

Menstrual Hygiene Management (MHM) Guidelines and implementation Framework

BIHAR STATE



Acknowledgements / Credits

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It is important to mention here that the draft Solid Liquid Resource Management, Resource Book for Menstrual Waste Management, put together by Menstrual Health Alliance, India, has been extensively referred to in the development of these guidelines, particularly for information regarding safe disposal practices of menstrual absorbents.

We thank Satya Suya Dasika, MHM Consultant and Director Programs, Knowledge Links, who agreed to take up the assignment and compile the guidelines and implementation framework on behalf of WSSCC.

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Foreword

Swachh Bharat Mission-Garmin (SBM-G) aims at making India a clean and open defecation free country by 2 October 2019, the 150th anniversary of Mahatma Gandhi. India has already achieved sanitation coverage of around 99%. Government of Bihar is also committed to achieving this goal within the given time frame.

ODF achievements are now proposed to be followed up by ODF sustainability and ODF plus initiatives to achieve the goal of a totally clean and sanitised country. Menstrual Hygiene Management is one of the key components to be addressed as part of the ODF-Plus activities.

Menstruation and related hygiene practices are a socially and culturally sensitive issue shrouded largely in silence and perpetuated by social taboos. Hence, working on MHM calls for an integrated plan and strategy implemented with coordinated efforts from various stakeholders and line departments. Multi-stakeholders engagement and convergence from different schemes/departments engaged in planning and implementation of a program focussed on involving every member of the society, would be crucial to eliminating the social stigma, myths and misconceptions associated with the menstrual hygiene practices, thus paving the way for large acceptance of menstruation phenomenon.

Water Supply and Sanitation Collaborative Council has been working in the area of Menstrual Hygiene Management in several parts of the world including India and has developed the MHM Guidelines and its implementation strategy after engaging in consultations with various stakeholders and line departments. Their consultants have visited communities and institutions in rural Bihar to gain insights into the current perceptions and practices related to menstruation.

The guidelines laid out in this document are based on the findings on the ground and the information drawn from line departments regarding the various programs and infrastructure available in the district/block/GP levels in the state. It provides a framework for convergence of programs, roles and staff to different departments and also lays out an implementation strategy to achieve the desired goal of promoting safe and sound menstrual hygiene practices, along with improvements in required technical and institutional infrastructure to sustain it over an extended period of time as intended.

This could form basis for development of time bound action plans and interventions on MHM at state/district levels in Bihar. I appreciate the effort put in by all the people who contributed in developing this and hope that this document will be useful in rolling out planned activities at different levels in the state.



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Menstrual Hygiene Management: State Guidelines and suggestive implementation strategy

PART 1: CONTEXT

Swachh Bharat Mission (SBM), launched by Government of India on 2nd October 2014, sets the target of a clean and open defecation free (ODF) India by 2nd October 2019. SBM is constituted of two programs, being handled by two different ministries: Swachh Bharat Mission-Gramin (SBM-G) is handled by the Ministry of Drinking Water and Sanitation (MDWS); and Swachh Bharat Mission-Urban (SBM-U) is being managed by the Ministry of Housing and Urban Affairs (MHUA).

SBM is of historic significance for a number of reasons, two of which are as follows: one, elimination of open defecation is stated to be one of the key objectives of the national rural sanitation program for the first time; two, menstrual hygiene management (MHM) is included as part of the 'equity and inclusion' component of Swachh Bharat Mission-Gramin (SBM-G).

As women constitute roughly half of the population in the country, their special sanitation needs related to menstrual hygiene management need to be addressed separately to ensure comprehensive and equitable sanitation outcomes at the community level beyond open defecation free (ODF) results on the ground. These aims echo emphasis by the Sustainable Development Goal 6 on 'paying special attention to the needs of women and girls' (United Nations, 2018) and achieving "access for all" which implies facilities that are "suitable for use by men, women, girls and boys of all ages including people living with disabilities" (WHO, 2017:1). They also align with efforts to progressively realise the Human Right to Water and Sanitation by promoting equitable access to water and sanitation and monitoring factors including accessibility, quantity, quality and affordability (JMP, 2015)

SBM – G also allocates funds for MHM. It says that IEC funds can be used for creating awareness on MHM and SLWM funds can be used for installing incinerators. However, district officials do not know how to access these funds. It may be worthwhile to disseminate specific set of instructions on accessing these funds.

1.1 GoI Guidelines on MHM

The Government of India guidelines on MHM, 2015 suggests that states prepare their own guidelines to achieve the following:

- Convergence and coordination with different ministries, departments and schemes
- State specific MHM operational guidelines/policies/district level plans
- Definition and monitoring of KPIs
- Awareness creation around MHM through well targeted communication and media plans
- Training and capacity building across all levels
- Sharing of good practices with central ministry as well among districts

It also states *"The state is also 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 programmes can be organized between the SBM Cell/ WSSO, Department of Education, Department of Women and Child development, Department of Health and P&RD. Development partners and NGOs can provide facilitation and technical advice throughout. The Principal Secretary/ Secretary, Water Supply and Sanitation, responsible for SBM implementation may take leadership in organising the State level orientation."*(MHM National Guidelines, December, 2015;page no.10)

PART 2: KEY DEFINITIONS

2.1 What is Menstruation?

Menstruation is a biological process experienced by adolescent girls and women in their reproductive phase. Girls begin to menstruate during puberty at a time known as menarche. It usually occurs between the ages of 10 to 19 years. The woman then continues menstruating until menopause, which usually occurs in her late forties or fifties. Each month an egg is released and travels to the uterus. In order to receive the egg, blood builds up in the uterus which supports the growth of a fertilized egg. If the egg is not fertilized by sperm, the lining of the uterus is released through the vagina as blood; this is the process known as menstruation or menses.

2.2 What is Menstrual Hygiene Management (MHM)?

Management of the hygiene associated with the menstrual process is known as menstrual hygiene management (MHM). The Joint Monitoring Programme (JMP) of World Health Organization (WHO) and UNICEF, has proposed the following definition of MHM:

“Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.”

2.3 Social taboos and stigma around menstruation

It has been observed globally that restrictions on movement and normal life are inflicted on menstruating girls and women (Jewitt and Ryley, 2014). These restrictions range from living in secluded, dingy, enclosures like gaushalas (cattle-shed) in some communities to not fetching water, touching pickles, entering the kitchen or washing their hair (Nightingale, 2011). In most communities going to places of worship during menses is strictly forbidden as it is believed that menstruating women would invoke the wrath of gods if they visited these places.

Stigma around menstruation and menstrual hygiene is a violation of several human rights, most importantly of the right to human dignity, but also the right to non-discrimination, equality, bodily integrity, health, privacy and the right to freedom from inhumane and degrading treatment from abuse and violence (WSSCC 2013).

Many studies have reported a correlation between menstrual hygiene and school drop-out of girls from

the higher forms (grade four and five) of primary and secondary education (Muralidharan et al. 2015; Sommer et al, 2016). Research also confirms that the onset of puberty leads to significant changes in school participation among girls (Sommer 2010). In spite of the fact that Millennium Development Goal (MDG) 2 (achieve universal primary education) has been accomplished in the lower forms of primary education in many developing countries, the participation of girls, in particular in Africa and Asia, lags far behind the participation of boys in the higher forms of primary and secondary education. Besides the fact that girls are married off at an early age in some cultures, many girls are kept at home when they start menstruating, either permanently (drop-out) or temporarily during the days they menstruate. When girls get left behind this can eventually also lead to school drop-out (TEN 2007; Jewitt and Ryley, 2014).

The monthly menstruation period also creates obstacles for female teachers. They either report themselves sick or go home after lessons as fast as possible and do not have enough time to give extra attention to children who need it. The gender-unfriendly school culture and infrastructure and the lack of adequate menstrual absorbents and/or clean, safe and private sanitation facilities for female teachers and girls undermine the right of privacy, resulting in a fundamental infringement of the human rights of female teachers and girls. Consequently, girls and women get left behind and there is no equal opportunity. (TEN 2007).

2.4 State Context

Menstruation is a taboo topic to discuss and more so in rural areas; Bihar is no exception to this rule. An article titled, ‘Taboo, Shame Around Menstruation Is Leading to Unhygienic Practices Across India’ by Ojaswi Rao, (an Intern with IndiaSpend) dated 19 June, 2017, is available on The Wire, (<https://thewire.in/author/ojaswi-rao-indiaspend>). She shares the findings of the NFHS-4 (National Family Health Survey-4) released in 2015-16 ‘Not even 50% women used clean methods of dealing with menstrual hygiene in eight states and union territories. The mean for these eight states was 43.5%, with Bihar the worst at 31%. Only 55% of young girls in India think of menstruation as a natural process and only 23% know that the blood comes from the uterus.’

Use of cloth is not the cause of concern but the type of cloth and its condition when used as a menstrual absorbent, sure

is. With easy availability of polyester and other synthetic fabrics at relatively lower prices, practically there is negligible access to cotton cloth, which was traditionally used as a menstrual absorbent, particularly among the rural poor. As found in the NFHS-4, visits to random rural locations by the consultant revealed that most women used old cloth or rags, which are not clean and hygienic. When probed further they shared that storing such cloth/rags in a clean dry place is not possible; their hut/place of dwelling doesn't provide the luxury of such a facility. But the good news was that most women do not re-use the cloth once used as menstrual absorbent. However, from the discussions what seemed clear was that in women, particularly from the marginalized sections of the rural society, say the Musahar community for instance, there was complete ignorance about unhygienic practices during menstruation leading to infections and reproductive tract diseases. One such village, Mogalchak Ajadnagar in Ekdanga GP, Barh block (inhabited by Kebat, Mallah and Majhi communities), the women shared that they use old synthetic sarees without embroidery and other decorative work, as menstrual absorbent. It is a flood prone village. They had no idea of how to clean and store the cloth to make it hygienic for use as an absorbent. In fact, they ridiculed the consultant when she asked if they washed and stored it in a safe, dry place before using it. They said they had no such places available in their huts. The village had no Anganwadi and children had to go past the river to reach a school. The villagers shared that during rains children often drowned and therefore sending them to school was not possible. When asked how they disposed off the used menstrual absorbents, they said they tossed it into the river when no one saw.

In an upper caste habitation in Barh block in Raheema village, Sarkati panchayat which was visited, the women seemed relatively more aware of hygienic practices. Some of them expressed the desire to use commercial pads and shared that their husbands thought it was a waste of money.

With regards the institutions visited, the schools visited in Siwan districts (both middle and high schools) were found to be equipped with separate toilets for girl students. Though in some villages the toilets were found to be locked. PHC visited in Phulwari Sharief was found to be having a well-lit toilet for women equipped with a dust bin.

Government of Bihar's State cabinet allocated 220 crore for launch of a scheme providing for free supply of sanitary pads for one year to adolescent girl students (10 -19 years) in rural schools. This intervention was planned to check the school drop-out rate among girls. This scheme had mixed reaction in the community. Children from marginalised community were not aware of any such scheme while some from the better off settlements said the money was credited to their father's account. However, they were not aware what it was used for. What seemed clear was that sanitary pads were hardly ever bought with the money transferred to the accounts for the purpose.

Villagers across the rural areas visited shared that families/society imposed restrictions like can't visit temples/places of worship, not allowed to eat sour things, not allowed to touch pickles, not allowed to wear sindoor etc on menstruating girls and women.

2.5 Objectives of the MHM interventions in the state:

- 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 material which are biodegradable..
- 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.

PART 3: THE THREE-PRONGED APPROACH

3.1 Breaking the silence

When information is shared and people are empowered with the knowledge about the appropriate ways to manage menstruation, the demand for the menstrual products would increase. Apart from training key people from different departments on counselling women, (particularly mothers and grandmothers) and adolescent girls on safe management of menstruation, it would be critical to ensure supply of the absorbents as per demand at the right time. Depot holders could be trained among men, women and adolescents, including Swachagrahis, Anganwadis workers, ASHAs, ANMs, Jal Sahiyas, Rani Mistris, active graduates from Kasturba Gandhi Vidyalayas, active/articulate SHG women and so on. They would also be in a position to effectively lobby for adequate WASH infrastructure and its maintenance.

3.2 Access to knowledge and safe menstrual absorbents and WASH infrastructure.

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3.3 Disposal/management of menstrual waste

What is Menstrual Waste?

Menstrual waste refers to blood and used and discarded menstrual absorbents, including cloth, disposable sanitary napkins, tampons, and other substances or materials that girls and women use to soak up or hold blood during menstruation. (Source: Resource book for Menstrual waste Management, MoDWS with MHM Alliance India and UNICEF)

How is Menstrual Waste classified?

The Solid Waste Rules (2016) consider menstrual waste as solid waste and define it as sanitary waste within the same. The Rules go on to elucidate responsibilities of the waste generator, local authorities and Gram Panchayats and producers of sanitary products.

What is Safe Management of Menstrual Waste?

The safe management of menstrual waste refers to the treatment and disposal of used absorbents in a manner that does not cause harm to girls and women (the user) and to the environment (in terms of land, air and water sources).

SN	DISPOSAL OF MENSTRUAL ABSORBENT	CONCERNS
1	Throw with routine waste/dustbin	Un-segregated waste enters the solid waste stream and is subject to the same treatment as other solid waste – placed in landfills to disintegrate over hundreds of years
2	Thrown away in the open (open spaces, rivers, lakes, wells, roadside etc.)	Menstrual waste can contaminate water sources, clog drains and sewerage systems
3	Burning (open)	Burning of commercially available pads at low temperatures can release toxins such as dioxins and furans into the surrounding atmosphere
4	Burying	Shallow burial is often practiced, and products can be easily exposed or dug up by animals. Not all products disintegrate when buried
5	In toilets (flushing down the toilet, throwing in pit latrine)	Used pads mixed with faecal sludge, complicate removal and disposal of that sludge (in the case of septic tanks) or interfere with the production of usable manure (in the case of leach pits). They can also clog up sewerage systems.

Safe options for disposal of different types of menstrual waste

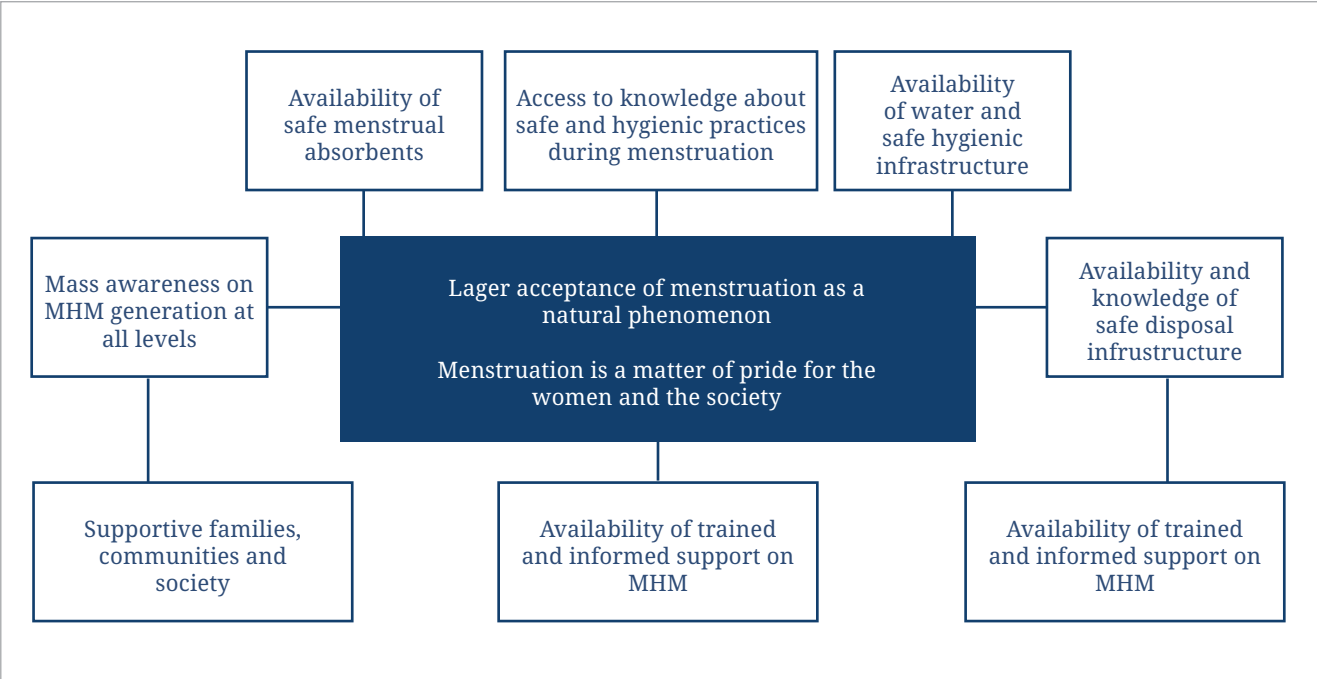
SN	CATEGORY OF MENSTRUAL WASTE	SAFE OPTIONS FOR DISPOSAL	UNSAFE OPTIONS/PRACTICES OF DISPOSAL
1	Menstrual cloth	<ul style="list-style-type: none"> • Deep pit Composting • Burning/incinerating at temperatures above 500 degrees Celsius 	<ul style="list-style-type: none"> • Shallow pit composting (fear of animals digging it out) • Throwing it in water bodies • Burying/throwing in water bodies, wrapped in polythene bags
2	Non-compostable sanitary pads	<ul style="list-style-type: none"> • Burning/incinerating at above 500 degree Celsius 	<ul style="list-style-type: none"> • Throwing around in open dustbins/landfills • Throwing into water bodies • Burying/pit composting • Burying/throwing in water bodies, wrapped in polythene bags
3	Compostable single use pads	<ul style="list-style-type: none"> • Deep pit Composting • Burning/incinerating at temperatures above 500 degrees Celsius 	<ul style="list-style-type: none"> • Throwing around in open dustbins/landfills • Throwing into water bodies • Burying/throwing in water bodies, wrapped in polythene bags
4	Tampons	<ul style="list-style-type: none"> • Deep pit Composting • Burning/incinerating at temperatures above 500 degrees Celsius 	<ul style="list-style-type: none"> • Throwing around in open dustbins/landfills • Throwing into water bodies • Burying/throwing in water bodies, wrapped in polythene bags
5	In toilets (flushing down the toilet, throwing in pit latrine)	<ul style="list-style-type: none"> • Deep pit Composting • Burning/incinerating at temperatures above 500 degrees Celsius 	<ul style="list-style-type: none"> • Throwing around in open dustbins/landfills without sterilizing • Throwing into water bodies without sterilizing • Burying/throwing in water bodies, wrapped in polythene bags
6	Re-usable compostable pads	<ul style="list-style-type: none"> • Deep pit Composting • Burning/incinerating at temperatures above 500 degrees Celsius 	<ul style="list-style-type: none"> • Throwing around in open dustbins/landfills • Throwing into water bodies • Burying/throwing in water bodies, wrapped in polythene bags

Social norms and practices

Social norms influence disposal practices. The widely held belief that menstrual blood is impure shapes when and how girls and women dispose off, used absorbents, often leading to unsafe practices. For instance, the sight of menstrual blood is considered inauspicious, and some girls and women may burn their used absorbent in the open or in shallow pits in an attempt to remove all traces of menstrual blood.

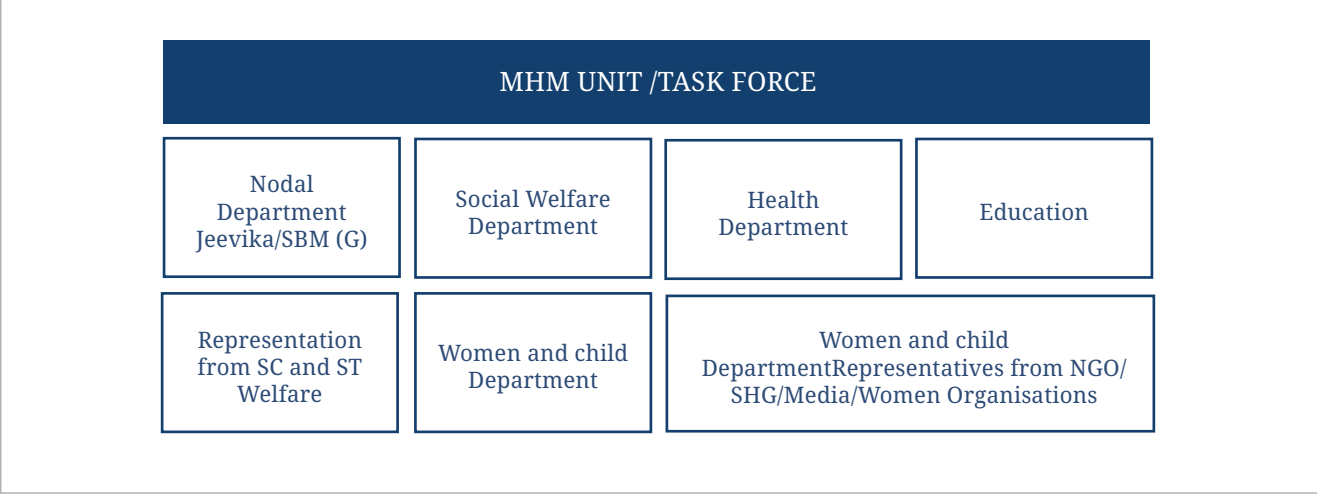
Girls may not use available sanitation facilities during menstruation. In some communities, women and girls refrain from using their household toilets during menstruation due to social taboos, and in educational institutions and work sites, toilets may not be conducive to their menstrual hygiene needs (e.g. do not have water or a dustbin).

PART 4: MENSTRUAL HYGIENE MANAGEMENT FRAMEWORK



4.1 Implementation Framework/Suggestive Interventions

Governance / Structure



4.1.1 State Level apex body:

(Aid and advice for planning and implementation)

MHM, though a part of the Swachh Bharat Mission (SBM), is essentially a cross cutting issue, as it concerns many line departments including Health, Education, Women and Child Development, Livelihood and Bihar State Disaster Management Authority. Therefore, at the state level an apex body consisting of heads of all the said departments would aid and advise the MHM planning and implementation in the state.

In Bihar, it could be based at the Bihar Livelihoods Mission – Jeevika (Jeevika) which also looks after SBM(G) and actively supported by the Health (which is already supplying sanitary pads to villages through a scheme with the help of ASHAs), the Women Development Corporation (WDC) which has the Adolescent Cell in focusing on the needs of girls in the age group of 10-19 years and the Education department which focuses on the girls in the school. The MHM program would essentially target society at large barring boys and girls below 8 years of age. The men and adolescent boys would also be integral part of the program.

Considering that 23 districts in the state are prone to floods, it would be important to involve the BSDMA to influence the District Disaster Management Authority particularly in these 23 districts to work out preparedness plans and relief actions in consultation with the district MHM Unit.

All the departments would meet on a monthly basis to monitor the progress and suggest remedial actions, as and when required.

4.1.2 District Menstrual Hygiene Management

Unit: (Plan and ensure implementation, monitor and report to state level apex body)

The district MHM unit would constitute the collective of the nodal persons assigned from each of the line departments seen in the figure above. They would ensure the implementation of the district MHM plan through their respective departments. Their monthly progress would be monitored by the state apex body.

4.1.3 Block MHM Units:

The BDO/Jt. BDO along with the block functionaries of the line departments would ensure the implementation of the MHM plan and monitor its progress and report the same to their respective District MHM unit. The blocks would compile the list of required menstrual material

based on demand from GPs and acquire the same and further supply it to the GPs as per demand sheet and also monitor WASH infrastructure.

4.1.4 GP MHM Unit:

GP MHM Unit would comprise of the Mukhiyas, Teachers, ASHAs, SHG members/office bearers, ANMs, Anganwadi workers and helpers and so on. A nodal person from among them may be appointed for ease of administration. Their role would be crucial in terms of sharing and updating their district office regarding the estimated requirement of menstrual material and ensuring their availability at the GP and village levels. They would be responsible for organising refresher trainings and update of knowledge and data regarding depot holders and MHM counsellors in their villages. The GP unit consisting of the front line team including the ASHAs, Anganwadi workers, identified depot holders and counsellors would gather quarterly requirement of menstrual material from their respective clientele and share the same with the block/district unit if it is being procured by the district centrally. Once the interested SHG units are trained in pad production (bio degradable single and multiple use absorbents) and establish their own pad production units, decentralised supply of the pads would be possible.

4.1.5 Operation and Maintenance Unit:

They would also constitute an O&M unit for maintenance of electric incinerators installed and for supervising the disposal practices through their village level teams to ensure that unscientific methods of disposal are not practiced. They would also be responsible for O&M related to WASH infrastructure including regular cleaning of toilets, water supply, soap etc.

4.1.6 Community Based MHM counsellors/Depot holders/Facilitators:

Community is the primary site for all MHM interventions. As women are members of the households comprising a community, MHM planning and implementation strategy has to target and address the emerging needs of adolescent girls and women at this level.

In order to strengthen the MHM practices at the community level, the ASHAs, Anganwadi workers and helpers, interested SHG/CO/CLF members may be trained in counselling as also in making available sanitary pads and other menstrual material. They could acquire the material from the district level after forwarding a quarterly requisite after assessing demand in their GPs and sell it to the consumer keeping a minor margin over the cost

price. This margin should be prescribed by the state while making the material available at a subsidised rate. Appropriate capacity building and timely supply of material requested for, would be key to the effectiveness of this strategy. The state has 80,995 Anganwadi workers and 80995 Anganwadi helpers. The total number of ASHAs in the state is approximately 85,000. These with support from Swachhagrahis and SHG women would be a huge task force created at the grassroots.

Quality Control measures: Block Welfare officer and a team consisting of doctors at the PHC and some representatives from the consumer group/community may form a monitoring team (the members may be rotated) who would physically visit each production and store unit of the sanitary pads and observe and check the quality of the pad and hygiene in the vicinity of production and storage unit. The report may be shared with the district and state level units for each of the registered production and storage unit on a quarterly basis.

Roles of Departments involved

SN	DEPARTMENT	ROLE(S)
1	Jeevika/SBM	Anchor the MHM unit; Facilitate planning and organising awareness/sensitization programs at all levels; Facilitate involvement of all key departments and delegate roles and facilitate action planning and its roll out
2	Health	Health department has its trainers and infrastructure like PHCs, tie up with medical colleges, adolescent counselling centres in some districts, pre and post flood activities. They can further include MHM activities at their centres, create counselling centres at every block level; train their counsellors on MHM and address both adolescent boys and girls; include MHM activities in their pre and post flood activities
3	Education	Education department can be particularly involved to generate awareness among boys and girls. Their teachers may be trained to handle the chapter on Reproductive Health in the school curriculum; MHM labs may be organised in the schools and make the atmosphere in schools more congenial for menstruating girl students so that they don't have to miss classes during menstruation.
4	Social Welfare	The officials in the social welfare department could be involved in planning the MHM activities, training and capacity building, conducting awareness/sensitization programs. Their role would be crucial in ensuring the reach out to marginalized sections of the society.
5	Disaster Management Authority(DMA)	DMA may be included at every stage to understand the nature of interventions so that they and the social welfare department can suggest customized interventions for flood situations. The planning and preparedness for such interventions may be planned and rolled out.
6	Women and Child Welfare	Women and child welfare department has a huge task force available in terms of Anganwadi workers and helpers. They could be trained as depot holders and counsellors at the community level. Theirs' is the most accessed institution by women and girls.
7	SC and ST Welfare department	Musahars and tribal population in the state are poorly accessed and therefore mechanisms to reach out to these communities would be crucial and would need careful planning and execution. Therefore this department would ensure the reach out to such pockets/people.
8	Representatives from NGOs/eminent personalities in the field/social activists	Select representatives, say 2-3 members who have experience of the subject and working with marginalized sections of the society located in far flung regions of the state. Their experiences would be useful in avoiding re-invention of the wheel. They could suggest tie up with other organisations to reach out to communities in remote locations and so on.

4.2 Training and Capacity Building

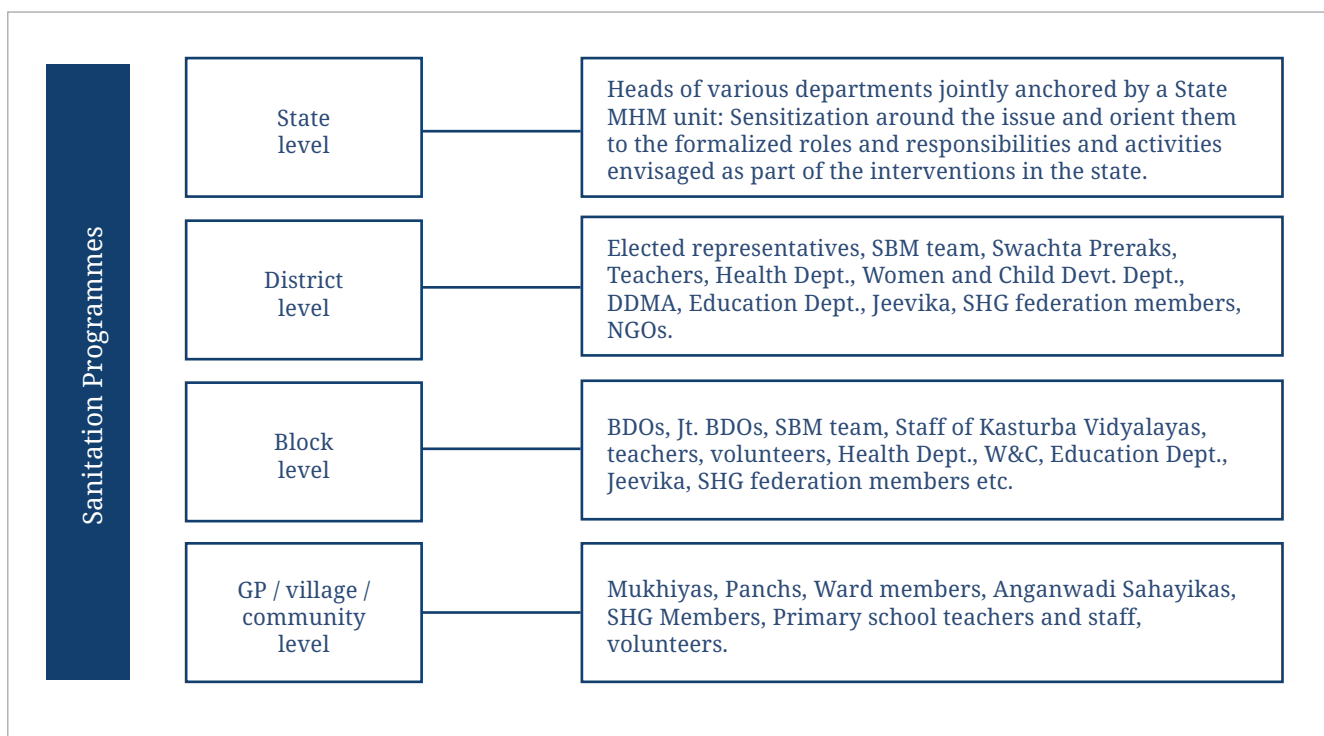
Customized modules for training/orientation/ sensitization of existing personnel at state, District, Block and Gram Panchayat levels need to be developed and used to build capacities as per roles of the personnel at different levels.

The cross section of all the line departments present at the community/GP levels may be **trained/sensitized in MHM, MHM counselling and supervision of safe disposal of used material in general and in flood situations.**

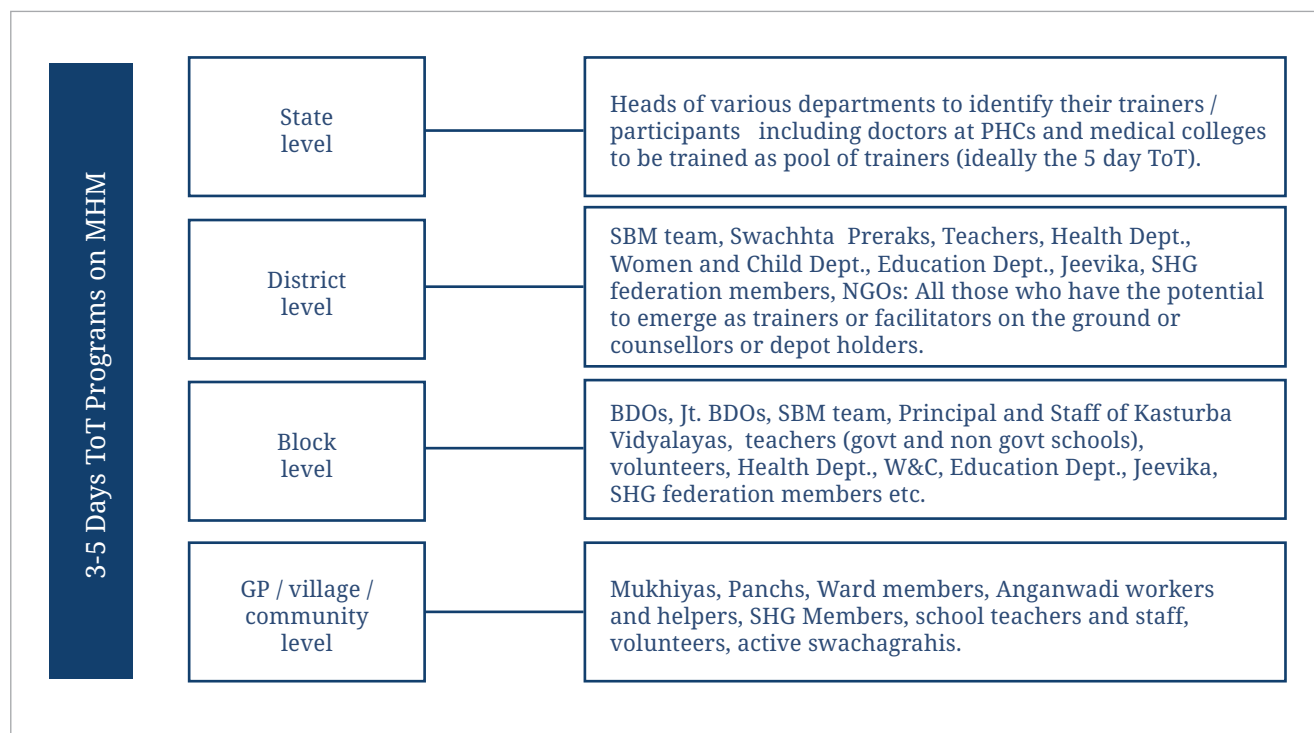
A competency check framework can be developed to be administered to the potential depot holders and counsellors. Those who pass could be issued a certificate by the District. This could to a large extent ensure quality of service delivery including both hard and software services (material and skills).

Breaking barriers: With a view to break the barriers in communication regarding the subject, mega sensitization programs for mixed groups may be conducted where people ask questions freely and pledge to end the silence on the topic of menstruation.

Target Groups for Sensitization/orientation programs on MHM



Three/Five day Training of Trainers on MHM for Facilitators/ Counsellors/ Depot Holders



4.3 Institutional MHM:

4.3.1 MHM measures in schools (Hardware)

- Toilet units at all schools for girls equipped with vending machines for environmentally safe absorbents including reusable pads.
- Adequate water, soap and space inside the toilet should be ensured for the users to change napkins/cloth and to wash themselves and wash the reusable pads and hand-wash before and after changing pads.
- Toilet cubicles may be provided with a shelf, hooks or niche to keep clothing and menstrual adsorbents dry.
- Disposal bins with lids should be placed within the toilet, as the initial point of waste collection.
- Making full length mirror available for girls to look up and walk out with confidence
- Making incinerators (preferably electric that adhere to CPCB guidelines) available for safe disposal of used pads: the capacity of the incinerator should be decided after assessing the volume of pads generated on a daily basis. The shaft should be high enough to release emissions outside the school premises.
- To avoid transport of menstrual waste, these incinerators may be built within the toilet with chutes directly adjacent to the toilet building.
- Inclusion of pain killers, sick bays and hot water bags available in schools particularly residential ones.
- Should be accessible to girls with disabilities

4.3.2 MHM measures in offices and community halls/panchayat bhawans/community toilets in market places and other public places (Hardware)

- Public toilet design should ensure safe and private entrance to women's toilets, with ample lighting after evening hours.
- Ensuring a regular supply of water
- Pad vending machines installed and managed
- Mirrors and incinerators made available
- To avoid transport of menstrual waste, incinerators may be built within the toilet with chutes directly adjacent to the toilet building.
- Should be accessible to persons with disabilities

4.3.3 Facilitation in procurement of menstrual absorbents

The Districts may centrally procure the menstrual absorbents or appropriately support production of the same through SHGs to meet the demand in the district. They may be made available with the certified depot holders at subsidised rates to be sold to the customer at a fixed margin of profit. Hygiene standards of production units must be maintained and monitored regularly.

4.3.4 Creation of Depots and Counselling Centres:

All the existing shopkeepers could be included in the training for depot holders. They could be trained enough to distinguish and explain between bio degradable pads and non- bio degradable ones. Depot holders may be identified and trained from the various ANMs, ASHAs, Swachagrahis, Anganwadi workers and helpers, School teachers, articulate Kasturba Vidyalaya girls or anyone who can pass the competency test after completion of the training. Depot holders ought to be trained in counselling on MHM and refer any complicated cases to the ANM / PHC/ District hospital.

5. Allocation of resource for MHM activities

Setting aside a certain percentage of IEC funds in SBM and effective convergence with Jeevika, Health, Women and Child development and education departments for funds and human resource would be crucial for effective implementation of the MHM program in the state.

District could play an effective role in facilitation of release of funds for setting up pad production or procurement of material/products and creation of disbursement units and community based depots. Strict quality control measures must be adhered to in production as well as procured material. Efforts must be made to promote compostable single use sanitary absorbents and re-usable compostable sanitary pads.

5.1 Research

The State/district may commission studies to understand feasibility of establishing pad production unit. The study could look into backward and forward linkages including cost and availability of raw material, marketing opportunities, cost of installing the unit, electricity requirements and availability, transportation etc. The economics of producing compostable /reusable pads as against procuring them from nearby sources may be thoroughly compared and analysed.

5.2 Effective Communication Package

A part of the funds marked for MHM related activities may be earmarked for communication under MHM. The state/district may hire services of competent agencies to develop:

- a. Radio jingles, talk shows on breaking silence, safe practices and material and safe disposal practices could be promoted in local languages and dialects
- b. TV spots educating the listeners around breaking the silence around the tabooed topic.
- c. TV spots and visuals on posters / hoardings could educate on safe menstrual material and places to access them.
- d. TV spots and poster/hoardings about safe disposal practices in general as well as in flood situations
- e. Putting up MHM labs separate for boys and girls during local melas and answering their queries in the privacy of the tent (MHM lab Manual by WSSCC may be referred)
- f. A lot of these materials already exist. These can be used or adapted for Bihar.

5.3 Setting up of Sign Boards

Disposal of menstrual waste at ponds, rivers or any other water bodies should be avoided as also burying the absorbents near them. Boards may be set up informing the public about penalties to be imposed on those engaging in such activities.

PART 5: MENSTRUAL HYGIENE MANAGEMENT FRAMEWORK

Bihar is said to have 23 flood – prone districts.. The health department already runs programs to prepare for floods like arranging for sufficient supply of bleaching powder, medicines for diarrhoea and dysentery, snake bites, anti-rabies and antibiotics etc. At the time of receding floods they engage in smearing gemaxin powder where necessary, bleaching and lime powder to help disinfect etc. Similarly, for MHM too some provisions have to be put in place with regard to preparedness and relief operations. For example, sanitary materials and soap can be included in the relief kits, temporary toilets and disposal facilities can be installed for menstruating women and girls.

5.1 MHM in flood preparedness

- IEC for preparedness including dos and don'ts related to safe material, safe practices during damp weather/ rains and high humidity and safe disposal
- Concentrating during normal times, more on building awareness about use of tampons and menstrual cups. Facilitate exercise of informed choice at all times. Making these options available at affordable rates.

5.2 MHM during flood relief

- Ensure availability of safe packaging and storing of sanitary material to be used during menstruation
- Making availability of basket of safe menstrual material

options at each relief camp including compostable single use pads, cotton cloth, re-usable pads, cups and tampons.

5.2.1 Infrastructural facilities for MHM during floods

- Make provision for supply of menstrual material through vending machine or distribution of menstrual absorbent/material of their choice.
- A complex of bio-toilets attached with a changing room, with wash basin and soap for washing used material
- Hooks and water proof shelves inside the toilet to keep the material
- Ample roofless enclosed space for drying the used menstrual material
- Covered/PVC drain to avoid any embarrassment for those washing the blood off the used cloths.
- Good lighting arrangement and a mirror to check out before leaving the space
- Dust bins inside the toilet.
- Electric incinerators safely installed and manned within the enclosure

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- MHM ToT manual: <http://wsscc.org/resources-feed/training-of-trainersmanual-wash-and-health-for-menstrual-hygienemanagement/>
- As we Grow Up flipbook: wsscc.org/resources-feed/as-we-grow-up-flipbook/
- Menstrual Wheel: wsscc.org/resources-feed/menstrual-wheel/
- Resources for persons with disabilities:**
WSSCC has come up with a tactile book for the visually impaired
- Facilitator's manual:**
As We Grow Up: A Tactile Book on Menstrual Hygiene Management - Facilitator's manual
- A video in Indian sign language for the Deaf
As We Grow Up: About Menstruation
- YouTube links:**
1) As We Grow Up - About Menstruation: https://youtu.be/53Gmo_47XXA

The background of the page is a teal-colored geometric pattern consisting of repeating, interlocking shapes that resemble stylized leaves or a complex lattice. The pattern is composed of various shades of teal, creating a textured, three-dimensional effect. A white curved shape is positioned at the bottom left, partially overlapping the teal pattern.

Annexures

ANNEXURE 1: Logical Framework Analysis

ANNEXURE 2: List of product manufacturers

ANNEXURE 3: Incinerator models available in India

ANNEXURE 4: Emission standards for incinerators

ANNEXURE 5: Details for incinerator use

ANNEXURE 6: WSSCC Module for Training of Trainers on Menstrual Hygiene Management

ANNEXURE 1: LOGICAL FRAMEWORK ANALYSIS

GOALS		Mainstreaming MHM to create an enabling environment across the state where menstruation gains recognition and acceptance as natural phenomenon and girls and women lead a healthy, normal life.		
Activities	Output	Outcome	Objectively verifiable indicators	
Objective 1		Breaking the silence around menstruation		
Conduct orientation programs Sensitizing men, women and adolescents about menstruation and triggering them for behaviour change around the taboos and myths related to menstruation.	Men, families, communities informed and sensitive to menstruation, needs of women during menstruation	Silence around menstruation is broken	Reduced restrictions on girls and women during Menstruation Girls attending school during menstruation	
Arrange MHM labs in schools, colleges during melas etc	Questions/queries around menstruation are answered for all	Aware community	Decrease in boys teasing girls during menstruation; Fathers willing to discuss menstrual matters	
Objective 2		Easy access to appropriate knowledge about menstruation		
Training for counsellors and depot holders	Trained and informed resource available at all levels	Easy access to information	Availability of registered counsellors and depot holders	
Establishing counselling centres at all levels	Counselling centres easily accessible at school and community level	Share/consult and overcome / handle any situation related to menstruation without feeling shy or being ashamed	Number of people approaching counselling centres; Entry in registers of depot holders and counselling centres	
Objective 3		Girls and women make informed choice; providing access to wide range of re-usable and single use absorbents /menstrual material		
Districts centrally procure menstrual absorbents or material (where pad production units are established) based on demand from GPs and blocks	Supply delivery systems established/ Pad production units established and functional	Easy availability and access to menstrual material/absorbents	Material chosen are safe absorbents as also safely disposable Disbursement as per demand happens on a quarterly basis	
Enlist all certified depot holders	List of certified depot holders	Trained certified depot holders available at all levels	Depot holders monitored for demand and supply of menstrual material	
Quarterly demand from depots in each GP is compiled at block level and shared with the district	Demand for single use and re-usable absorbents across the districts is available	Safe menstrual material that is safely disposable made available to each user	Number of users for single use/re-usable menstrual material	

GOALS		Mainstreaming MHM to create an enabling environment across the state where menstruation gains recognition and acceptance as natural phenomenon and girls and women lead a healthy, normal life.	
Activities	Output	Outcome	Objectively verifiable indicators
Objective 4		Enabling easy access to safe disposal of used absorbents /menstrual material	
Installation of electric incinerators at schools, colleges and girls' hostels	Schools are equipped with safe disposal incinerators for used menstrual material	Used menstrual material across the districts is safely disposed off	Regular use of the incinerators and their operation and maintenance in schools and colleges
Sensitizing communities about environmentally safe options for disposal of used menstrual material	Communities use environmentally safe material and dispose it off safely	Safe disposal of used menstrual material	Absence of used menstrual material in trash ; abstinence of communities from disposing off in open places
Setting up of sign boards near water bodies, fixing penalty for defaulters	Sign boards announcing imposition of fines on defaulters	People conform to agreed rules of safe disposal	GP level monitoring to check for defaulters

ANNEXURE 2: LIST OF PRODUCT MANUFACTURERS

S.No.	Brand	Manufacturer	MRP	Website	Contact
Reusable Cloth Pads					
1	SOCH	Hygiene and You, New Delhi	INR 160-495 / pad	www.hygieneandyou.com	
2	EcoFemme	Ecofemme - Auroville, India	INR 235 onwards	www.ecofemme.org	Kathy Walking: kathy@ecofemme.org
3	Uger Pads	JatanSansthan	INR 160 per pad	www.jatansansthan.org	Lakshmi Murthy: ellemurthy@gmail.com; buyuger@gmail.com
4	Shomota	Shomota Pads, Kolkata	INR 140 onwards	www.shomota.com	Contact number: +91 9674799625
5	My Pad	Goonj	Not for retail	www.goonj.org	Sneha Dey: sneha@goonj.org
6	Saafkins	Livinguard Technologies	INR 150 /pack of 2	www.livinguard.com;	Shivani Swamy: shivani@livinguard.com
7	Safepad	Real Relief India Pvt. Ltd.	INR 275 /pack of 4	www.realreliefway.com	Karthik Thangavel: kt@realreliefway.com;
8	Feel Free	Gramalaya, Trichy, Tamil Nadu	INR 250 /pack of 4	www.gramalaya.in	gramalaya2019@gmail.com
Reusable menstrual cups					
9	She Cup	Mediaceso Healthcare, Mumbai	INR 999 per pad	www.shecup.com	Manish Malani: Mmalani7@gmail.com
10	Stonesoup Wings	Stonesoup/ Brahad Elastomers, Bangalore	INR 850 per pad	www.stonesoup.in	contact@stonesoup.in; +91-8041214957
11	Rustic Art	Erina Eco Craft, Satara, Maharashtra	INR 850 per pad	www.rusticart.in	info@rusticart.in; +91-8308456956
12	V Cup	Earth Care Solutions/Basil Life Sciences, Thrissur, Kerala	INR 1200 per kit	www.vcup.co.in	+91-8139046961
13	Alx Cup	Alexander LifeCare, Ahd, Gujarat; Indore, MP	INR 650 per cup	www.alexanderlifecare.com	info@alexanderlifecare.com; 07314068008

S.No.	Brand	Manufacturer	MRP	Website	Contact
Compostable disposable sanitary pads					
14	Anandi Pads	Aakar Innovations, Mumbai	INR 40 /pack of 8	www.aakarinnovations.com	Pratik Kumar; +91 9810634666
15	Saathi Pads	Saathi Pads, Ahmedabad	INR 159 /pack of 8	www.saathipads.com	Ranu Kala; ranu.kala@saathipads.com
16	Sakhi Pads	Vatsalya Foundation, Vadodara	INR 20 /pack of 4	-	Swati Bedekar: swatibedekar@gmail.com
17	-	Wager Hygiene	OEM suppliers	www.wagerindia.com	Jinoj Wager: jinoj@wagerindia.com
Non-compostable disposable sanitary pads					
18	Active Ultra	Saral Design Solutions, Mumbai	INR 35 /pack of 6	www.saraldesigns.in	Suhani Mohan: suhani@saraldesigns.in
19	Sakhi Pads	Vatsalya Foundation, Vadodara, Gujarat	INR 25 /pack of 10	-	Swati Bedekar: swatibedekar@gmail.com
20	Whisper	Procter & Gamble Health and Hygiene	INR 4 – 12 /pad	www.pg.com/en_IN/brands	
21	Carefree, Stayfree	Johnson & Johnson	INR 3.5 – 12 /pad	www.jnjindia.com	
22	Sofy	Unicharm India Private Limited	INR 4-15 /pad	www.sofyclub.com	
23		Wager Hygiene	OEM suppliers	www.wagerindia.com	Jinoj Wager: jinoj@wagerindia.com
Disposable tampons					
24	OB ProComfort	Edgewell Personal Care, Canada/USA	INR 120 /pack of 10	www.ob-tampons.com	

Source: Solid and Liquid Resource Management: Menstrual Hygiene Management. A Resource Book for Menstrual Waste Disposal. Ministry of Drinking Water and Sanitation, Government of India. (see <http://swachhbharatmission.gov.in/SLRM/Documents.aspx>)

ANNEXURE 3: INCINERATOR MODELS AVAILABLE IN INDIA

When exploring any of the following incinerator models, please check with the manufacturer on adherence to CPCB standards for emissions.

Organization	Product Name	Type	Capacity
Ceconpollutech	Sani clean 2000	Electric	200 Napkins per day
E.R. Ventures	Napkinci nano	Electric	50 Napkins per day
Shri ramm inc.	Maya incinerator	Electric	400 Napkins per day
Teknik	Electrical incinerator (cat no. - Jka-230ei)	Electric	5 -200 Napkins per day (depending on size)
Bionic scientific	Bionics automatic sanitary incinerators	Electric	50 To 200 napkins per day (depending on size)
Visaga	Napi burn	Electric	Up to 8 cycles of 5 napkins per day
Go life care	Reprocide	Electric	Depending on size of machine: 1-5, 5-10, 10-15, 25-30, 40-50, 125-150 reported to run 8 times per day
Robust solution	Robust solution	Electric	N/a
Sara equipments	Sanitary napkin destroyer - personal use	Electric	40 Napkins per day
Lakshmi associates	Disposonap	Electric	
Hindustan life cell		Electric	
Wager international	Sanitary napkin destroyer	Electric	
Vatsalya foundation	Ashudhinashak	Manual	Can be filled with up to 20 pads

Source: *Solid and Liquid Resource Management: Menstrual Hygiene Management. A Resource Book for Menstrual Waste Disposal. Ministry of Drinking Water and Sanitation, Government of India. (see <http://swachhbharatmission.gov.in/SLRM/Documents.aspx>)*

ANNEXURE 4: EMISSION STANDARDS FOR INCINERATORS

Guidelines	Details	Source
CPCB standards for Common hazardous waste incineration	Specifies emission standards of various gasses However, this is for a common incineration facilities aggregating waste from several industries	http://mpcb.gov.in/images/hwincinerator.pdf
CPCB standards for biomedical waste incinerator	Specifies standards for treatment and disposal of biomedical waste by incineration	http://cpcb.nic.in/bio-medical-incinerators/
Emission Total Dust Total organic carbon Chlorine compounds Fluorine compounds Sulfur oxides as SO ₂ Nitrogen oxides as NO ₂ Carbon monoxide Mercury Cadmium and thallium Lead, Chromium, Copper, and manganese Nickel and arsenic Antimony, cobalt, vanadium, and tin Dioxins and furans Oxygen content Municipal Solid Waste Rules 2015	Specifies emissions standards and standards for incinerators for incineration of municipal solid waste	http://cpcb.nic.in/displaypdf.php?id=TkdUL1N0YW5kYXJkX0luY2luZXJhdG9yc19NU1cucGRm

World Health Organization (WHO) specifications for emissions for bio-medical incinerators

* Measurements made at standard temperature and pressure

ANNEXURE 5: DETAILS FOR INCINERATOR USE

Characteristics of waste suitable for incineration (WHO)¹⁹

- Low heating value: above 2000kcal/kg (8370kJ/kg) for single-chamber incinerators, and above 3500kcal/kg (14640kJ/kg) for pyrolytic double-chamber incinerators.
- Content of combustible matter above 60%
- Content of non-combustible solids below 5%
- Content of non-combustible fines below 20%
- Moisture content below 30%

Design and operational features for small-scale bio-medical incinerators (World Health Organization)²⁰

1. Operate within a temperature range of 650° to 1,000°C
2. Have at least two incinerator chambers
3. Have a minimum of one second of smoke-residence time
4. Effective waste reduction and waste segregation
5. Training of incinerator operators on appropriate start-up and cool-down procedures, maintenance of optimal operating temperatures, visible emission monitoring, appropriate loading/charging rates, proper ash disposal, record keeping to track quantities of waste destroyed and auxiliary fuel used, and occupational safety.
6. Periodic maintenance to replace or repair defective components (e.g., inspection and spare parts inventory).
7. Placement of incinerators away from populated areas or where food is grown.
8. Enhanced training and management; the availability of an operating and maintenance manual, management oversight, and maintenance programs

ANNEXURE 6: WSSCC MODULE FOR TRAINING OF TRAINERS ON MENSTRUAL HYGIENE MANAGEMENT

Training Objectives

The Training of Trainer's Workshop is a 5-day program for practitioners and trainers from Health, Education, Panchayati Raj & Rural Development, Women and Child Development, PHED departments as well as NGOs/CSOs.

- To sensitize practitioners on biological process of menstruation, the negative impact of social taboos on girls and women's life, safe practices to manage menstruation hygienically, including safe disposal of menstrual waste
- To facilitate the process of developing action plans that trainers can implement as part of their daily work to improve menstrual hygiene in different settings.
- To create a cadre of trainers with the knowledge and skills on inclusive WASH and Menstrual Hygiene Management so that they can further train other people at block and village cluster level, including health extension workers, teachers, parents and adolescent girls and women.
- To enable participants to conduct a Training Program on MHM using various Information, Education and Communication(IEC) tools.
- To support the District government to develop an action plan to integrate menstrual hygiene management into their existing programs in health, education, water and sanitation, women and child development, rural development with assessment indicators for their block/ward/gram panchayat/school.

Duration: 5 days

BROAD OVERVIEW OF TRAINING

	Session	Objective
Day 1		
10.00 – 1.00	Registration and baseline quiz Welcome and introductions Expectations, agenda and ground rules	To set the context and get to know each other To reduce concerns and apprehensions about the training, since it deals with a sensitive issue.
1.0 - 2.00	Lunch	
2.00 – 3.00	Power walk (exercise)	To initiate a discussion on inequality and discrimination
3.00 – 5.00	Gender roles (exercise)	To explore gender stereotypes and inequalities .
Day 2		
9.30 – 1.00	My first menstrual experience Myths and social taboos Impact of myths and social taboos on women and girls	To share personal experiences of menstruation and explore the social taboos observed when women menstruate and their negative impact on women and girls
1.0 - 2.00	Lunch	
2.00 – 5.00	What is menstruation? Use of IEC materials - flipbook and menstrual wheel Introduction to facilitation skills	To understand the biological reasons for menstruation and that periods are a normal biological function To learn how to use WSSCC IEC materials to explain physical changes during adolescence and the menstrual cycle To learn facilitation skills required for an effective trainer
4.00 – 6.00	Practice of MHM tools in groups	To gain confidence in the use of the IEC tools using role plays
Day 3		
9.30 – 1.00	WSSCC's 3 – pronged approach to MHM: Breaking the silence Managing menstruation hygienically Disposal of menstrual waste	To understand MHM in a holistic manner and learn about the entire value chain from awareness to disposal.
2.00 – 3.00	The MHM lab – an innovative approach to raising awareness on MHM	To learn the benefits of the MHM lab and how to run a lab in the community To learn about the different sanitary materials available and how they should be disposed or re-used. To learn the do's and don't of menstrual hygiene, including symptoms, pain management and nutrition To learn how to make a cloth pad
3.00 – 5.00	MHM for specific groups – a) adolescents, b) persons with disabilities, c) men d) institutions	To learn about strategies for reaching out to and including different stakeholders, including marginalized groups To learn what facilities and resources are required for creating MHM friendly institutions (schools, anganwadi centres, public spaces, offices, etc)

	Session	Objective
Day 4		
10.00 – 1.00	Field Visit Experience sharing from field visit	To use the skills and knowledge learnt in a real life situation and learn from the experience .
3.00 – 5.00	Developing an action plan	Action plans will outline how they will use what they have learnt to train others in their GPs and blocks. It will include: a) which target group they will work with, b) what will the objective of the training and key messages be c) how will they facilitate the training d) when and where, e) what support will they require.
Day 5		
10.00 – 2.00	MHM lab for district functionaries Sharing of action plans with the district functionaries Pledge and closure Evaluation of the training	To orient the district functionaries to MHM and explore how they can support the trainers to break the silence on menstruation.

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