurship development ; DWSD should set aside fund for providing incinerators under the Solid-Liquid Waste Management component of SBM-G; The ODF S &amp; ODF + trainings should focus on including MHM in their triggering activities</td>
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Role of CSOs

CSOs, CSR wings of Corporates and NGOs have a strong role to play in improving MHM as their experiences and work in the area of adolescent-oriented community give an insight of current practices in different pockets of Jharkand. Their network, reach, technical expertise and support may be sought for developing different training modules, IEC materials and for training of stakeholders at state and district levels.

CSOs have conducted various training programs and developed resources to reach out to the adolescent girls and women through different focussed programs on life skills education, behaviour change, fostering local knowledge etc. This has enabled them to develop a relationship with the community. Thus, they can initiate dialogue and discussion with community to remove the stigma and myths attached to MHM, use of absorbents and safe disposal.

CSOs, CSRs and SHGs can also help in leveraging funds and promoting technology for developing innovative safe absorbents and disposal mechanism as per standards prescribed by Government of Jharkhand. They can also work on strengthening the supply chain to reach the unreached with affordable quality MHM products.

Role of academic & research organizations

There are many institutions and associations who have been working on adolescent health issues and conducting various researches. They may be involved to conduct research and studies on MHM issues for knowledge management and also to support action research to pilot innovative MHM models. This will result in evidence based advocacy for scaling up effective methods of communication, service delivery and product usage and disposal. Their strength may also be utilized in setting up an efficient reporting and monitoring system.

7. COMMUNICATION STRATEGIES

7.1 Barriers Analysis

Limited Knowledge: There is limited knowledge among adolescents – both boys and girls – about the physiology of menstruation and reproductive health. Girls are unaware of menstruation till its onset!

Negligible communication: There is little or no discussion on the subject of menstruation as the topic is perceived with shame and embarrassment. Therefore, communication on the subject is also discouraged and restricted.

Poor Menstrual Hygiene and Disposal Practices: The girls are unaware of the importance of maintaining personal hygiene during menstruation. Lack of knowledge on menstrual hygiene makes them more prone to contracting reproductive tract infections, impacting their general health and wellbeing. Disposal of the menstrual absorbent is also an issue of embarrassment and shame. Many wrap the used absorbent in a plastic bag and bury it or throw it in a pond, raising serious environmental concerns. Burning of menstrual absorbent is a taboo.

Prevailing Social Norms and Restrictions: Onset of menarche signals to the family that the girl is now of a marriageable age, hence she is perceived as a liability. As a result, adolescent girls are faced with a range of socio-cultural restrictions making menstruation a distressing and embarrassing experience. Religious texts decree the impurity of women during menstruation.
Myths and Misconceptions: Myths and misconceptions such as menstruation being 'expunging of unclean blood from the body' or 'release of body heat' make the experience even more stressful. Surprisingly, frontline workers and teachers too believe and endorse these misconceptions.

Lack of Access to Sanitation Facilities: Across India, 55% of girls/women live in homes without toilets/sanitation facilities. The baseline study found majority of adolescent girls’ lived in households without toilets. Lack of proper private spaces for bathing and changing at home further makes menstrual management a challenging experience.

Frontline workers lack proper knowledge: Frontline workers lack correct and complete knowledge about menstruation and its hygienic management.

7.2 Strategic Social Behaviour Change Communication for MHM

Key Stakeholders

### Primary Participants:
Those among whom the actual intended change is envisaged
- Girls / Boys – 14 to 19 in schools
- Girls/Boys - 14 to 19 out of school
- Parents and extended family (Grandparents, Uncle, Aunt, Older siblings)

### Secondary Participants:
Those who influence the behavior of primary participants
- Teachers
- Front Line Workers (ANM, AWW, ASHA)
- Community leaders, Caste Leaders, Religious Leaders, PRIs
- SHGs, farmers groups,
- Community structures - gram sabhas and child protection committees

### Tertiary Participants:
Those with whom advocacy to create a favorable structural and social environment would be carried out
- District Level: DC/WASH, Health, Nutrition, Education and child protection officials, Police, CEO Zilla Parishad, Media, CBOs, SHGs, PRIs
- State Level: Department of Education, DWSS, ICPS, DWCD, Youth Affairs, Media, CM MLA, Police, MPhs, Celebrities, religious bodies/associations

7.3 Key behaviours to promote

**Primary Participants**
- Adolescents receive life skills education to manage menstruation.
- Adolescents and parents know the importance of maintaining hygiene during menstruation.
- Adolescents can talk and discuss freely about menstruation.
- Adolescent girls can negotiate for adoption of hygienic products and private spaces to manage their menstruation.
- Adolescents and parents know about disposal of menstrual absorbents in an environmentally friendly manner.
• Adolescents and parents recognize the adverse myths and misconceptions pertaining to menstruation leading to gender discrimination, inequity and exclusion.
• Adolescents and parents realise the restrictions on a girl’s mobility and diet as unfair during menstruation
• Adolescents and parents consult a certified health worker/ANM to help deal with mental and physical discomfort/pain caused by menstruation.

Secondary Participants
• Teachers, FLWs and other key influencers know why menstruation happens, understand and recognize the importance of maintaining, menstrual hygiene.
• Teachers and FLWs are able to communicate with adolescent girls and other influencers have ability to sensitize other community to help build acceptance on menstrual health and hygiene.
• Teachers and FLWs have the interpersonal skills to discuss physiology of menstruation, importance of maintaining menstrual hygienic (RTI and other diseases) and help adopt hygienic products to manage their menstrual cycle.
• Tertiary Participants.
• State and district level policy makers and officials know about the key issues, interventions on MHM and understand importance of investing in MHM interventions.
• Master trainers from Government have capacity to cascade communication tools and life skills and monitor its implementation.
• Influencers such as policy makers, media actively engage in discussions and public discourses addressing MHM issues.

7.4 Communication Strategy and key activities
As identified in the Change needs to be brought about at the level of knowledge, attitudes, select practices and the social norm of silence. Hence, a mix of communication strategies could be used to achieve the desired objective. Following five key strategies and activities could be used to achieve the roadmap objectives.

System strengthening for SBCC governance and accountability

Activities
• Advocate for budgetary provisions within relevant departments for integration of SBCC components on MHM: replication of toolkits, capacity building of FLWs, orientation of relevant stakeholders.
• Advocate for integration of monitoring indicators on MHM within relevant departments, Supply and Dissemination – Health, Knowledge and usage: education, Infrastructure: WASH.
• MHM integrated within school curriculum and flagships for adolescents.

Institutionalization of SBCC capacity development and quality standards/assurance

Activities
• Capacity development of Master Trainers from residential schools KGBVs and Tribal Schools in the state to implement and monitor MHM communication toolkits and life skills module.
• Capacity development of Master Trainers from secondary schools to implement and monitor MHM communication toolkit and life skill module.

• Institutionalizing the capacity of Education Department to implement and monitor the communication toolkit and life skill module on MHM.

**Mega-Partnerships for Long-Term, at-Scale & Convergent Community Engagement & Trans-Media Platforms**

**Activities**

• Leveraging existing partnerships within state for scale up MHM communication toolkit and life skill module in hard to reach areas.

• Orientation of alliances and CSOs on MHM priorities.

**SBCC mass campaigns for accelerated access**

**Activities**

• Leveraging existing campaigns targeted at adolescents (BBBP, MSK, Poshan Maah, Anemia Mukta Bharat) by integrating key messages on MHM.

• Development of participation platforms such as MHM week for sustainability involving all key stakeholders.

**Building social capital of adolescents promoting resilience and Sustainability**

**Activities**

• Recognition of adolescents and adults acting as a role model on the issue fo MHM.

• Orientation of social groups such as SMC, CPC, Mahila Samakhya, SHGs on MHM.

• Integration of MHM Communication Toolkit and Life Skill module with existing adolescent groups such as Bal Sansad, Tejaswini Groups etc.

**8. MONITORING PLAN**

At State level a comprehensive M & E framework for MHM programme would be developed for each target group. The framework will specify the indicators on which data shall be collected on, who will collect data at community, institution and/ or administrative level, the levels of reporting and compilation, the frequency of collection and compilation, the no. and frequency of holding meetings for reviewing the information collected etc. Over all following will be documented:

• An enabling environment created at Education Department to scale up MHM intervention in all the KGBVs and High Schools in 11 ODF districts.

• A state level coordination platform consists of government, civil society partners, academia and corporate in place as an advisory inter agency platform to guide the MHM program.

• Trained pool of resource persons in place at state and district level for all the 11 districts.

• District implementation plan of MHM for 11 districts.

• Documentation of good practices.
State & District level: Inter department coordination meeting at the level of development commissioner will be monitoring the program every six months. At district level in DLCC meeting- MHM will be an agenda item every alternate month.

Block level/Cluster: BRP/CRP/ SBM block level team and FLWs of Health and ICDSs will carry out regular monitoring visits, technical meetings and quarterly reviews to provide to assess the progress of MHM implementation and take corrective actions if required. Joint field visits will be carried out by Government partners to improve coordination among stakeholders. Monitoring can be done through web-based monitoring mechanism and reports will be reviewed by block/district level monthly meeting with district nodal person. Minutes of the meeting will be shared with State nodal person (Education).

In-school monitoring can be undertaken by the schoolgirls themselves, teachers, and cluster resource persons from Education. Similarly, monitoring of out-of school adolescent girls may be done by AWW or Sahiya. Supply of sanitary absorbents at institution and household levels may be done by staff of JRLPC and Sahiya.

It is also important that monitoring data is captured at the state monitoring template of concerned departments. Similar processes can be adopted while monitoring community-based interventions on MHM where CSOs may also be involved.
Results Matrix for MHM

**Goal:** By 2022, Adolescents girls in the state break away from cultural of silence and have consistent access to knowledge on MHM and support to address myths, taboos, restrictive perception and social norms.

**Targets:**

**Phase 1:** By 2018, 80 percent adolescents from the 250 residential schools demonstrate increase in knowledge level on MHM, confidence to contest myths and taboos using life skills and communication tools and adapt safe disposal practices with support from 200 (one each KGBV) sensitized and capacitated team of Master Trainers.

**Phase 2:** By 2019, 70 percent adolescents from the secondary schools in the state demonstrate increase in knowledge level on MHM, confidence to contest myths and taboos using life skills and communication tools and adapt safe disposal practices with support from 125 (five per district) sensitized and capacitated team of Master Trainers.

**Phase 3:** By 2022, concerned departments implement convergent SBCC action plan to address social norms, myths, taboos and practices around menstruation and ensure sustained access to information on MHM and support from FLWs for adolescent girls in school as well as out of school.

<table>
<thead>
<tr>
<th>Results statements</th>
<th>Indicators</th>
<th>Baseline</th>
<th>Target</th>
<th>MOVs</th>
<th>Key Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1:</strong></td>
<td><strong>Improved policies for MHM implementation at state level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MHM clearly defined and articulated in state plan of DWSD, Health and</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Education in Jharkhand</td>
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</tr>
<tr>
<td></td>
<td>State ODF S strategy has reference to MHM infrastructure and awareness</td>
<td>NA</td>
<td>1 State and 11 district</td>
<td>Govt orders,</td>
<td>Govt orders, Letters</td>
</tr>
<tr>
<td></td>
<td>(and budget allocated towards MHM)</td>
<td></td>
<td>plans prepared by 2019</td>
<td>Letters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MHM infrastructure is part of standard WASH designs in schools</td>
<td>NA</td>
<td>SoP for MHM infrastructure</td>
<td>District Plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State health PIP mentions MHM related to health promotion (and budget</td>
<td>NA</td>
<td>issued</td>
<td>District Plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>allocated towards MHM)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>budget allocated towards MHM)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Number of districts with MHM contextualised improvement plans</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 2:</strong> Availability and use of MHM in WASH infrastructure designs for institutional and public facilities (e.g. schools, AWCs and health facilities)</td>
<td>Proportion of facilities with safely managed MHM infrastructure or % or of institutional and public WASH facilities (e.g. schools, health centres) constructed with consideration for MHM</td>
<td>NA</td>
<td>100% by 2022</td>
<td>Govt MIS, Reports</td>
<td>DWSD, Education, Health, PRIs</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>Outcome 3:</strong> Increased knowledge and practice about safe MHM practices</td>
<td>% or # of respondents (e.g. girls, boys, women, men, teachers) with improved knowledge and attitudes of MHM</td>
<td>32%</td>
<td>90%</td>
<td>KAP Surveys</td>
<td>DWSD, Health, Education</td>
</tr>
<tr>
<td></td>
<td>% or # of women and girls with improved MHM practices</td>
<td>NA</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% or # of women and girls using affordable and hygienic sanitary absorbent</td>
<td>39.4%</td>
<td>75%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annexure – 1

Definition of Menstrual Hygiene Management and its components

The UNICEF and WHO define Menstrual Hygiene Management as the articulation, awareness, information and confidence to manage the menstruation with safety and dignity using safe hygiene materials, together with adequate water and agents and spaces for washing and bathing and disposal with privacy and dignity.

The definition of terms associated with MHM as per national guideline is given as under:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent girls</td>
<td>Adolescence describes the transitional period between childhood and adulthood. Girls aged 10 to 19 are adolescents</td>
</tr>
<tr>
<td>Menarche</td>
<td>The first occurrence of menstruation</td>
</tr>
<tr>
<td>Menopause</td>
<td>The time in a woman’s life when her menstrual periods stop and she is no longer able to have children</td>
</tr>
<tr>
<td>Menstruation/ periods</td>
<td>A biological process in a woman where each month blood and other material is discharged from the lining of the uterus. Menstruation occurs from the onset of puberty until the menopause, except during pregnancy</td>
</tr>
<tr>
<td>Menstrual/ Sanitary absorbent</td>
<td>A sanitary cloth, napkin, towel or pad is an absorbent item worn by an adolescent girl or woman when she is menstruating or directly after birth while she is bleeding. The material absorbs the flow of blood from her vagina</td>
</tr>
<tr>
<td>Menstrual waste</td>
<td>Includes a used sanitary cloth, napkin, towel or pad that contains blood</td>
</tr>
<tr>
<td>Bio-degradable; compostable, organic materials</td>
<td>A substance or object that is capable of being decomposed by bacteria or other living organisms and thereby avoiding pollution</td>
</tr>
</tbody>
</table>

Menstrual hygiene management requires 6 As

- Access to accurate and pragmatic information.
- Access to menstrual hygiene materials.
- Access to facilities that provide privacy.
- Access to water and soap within a place that provides an adequate level of privacy.
- Access to disposal facilities for used menstrual materials.
- Access to services for menstrual counselling and disorders.

Safe and effective Menstrual Hygiene Management or ‘MHM’ is a trigger for better and stronger development for adolescent girls and women. Improved knowledge and practice during menstruation directly has an impact on women’s health and would contribute towards achieving Sustainable Development Goals 2030.
Annexure – 2

Theoretical approach of SBCC

Strategic SBCC model on MHM is proposed based on two theoretical models – the Socio-Ecological Model and the Stages of Change Theory. These are being applied to design communication to match a person’s readiness or stage of change.

Research on the issue illustrated the need to focus on change in knowledge and behaviour at the individual level. The Stages of Change model focuses on change at the individual level, thus the justification to use this model. However, to be effective, change at the individual level needs to be supported by an overall enabling environment as outlined in the Socio-ecological model. This model validates the focus beyond the individual – at the institutional policy and Interpersonal and Societal level. Therefore, this communication strategy is based on both these models of change.

The SBCC strategy thus will focus on preparation for menstruation, menstrual health and hygiene practices during the period and effect of menstruation on the life of girls. Change needs to be brought about at the level of knowledge, attitudes, select practices and the social norm of silence. Hence, a mix of communication approaches including interpersonal communication (IPC), community dialogue, social mobilization, mass media and capacity building will be adopted to engage with the different audience. Most communication materials developed will be using the entertainment-education approach.

Stages of Change Theory

Rationale:
The Stages of Change Theory at the individual level has a five-stage process or continuum related to a person’s readiness to change: (i) pre-contemplation, (ii) contemplation, (iii) preparation, (iv) action, and (v) maintenance.

Baseline research has shown that there is minimal communication on the subject of menstruation – why it happens, the physiology etc. This leads to misinformation, myths and misconceptions regarding the process of menstruation and hygiene management. Add to that deep-rooted beliefs and social norms surrounding menstruation and the menstruating woman being ‘impure’ or ‘dirty’ and there is a vicious cycle of silence, misinformation and socio-cultural restrictions. The stages of change theory helps identify barriers at each stage and customize the communication design as per the readiness of the person at each level of change. It will encourage a more step-by-step approach along the continuum of change. A critical component of the communication strategy will be life skills enhancement facilitated by trained peer educators to communicate with the adolescent girls. Similarly other participants groups will have relevant communicators who facilitate the interpersonal communication.

(Specify details on participant groups in the next segment).

Socio-Ecological Model

Rationale:
The Socio-Ecological Model justifies the focus beyond the individual – at the institutional policy and Interpersonal and Societal level. While the Stages of Change theory is centric to change at the individual level, the SEM helps focus on the interpersonal and societal level changes. These are necessary for the change to be sustainable. The model maintains focus on interpersonal communication, community dialogue and interventions to change social norms.
Annexure – 3

Communication package and materials
Given the social context of silence and misinformation around menstruation and numerous socio-cultural restrictions imposed on the adolescent girls, a multi-media communication package was designed.

The communication package comprised of 5 Facts for Life (FFL3) IPC videos of ‘Ammaji Kehti Hai’ series, and a Paheli Ki Saheli (Friends of Riddles) Package. The Paheli Ki Saheli package comprised of several components: (1) Paheli Ki Saheli films, (2) Paheli Ki Saheli Storybook, (3) personal diary and (4) poster.

Additionally, following tools were developed and used:

- Interactive games and exercises - adolescent group meetings.
- Framework and guidelines- group meetings with mothers, SHG members and fathers.
# Annexure – 4

Phase-wise SBCC Milestones

<table>
<thead>
<tr>
<th>Implementation Strategies</th>
<th>SBCC Milestone Phase 1</th>
<th>SBCC Milestone Phase 2</th>
<th>SBCC Milestone Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Strengthening for SBCC Governance &amp; Accountability</td>
<td>Promote Budgeted SBCC components to address MHM through State Level MHM Consultation</td>
<td>Behavioural and social norm monitoring indicators on MHM integrated within state and district level monitoring MIS – Edn/WASH/Health</td>
<td>MHM information and practices integrated within school curriculum and flagship schemes reaching out to out of school adolescents.</td>
</tr>
<tr>
<td>Institutionalization of SBCC Capacity Development &amp; Quality Standards/assurance</td>
<td>Integration of MHM SBCC toolkits within flagships RKS, Tejaswini, SBM</td>
<td>Development of sustained plan of action strategy for involving out of school adolescents</td>
<td>Education department has capacity to implement and monitor MHM curriculum</td>
</tr>
<tr>
<td>Mega-Partnerships for Long-Term, At-Scale &amp; Convergent Community Engagement &amp; Trans-Media Platforms</td>
<td>Cadre of master trainers from KGBVs and Tribal School to cascade MHM developed and action plan prepared.</td>
<td>Cadre of master trainers on MHM developed within Education system at District level with action plan for cascade of trainings.</td>
<td>Oriented NGO partners promote MHM inter personal and trans media communication platforms.</td>
</tr>
<tr>
<td>SBCC &amp; Mass Campaigns for Accelerated Access for the Underserved</td>
<td>Involving CSOs and Non traditional partners at State Level Consultation</td>
<td>CSO partnerships: NGO partners, alliances from WASH, HEALTH, Nutrition, CP and Education are oriented on MHM Communication Toolkit and Life Skill Module</td>
<td>Development concurrent platforms of relevant Govt, NGO and Pvt stakeholders for discussing MHM (MHM Week)</td>
</tr>
<tr>
<td>Building Social Capital Adolescents &amp; Community Empowerment, Resilience and Sustainability</td>
<td>Integrating MHM within flagship campaigns reaching out to adolescents – BBBP, MSK, Poshan Maah, Anemia Mukta Bharat</td>
<td>Integrating MHM within flagship campaigns reaching out to adolescents – BBBP, MSK, Poshan Maah, Anemia Mukta Bharat</td>
<td>Integration of MHM communication tools within adolescent participation platforms Bai Sansad, Tejaswini groups etc.</td>
</tr>
<tr>
<td>Identification and recognition of adolescent girls acting as a role model on MHM.</td>
<td>Orientation on social groups Mahila Samaihya, SMC, CPC and adolescent networks on MHM and concerned issues.</td>
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</tr>
</tbody>
</table>
Swachh Bharat Mission (Gramin)
Drinking Water and Sanitation Department
Government of Jharkhand