

# Menstrual Hygiene Management

National Guidelines

December 2015



Ministry of Drinking Water and Sanitation  
Government of India



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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
DPC	District Project Coordinator
GOI	Government of India
ICDS	Integrated Child Development Scheme
IEC	Information Education and Communication
INR	Indian Rupees
KGBV	Kasturba Gandhi Balika Vidyalaya
KPI	Key Project Indicators
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
PSA	Public Service Announcement
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
TDD	Tribal Development Department
WASH	Water, Sanitation and Hygiene
WCD	(Ministry of) Women and Child Development
WSSO	Water & Sanitation Support Organization

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“.. I want to make a beginning today itself and that is – all schools in the country should have toilets with separate toilets for girls. Only then our daughters will not be compelled to leave schools midway.”

**Shri Narendra Modi**, Honourable Prime Minister of India  
Independence Day, August 15, 2014

बीरेन्द्र सिंह  
Birender Singh



ग्रामीण विकास, पंचायती राज और  
पेयजल एवं स्वच्छता मंत्री  
भारत सरकार  
MINISTER OF RURAL DEVELOPMENT, PANCHAYATI RAJ  
AND DRINKING WATER & SANITATION  
GOVERNMENT OF INDIA



### **MESSAGE**

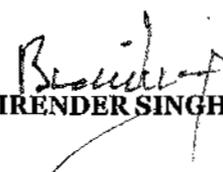
In rural India, as a whole, menstruation is a taboo induced with stigma not permitting discussion or even information seeking. Because of the shame and superstitions associated with this monthly biological occurrence, the women are impacted by poor menstrual hygiene. Women spend several days menstruating within their lifetime, with very real and practical needs.

Menstruation has a more pronounced effect on the quality and enjoyment of education than do other aspects of puberty. It involves a learning component as well as elements affected by the school environment and infrastructure. These include access to menstrual hygiene materials, latrines and places to change, safe water and sanitation, and good hygiene practices like hand washing with soap. Without these, the school environment is unhealthy, gender discriminatory and inadequate.

Menstrual Health Management (MHM) is a multi-faceted issue and the evidence compels us to consider that there is a pressing need to address it in a holistic manner engaging not only the women and girls but also the environment that surrounds them and the culture and society as a whole.

Hence, there is a profound need for a paradigm shift towards a systematic and focused intervention which, without doubt, requires various service providers (governmental and non-governmental) to seriously consider a coherent and convergent action plan dealing with this much evaded issue.

I am confident that these "Guidelines on Menstrual Hygiene Management" will bridge the information gap about a Public Health issue of paramount importance.

  
(BIRENDER SINGH)

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राज्य मंत्री  
पेयजल एवं स्वच्छता मंत्रालय  
भारत सरकार



सत्यमेव जयते  
राम कृपाल यादव  
*Ram Kripal Yadav*

MINISTER OF STATE  
DRINKING WATER & SANITATION  
GOVERNMENT OF INDIA



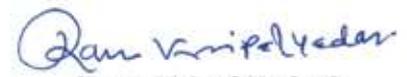
### MESSAGE

Although Menstrual Hygiene is an issue that every girl has to deal with in their lives, there is lack of information on the process of menstruation, and proper requirements for managing menstruation. The taboos surrounding this issue in the society prevents girls and women from articulating their needs and the problems of poor menstrual hygiene management have been ignored or misunderstood. Good menstrual hygiene is crucial for the health, education, and dignity of girls and women. This is an important sanitation issue which has long been in the closet and there was an urgent need to openly discuss these.

Sanitation and hygiene are key issues for women, consistent with their need for privacy, dignity, safety and self-respect. The Swachh Bharat Mission places a special emphasis on addressing the sanitation needs of women recognising their role in building a Swachh Bharat. Menstruation is a key indicator of health and vitality for women and girls. Managing this hygienically and with dignity is an integral path of good sanitation and hygiene.

The National Guidelines for MHM take direction from the SMG-G. The overall aim is to support adolescent girls in providing basic factual information about menstruation, its hygienic management will also clarify some of the myths and taboos centered on this issue creating an environment that supports and enables schools to become MHM friendly. The Guidelines also highlights the space and consideration that MHM has in the current arrangement within the context of Government schemes.

I appreciate the efforts of Ministry of Drinking Water and Sanitation for releasing this guideline with the support of UNICEF, India. The Guidelines may suggest the kind of systematic and holistic intervention that seeks to build comfort, pride, dignity, confidence and address MHM related demand so that adolescent girls can feel that they are esteemed members of society at all times without shame and fear.

  
(Ram Kripal Yadav)





## Context

Menstruation is a natural, normal biological process experienced by all **adolescent girls and women**, yet it is not spoken about openly causing unnecessary embarrassment and shame. India's 113 million adolescent girls are particularly vulnerable at the onset of menarche. At this time they need a safe environment that offers protection and guidance to ensure their basic health, well-being and educational opportunity is realised. Yet a recent survey found that in 14,724 government schools only 53% had a separate and usable girl's toilet.<sup>1</sup> At home the situation also need to improve as 132 million households do not have a toilet (2015), leaving adolescent girls and women to face the indignity of open defecation. However, safe and effective menstrual hygiene management, or 'MHM' is a trigger for better and stronger development for adolescent girls and women.

## Who the guideline is for

Menstrual hygiene management is an integral part of the **Swachh Bharat Mission** Guidelines (SBM-G). The Menstrual Hygiene Management Guideline is issued by the Ministry of Drinking Water and Sanitation to support all adolescent girls and women. It outlines what needs to be done by state governments, district administrations, engineers and technical experts in line departments; and school head teachers and teachers.

## How the guideline is organised

The guideline is in three parts, the **Main Guideline**; a series '**Action Guides**' that describe what each key stakeholder must do, why and how; and **Technical Guides**. The **main guideline** (this document) is organised as follows:

- Part 1: About the guideline
- Part 2: Who needs to know what, why and how
- Part 3: Providing adolescent girls with menstrual hygiene management choices
- Part 4: MHM infrastructure in schools and the safe disposal of menstrual waste

<sup>1</sup> National Sample Survey Office/Census (2012). And Pratham (2014) Annual Status of Education Report (Rural), 2013

The **Action Guides** and **Technical Guides** are highlighted in the main text.

The Menstrual Hygiene Management Guideline

MHM Action Guide 1 - State level

MHM Action Guide 2 - District level

MHM Action Guide 3 - PHED/RD engineers

MHM Action Guide 4 - Head teachers and teachers

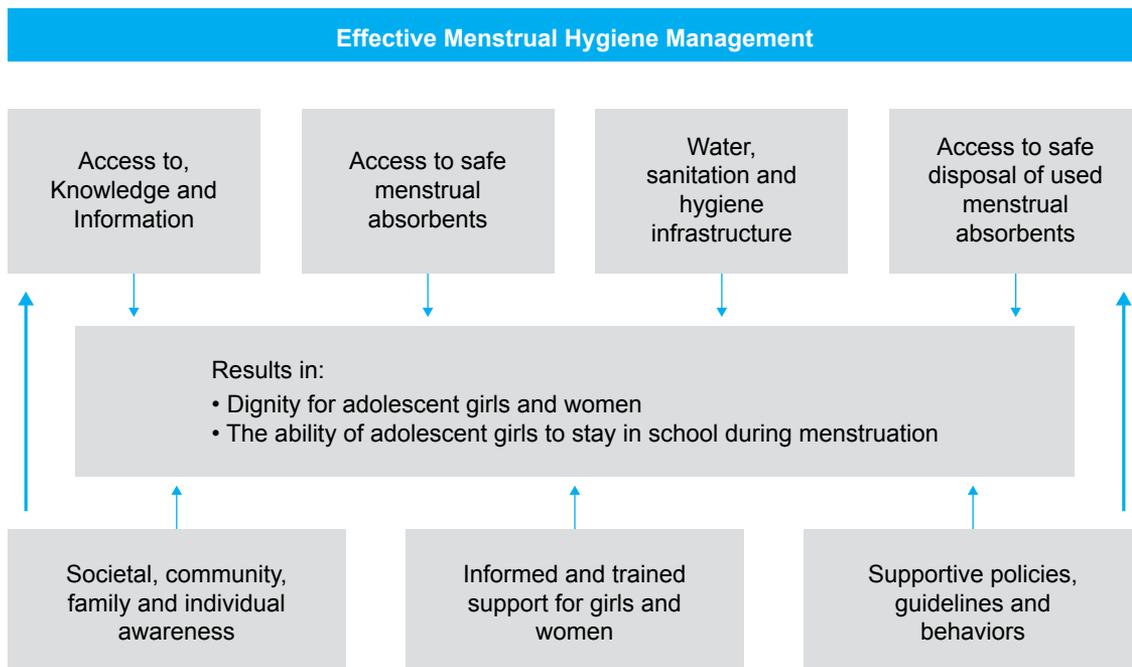
MHM Technical Guide 1 - IEC for MHM

MHM Technical Guide 2 - Safe disposal of menstrual waste.

## Menstrual hygiene management framework

In considering the specific sanitation and hygiene requirements of adolescent girls and women, state governments and district administrations have a responsibility for putting in place the following. The framework highlights the essential elements of a menstrual hygiene management programme that should be integrated in to other government schemes.

**Figure 1.1: Menstrual Hygiene Management Framework**



## Menstrual hygiene management in the Swachh Bharat (G) guideline

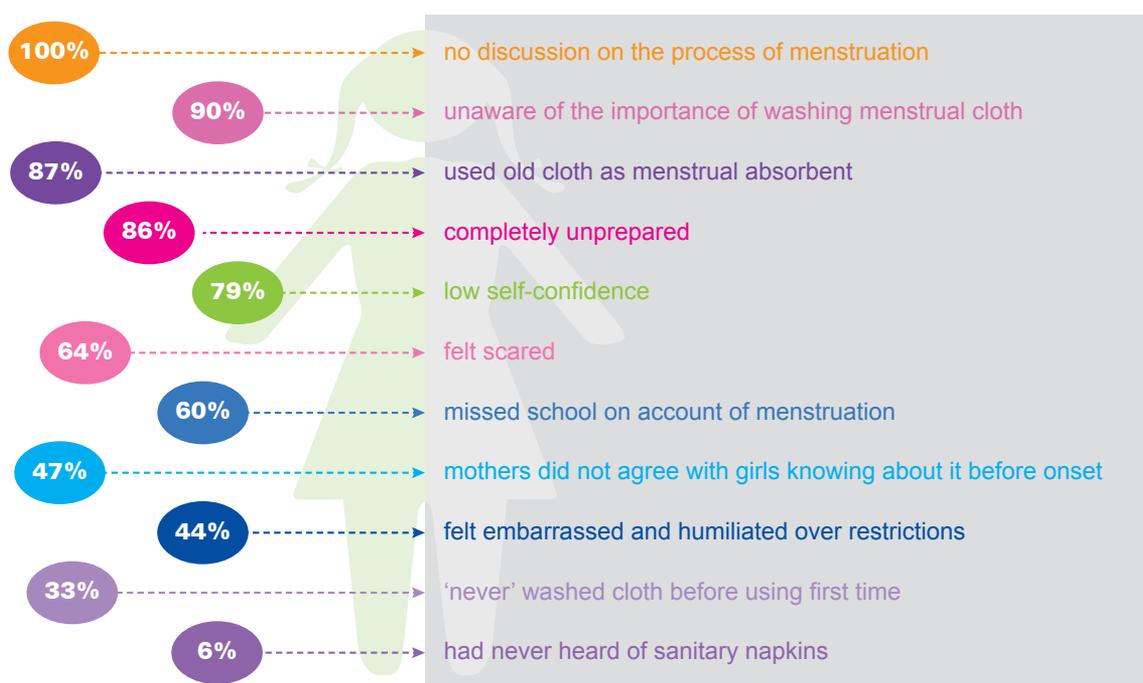
- i. Funds available under the IEC component may be used for IEC in this matter and to raise awareness and skills on Menstrual Hygiene Management in all places and specifically amongst adolescent girls in schools. IEC plans should include this component for raising awareness among all stakeholders. Funds 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.
- ii. 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.
- iii. 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.

A survey in Uttar Pradesh found that **adolescent girls know too little about menstruation and menstrual hygiene management**. Therefore, in addition to making sure that every household has a toilet, governments and all stakeholders must make sure that,

1. Every adolescent girl and woman, and their families, including men and adolescent boys, must have awareness, knowledge and information so that menstruation is understood and can be managed safely with confidence and dignity.
2. Every adolescent girl and woman must have easy access to sufficient, affordable and hygienic menstrual absorbents during menstruation.
3. Every adolescent school girl must have access to a separate toilet with private space for cleaning, washing. This includes access to adequate and sustained water supply and soap.
4. Every adolescent girl must have access to infrastructure for disposal of used menstrual absorbant, and should know how to use it.

Stigmatising adolescent girls and women through misguided beliefs and age old cultural practices, contributes to gender inequity and undermines basic rights.

**Figure 1.1: Adolescent girls and menstruation<sup>2</sup>**



This requires that all state, district and local authorities, including schools, communities and families create an environment where menstrual hygiene management is seen as acceptable and normal.

<sup>2</sup> Unicef (2012): Girls today, Women tomorrow study. Other studies include: A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right.



## Part 2 Who needs to know what, why and how

*What cannot be talked about – will not change*



Menstruation is still a taboo in India and it is common for people across society to feel uncomfortable about the subject. To ensure that adolescent girls and women have the necessary support and facilities, it is important that the wider society, communities and families must challenge the status quo and break the silence around menstruation. It is therefore the responsibility of those with influence – including government officials and teachers, to find appropriate ways to talk about the issue and take necessary actions (Figure 2.2, Pg.8)

Menstruation is still a taboo in India and it is common for people across society to feel uncomfortable about the subject. Coupled with it, is the fact that there is lack of information on the process of menstruation, and proper requirements for managing menstruation. The taboos surrounding this issue in the society prevents girls and women from articulating their needs and the problems of poor menstrual hygiene management have been largely ignored or misunderstood. Good menstrual hygiene is crucial for the health, education, and dignity of girls and women. Equipping adolescent girls with adequate information and skills on menstrual hygiene and its management helps in empowering them with knowledge which enhances their self-esteem and positively impacts academic performance.

However, menstrual hygiene management is a social issue that cannot be addressed by working in schools alone. In order to ensure that adolescent girls and women have the necessary support and facilities, it is important that the wider society, communities and families must challenge the status quo and break the silence around menstruation. There is a need to change family and community norms and beliefs in this regard. Not being able to talk about their experience and having limited information means that menstruation becomes something to be ashamed of and to hide, and is consequently ignored in families, schools and communities. In many families, the mother has limited experience in explaining the management of menstruation with regard to schooling, mobility or outdoor activities. Communities should be aware of the barriers to menstrual hygiene management that girls face in school, as well as their role in enabling girls to successfully manage menses in school and at home.

It is therefore the responsibility of those with influence – including government officials and teachers, to find appropriate ways to talk about the issue and take necessary actions

## Basic definitions

It is important to understand what menstruation is, and how simple management interventions along with positive attitudes can make a lasting difference to the lives of every adolescent girl and woman. The following definitions are helpful.

<b>Adolescent girls</b>	Adolescence describes the transitional period between childhood and adulthood. Girls aged 10 to 19 are adolescents.
<b>Menarche</b>	The first occurrence of menstruation
<b>Menopause</b>	The time in a woman's life when her menstrual periods stop and she is no longer able to have children
<b>Menstruation; 'monthly periods'</b>	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.
<b>Menstrual Hygiene Management (MHM); menstrual hygiene</b>	The (i) articulation, awareness, information and confidence to manage menstruation with safety and dignity using safe hygienic materials together with (ii) adequate water and agents and spaces for washing and bathing with soap and (iii) disposal of used menstrual absorbents with privacy and dignity.
<b>Menstrual absorbent</b>	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.
<b>Menstrual waste</b>	Includes a used sanitary cloth, napkin, towel or pad that contains blood.
<b>Bio-degradable; compostable, organic materials</b>	A substance or object that is capable of being decomposed by bacteria or other living organisms and thereby avoiding pollution.

## Who needs information and why

While only adolescent girls and women menstruate, everyone in society needs to have a basic understanding of it. For example,

### State

- **State level officials** because Secretaries, State Project Director, SSA, RMSA, Project Director, National Health Mission and others have a responsibility to frame relevant state policies, make decisions on budgets, provide strategic oversight and monitor programmes.



## District

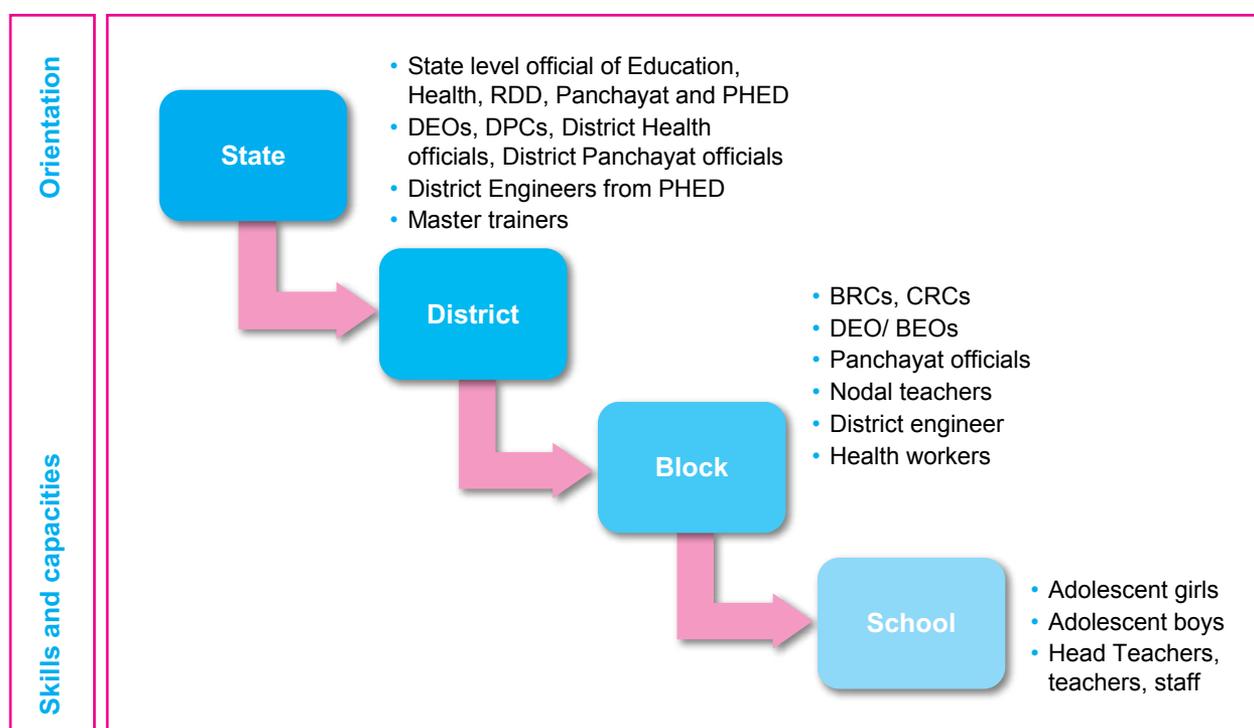
- **Zilla Panchayat CEO** because they ensure coordination and convergence and give special focus to this intervention among line departments.
- **District Magistrates/District Collectors**, because they unlock and direct programme and policy support, ensure financial allocations and monitoring.
- **District Education, Health and ICDS Officers**, because they need to orient, ensure commitment, and streamline appropriate monitoring at the Block and Gram Panchayat levels.
- **Public health engineers** because they design sustainable technical facilities that must take into account the needs of adolescent girls.
- **Health staff** and doctors because they provide not only factual knowledge and health care support but must also afford dignity and privacy to new mothers, and support adolescent girls seeking advice.
- **Community frontline workers** because they can make sure clear messages about menstruation as a normal biological process reach families and out of school girls.

## Schools and communities

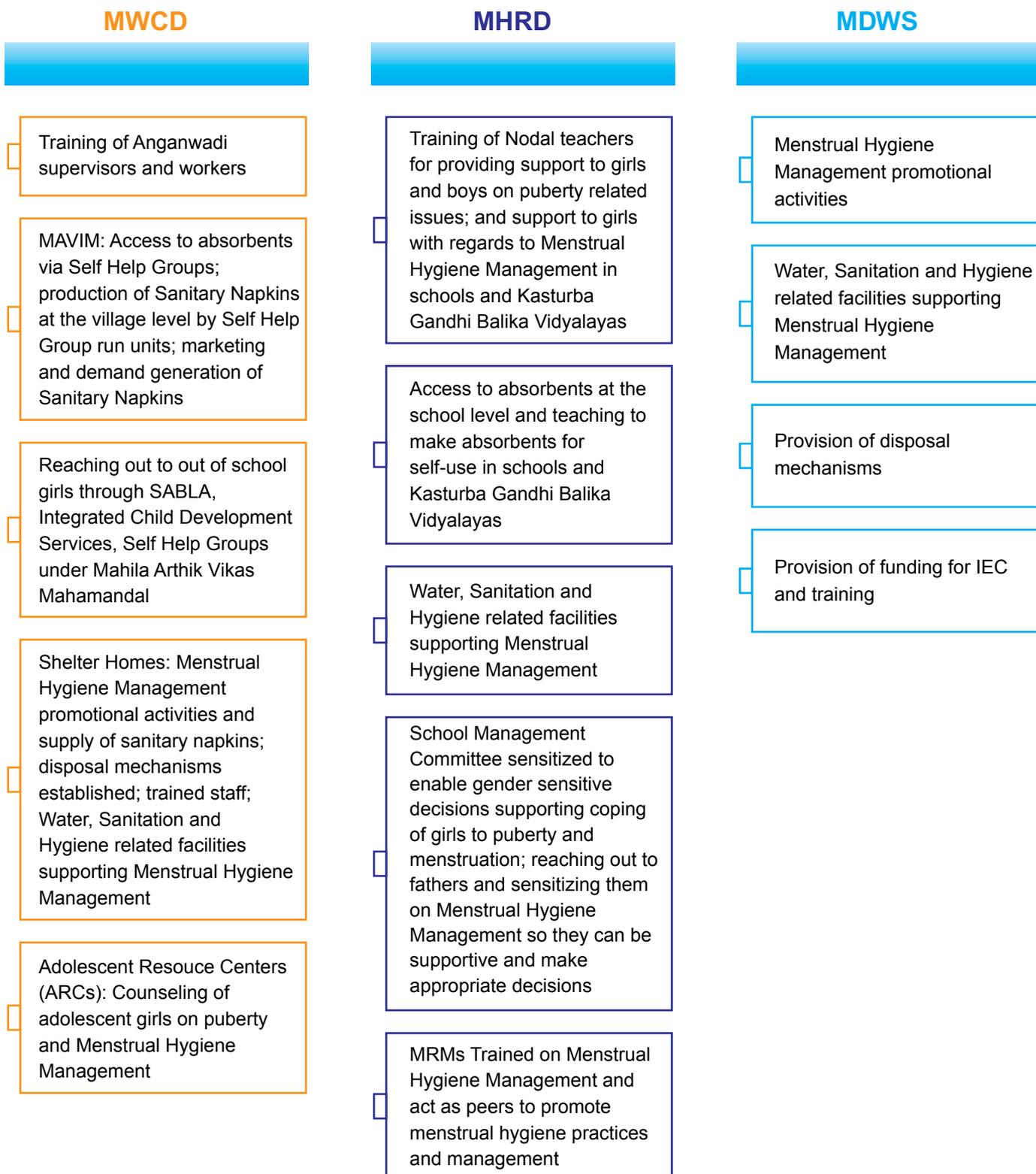
- **Head teachers, teachers and school staff** because they have a vital role in sensitizing boys and girls, inculcating skills and ensuring they have access to basic water, sanitation and hygiene facilities. An early and appropriate intervention by a teacher can make the difference between an adolescent girl staying in school or dropping out at the onset of menarche.
- **Girls and women** because they spend on average 3000 days of their lives menstruating.
- **Men and boys** because they need to positively support their sisters, daughters, wives, aunts and mothers.
- **Community leaders, civil society and self-help groups** because they act as role models and help society to challenge prejudice and discrimination towards menstruating adolescent girls and women.

An indicative list of who should be orientated and/or trained across a state is shown below (Figure 2.1) along with a suggestion for what should appear in a state level orientation session (Box 2.1).

**Figure 2.1: Who should be oriented and trained in MHM**



**Figure 2.2: Roles of various ministries on MHM**



## MoHFW

Rashtriya Kishor Swasthya Karyakram & Adolescent Reproductive Sexual Health: Counseling of adolescent girls on puberty and Menstrual Hygiene Management

Educational sessions with school going girls and boys by the medical teams of Rashtriya Bal Swasthya Karyakram visiting the schools

The Adolescent Girls Anaemia Control Programme: Counselling and support to adolescent girls on how to improve their diets; weekly iron and folic acid supplementation for out of school girls through Integrated Child Development Services and school girls within educational institutions

Menstrual Hygiene Scheme: Menstrual Hygiene Management promotional activities in the community; distribution and supply of sanitary napkins; disposal mechanisms established; training of ASHA

## TDD

Training of teachers and residential staff in Ashram schools and madarasas

Menstrual Hygiene Management promotional activities

Regular supply of sanitary napkins

Disposal mechanisms established

Water, Sanitation and Hygiene related facilities supporting Menstrual Hygiene Management

## RDD

Access to absorbents via Self Help Groups under the fold of National Rural Livelihoods Mission

Production of Sanitary Napkins at the village level by Self Help Group run unit; marketing and demand generation of Sanitary Napkins

Menstrual Hygiene Management awareness among women and mothers to be oriented; Water, Sanitation and Hygiene as part of the agenda of the Self Help Groups and Voluntary Organizations under National Rural Livelihoods Mission

## What needs to be achieved

To ensure the right interventions and services reach adolescent girls and women, orientation and training needs to happen at different levels with different stakeholders.

### State level\*

State governments are required to enable districts to design, plan and cost, and implement and monitor interventions that will sustainably support improved menstrual hygiene management. In addition to the points in Box 2.1 state governments should ensure necessary actions to inform and account for key performance indicators. (Box 2.2)

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.

#### WHAT SHOULD BE ACHIEVED

- Convergence and coordination with different ministries, departments and schemes (see Fig 2.2)
- 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 on all levels
- Sharing of good practices with central ministry as well among districts

#### Box 2.1: Suggested template state level orientation

##### Participants:

State level officials, District Magistrates, District Education Officers, DPCs, District Health officials, District Engineers from PHED, Panchayat officials

##### Objectives:

- Participants understand the importance of MHM
- Participants have the skills and knowledge to include MHM into their respective areas of work

##### The components of the training module to focus on:

- Concept of MHM, Importance of MHM in schools
- Practical problems faced by girls during menstruation,
- Policy environment at National and State (schemes and need for convergence)
- Components of MHM friendly schools
- System for monitoring and supervision; Monitoring indicators
- Budget allocation for state-level programme
- IEC plan/strategy on MHM
- Orientation on guideline on MHM for the state and operationalization at the district level

Implementing the menstrual hygiene management framework (Fig 2.2, p. 8) requires convergent actions across a number of ministries. The mapping below lists the roles of various ministries with regards to MHM.

\* Please also refer to: MHM Action Guide 1 - State Officials

**Box 2.2: Key MHM performance indicators**

- State level and district level trainings/orientation programmes organised on MHM
- State guidelines/plans developed and delivered to all schools by 2016
- X% of IEC budget earmarked and utilised for MHM in districts.
- Key IEC materials identified/adapted and shared with schools, including residential schools and hostels.
- Key indicators on MHM in schools are monitored with feedback to state established. These include:
  - xx% schools with separate functional toilet block for girls
  - xx% schools implementing MHM education with adolescent girls through IEC as a part of the curriculum.
  - xx% schools with MHM focal point teachers trained on MHM and the use of IEC material
  - xx% of schools have formed adolescent councils/or similar platforms, that provide space to adolescent girls to discuss MHM issues.
  - xx% schools with incinerators/facilities for disposal of menstrual waste
  - xx% schools that stock/have provisions for sanitary napkins

**District level\***

The district plays a pivotal role in support for menstrual hygiene management. Champions at district level can positively change the way everyone thinks about adolescent girls and the importance of considering menstrual hygiene management within the context of sanitation, education and adolescent health and well-being. Capacities need to be built at the district level to influence this change.

It is important to 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 remains on sensitising 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 should be identified during the district level orientation.

The CEO, Zilla Parishad can take a leadership role in organising the district level orientation workshops.

**WHAT SHOULD BE ACHIEVED**

- Awareness creation around MHM within society
- Training and capacity building at district, block and school levels
- Convergence with different departments and schemes
- Ensure implementation of MHM guidelines and policies
- Share good practices with other districts
- Monitoring of KPI and indicators

**Box 2.3: Suggested template for district level training****Participants:**

BEOs, BRCs, CRCs, block-level Panchayat officials, frontline staff from Health and Women and Child Development department and others

**Objectives of the training at district and block levels are as follows:**

- Participants understand the importance of MHM
- Participants develop skills and capacities to address MHM in schools and at community level

**The components the orientation should focus on:**

- Concept of MHM and the importance of MHM in schools
- Practical problems faced by women and girls during menstruation
- Normalizing menstruation and dealing with myths and misconceptions
- Communicating with women and girls on MHM, including use of IEC materials and facilitation of sessions
- Essential interventions in schools, e.g. WASH Infrastructure, disposal, hygienic materials, training and support
- Creating a supportive environment by sensitizing and involving the community and especially parents
- Monitoring of interventions; system of monitoring and supervision
- Role of various stakeholders and district, block and village levels, level of participation in the implementation and preparation of action plan
- Planning the calendar of training sessions conducted in schools and communities along with key messages

\* Please also refer to MHM Action Guide 2 - District Officials

## School level\*

It is critical 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. Sensitively 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.

School is a place where behaviours can be shaped, skills developed and correct information provided. To achieve this it is important to train teachers (at least one female teacher) to provide psycho-social support to adolescent girls in school; and provide regular hygiene promotion classes in every school. The responsibility for organizing these classes will lie with the head teacher and/or focal teacher. Ideally MHM should be part of the school curriculum. The following subjects should be considered:

- Biological understanding of puberty and menstruation
- Myths and misconceptions around menstruation
- Hygienic management of menstruation

The establishment of discreet student **MHM councils and/or MHM clubs** for girls may assist peer-to-peer support.

## Working with adolescent girls

Printed and verbal information about menstruation and menstrual hygiene management is crucial for girls. Without it the majority face adolescence with no prior knowledge of what is happening to their bodies and why. Working with girls will assist them to feel more confident about managing their menstruation privately and effectively in school and at home. Teachers should take in to account the learning needs of different

### WHAT SHOULD BE ACHIEVED

#### Provide support

- To become empathetic to girl's challenges and needs
- To help girls overcome stigma and shame associated with menstruation

#### Education

- MHM related trainings with school girls (and boys maybe too)
- School WASH facilities
- Assure clean WASH facilities, operation and maintenance
- Sustain supply of water and soap
- Safe disposal of used menstrual absorbent
- Provision of emergency sanitary napkins

### Box 2.4: Suggested template for training sessions with girls at the school level

#### The purpose of these sessions is that the girls:

- Receive accurate knowledge on MMH and feel supported in school
- Are able to hygienically manage their menstruation without fear of shame and embarrassment
- Are able to speak freely about it to their peers and teachers

#### The components of the module to focus on:

- Understanding changes during puberty
- Knowing the biology around menstruation
- Hygienic practices: choice and use of menstrual absorbent, maintain personal hygiene
- Handling menstrual absorbents, e.g. washing, drying and disposal
- Normalizing menstruation and conquering myth and misconceptions
- Breaking the silence regarding menstruation
- Dealing with pain, nutrition and other health aspects relating to menstruation

#### The various methods used during these sessions could be:

- Individual exercise, group work, quiz, role plays with discussion, case studies, games, drawings, skits, poem writing, etc.; class interaction about best WASH improvements that can be made within the school.
- The more fun, the more positive girls attitudes will be to menstruation.

\* Please also refer to MHM Action Guide 3 for PHED/RD Engineers and Action Guide No 4 for Teachers

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.

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

Informed adolescent boys, male teachers and parents 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. Toilet cleaning should not be a duty assigned to such clubs.

#### Box 2.5: Developing Social and behavior change communication materials for MHM

Special consideration should be given to the type of SBCC materials used for MHM

- Research what is already available; take account of local culture and caste, and always use local languages
- Align the content with this guideline and other approved Government of India guidance
- Use language that is easy to understand, matching local context and reading level
- Make materials attractive with colours, images, etc.
- Include information about: Facts about menstruation, biology and process; Frequently-asked questions and answers; Myths about menstruation and address them with facts; Case studies / experience from girls – How to stay healthy during menstruation- what protection to wear, what to eat, what exercise to take, how to keep clean, how to deal with cramps, how to clean, dry or dispose of sanitary materials, etc.

Give consideration to the materials that girls can take home so that they can refer to advice privately and also share the information with their mothers, sisters and other girls who are not in school.

### Budget for organising trainings and orientation

It is important to allocate the required budgets under the IEC funds for SBM (G). The budget should include the costs for capacity building of teachers and all the expenses that will be required to reach out to and communicate with every adolescent girl in school in each particular district within the state. Annex 2 provides an indicative budget estimate for a cascading training interventions, to reach out to average 500 upper primary and secondary Zilla Parishad school with nearly 15000 adolescent school going girls (6<sup>th</sup> Standard and above). It includes the training of 50 district level officials (master trainers) and 450 nodal teachers.

\* Also refer to Annex 1 for suggested MHM resources and IEC materials  
Also refer to MHM technical Guide X: IEC for MHM



## Providing adolescent girls with menstrual hygiene management choices



Managing menstruation in a hygienic way involves not only access to basic sanitation facilities, soap and water but also to so-called menstrual absorbents. Every adolescent girl and woman should use menstrual absorbents based on informed choice. Indian adolescent girls and women use different menstrual absorbents, not all of which are ‘hygienic’, however no girl should face ridicule or shame in this situation. Rather efforts should be made to increase access to hygienic options.

Hygienic menstrual absorbents help adolescent girls to manage menstruation effectively, safely and comfortably. Freedom from the fear of leakage or unpleasant odour increases a girl's ability to be at school during menstruation. Girls cannot predict when menstruation will start, therefore schools should have a ready supply of sanitary napkins or clean cloths.

**Table 3.1: Menstrual absorbents: advantages and disadvantages<sup>3,4</sup>**

	Menstrual absorbent	Advantages	Disadvantages
Un-hygienic	Natural materials (e.g. mud, cow dung, leaves)	Free, locally available	High risk of contamination; negative health impact; difficult and uncomfortable to use; less absorbent
	Newspaper, plastic bags		
	Strips of sari, towel, bed sheets, or other types of cloth	Easily available, washable; re-usable	Requires laundering in a private space with a water supply and soap and a sun-lit place to dry and air the cloths; odour risk if reused without adequate laundering; chaffing if used while damp
	Tissue, toilet paper	Easily available in the local market; average absorption	Loses strength when wet and can fall apart; difficult to hold in place
	Cotton wool	Good absorption properties; easily available locally	Difficult to hold in place; an expensive commodity

<sup>3</sup> The table does not include tampons and menstrual cups, as they are not commonly available or used in India.

<sup>4</sup> Adapted from: Source: Mahon, T., Cavill, S. & House, S. (2012) “Menstrual hygiene matters, a resource for improving menstrual hygiene around the world” WaterAid.

	Menstrual absorbent	Advantages	Disadvantages
Hygienic	Locally made reusable napkins	Can be used for 6-12 cycles; more cost-effective than disposable options; income generation opportunity; Environment-friendly as degrade on disposal	Not always absorbent enough or the correct shape; requires adequate laundering in a private space with a water supply and soap and a sun-lit place to dry and air the cloths
	Commercial reusable sanitary napkins	Can be used for up to 12 cycles; cost-effective, yet more expensive than locally made; environment-friendly compared to disposable napkins; a high standard and hygienic product quality	Costs may be prohibitive to potential users; requires adequate laundering in a private space with a water supply and soap and a sun-lit place to dry and air the cloths; not widely available
	Commercial disposable sanitary napkins	Often available, except in remote locations; range of sizes and types available in some locations; Well-designed through research and development	Costs are prohibitive to many potential users; generate a lot of waste and not environment-friendly; Need to assure proper disposal.

The **choice and preference** for an option depends on individual preference, price, availability in the local market and convenience. Simple, clear and factually correct information helps girls to decide which menstrual absorbent to use, free from judgement by others.

In some states, such as Tamil Nadu and Andhra Pradesh, sanitary napkin vending machines are installed in schools in partnership with local NGOs. School health clubs are in-charge of maintenance. Locally produced napkins costing 2 INR each are dispensed, with the machine holding up to 50 napkins.

## Minimising barriers

### Provide a private space to wash, dry and store cloths

Girls need to understand that discharged blood does not render them unclean, impure or 'dirty'. Girls require a safe, private place – at school and home to change and to wash reusable cloth and sanitary napkins with soap or detergent; a small rack to dry and air cloths; and a secure place to store these between menstrual cycles. They must also understand where to dispose of used cloths and sanitary napkins and how to do so hygienically. These simple measures make a huge difference to a girl's ability to manage menstruation confidently.

### Availability of sanitary napkins

The key barrier to usage of commercial sanitary napkins is often the price,<sup>5</sup> 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.

A key challenge the small businesses face is financial viability. Some of the reasons businesses cannot maintain sanitary napkin sales are that not many women and girls are aware of the benefit of napkins, may prefer cloth as this has been traditionally used in their community, or have other reasons for not wishing to buy napkins. Girls also reported that they feel shy when going into a shop to buy them in public, requiring shop-keepers to develop a system where girls can feel comfortable such as establishing a confidential sales 'corner', a female salesperson. Promotion of access to low cost sanitary napkins involves working closely with local women's groups, school representatives, AW and community and family members, to develop channels so that women and girls can easily access the products.

<sup>5</sup> Consumer Voice (2013): <http://consumeraffairs.nic.in/consumer/writereaddata/Sanitary%20Napkins.pdf>

\* Also refer to MHM Action Guide 3 for Engineers (MHM Infrastructure in Schools)

## Part 4 MHM infrastructure in schools and the safe disposal of menstrual waste



Every school is required to 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\*.

Beyond the provision, infrastructure should be operated and maintained properly.

These toilets for girls have to be so designed that they can be easily used by girls with physical disabilities. For more information on disabled friendly toilet designs, please refer to “Handbook on Accessible Sanitation Facilities for People with Disabilities”.

**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. Water must be inside the toilet, ideally either via a tap or a dedicated container in each cubicle. A mug should be provided to allow girls to dispense water for their own personal cleaning and to clean the toilet if required.

Every person in the school community regardless of gender or caste should have **access to a clean and well-maintained toilet**. Adolescent girls and female teachers have special sanitation requirements:

- Separate toilet and sanitation blocks located in safe location to assure privacy/adequate privacy wall; based on a ratio 1 toilet for every 40 girls (and/or 1 urinal for every 20 girls).
- Adequate space in the cubicle for girls to change their napkins/cloth and to wash themselves.
- Toilet cubicles with a shelf, hooks or niche to keep clothing and menstrual adsorbents dry.

\* Please also refer to MHM Technical Guide - Safe disposal of menstrual waste

- A well-positioned mirror so that girls can check for stains on their clothes.
- A private bathing or changing units, including a place for drying their reusable menstrual absorbent.<sup>6</sup>

Technical design guide for girls' toilets (Swachh Bharat-Swachh Vidhalaya Mission):

[http://mhrd.gov.in/sites/upload\\_files/mhrd/files/upload\\_document/Eng\\_Swachh-Bharat-Swachh-Vidhalaya.pdf](http://mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/Eng_Swachh-Bharat-Swachh-Vidhalaya.pdf)

Also refer to: Inclusive Approach for School Sanitation and Hygiene Education (SSHE): Strategy, Norms & Design by Ministry of Drinking Water & Sanitation, Government of India. [www.mdws.gov.in](http://www.mdws.gov.in)

Functioning and clean toilets require a budget to implement an operation and maintenance plan with responsibilities assigned and consumables regularly replaced. Work will include changing broken locks; regular emptying of dustbins; and a cleaning schedule. If schools are unable to hire persons to do this, rotas are preferred to ensure specific groups are not contributing more than others. The following should be assured: Girls' Clubs/MHM councils should not be solely obligated to fulfil cleaning of toilets.

### Safe disposal of menstrual waste

It is important to consider **safe** menstrual hygiene disposal options and ensure that girls and female teachers know how to use them. Common practices range from unsafe to safe, with unsafe disposal being unacceptable.

**Table 4.1: Overview of common disposal practices**

Unsafe	Common practices
	Throw them unwrapped into fields, rooftops, etc.
↓	Wrap them in paper/ plastic bag and throwing them outside
	Drying, wrap in paper/plastic bag and throw in dustbins (mostly non-rural)
	Bury them for de-composting
	Throw them in latrine / toilets
	Burn it (rural areas and peri-urban areas)
	Use small scale incinerators (community or school level)
	Municipal waste management / burning in health clinics (more urban)
	Safe

PHED/RD engineers can provide guidance on assessing different safe disposal options and ensure proper planning, design, budgeting and operation and maintenance thereof. Consultation with girls' and their endorsement on the practical aspects is important to ensure use. For example, locating the disposal point near the girls' changing area; and ensuring the facility is out of sight to boys.

### Collection

**Disposal bins** are a good and affordable collection option. These must be placed within the toilet, or very close by it, ideally provided for each cubicle. Bins must be washable and must have close fitting lids to minimise seepage of odour or waste before mass disposal. Depending on the type and location of the final disposal, there might be a need for an **emptying schedule** of individual bins, and **transport** to the disposal site. It is recommended to designate a point person of the school staff to be responsible and accountable for this. To avoid transport, some incinerators have been built in with chutes directly adjacent to toilet building.

### Safe disposal

**Safe disposal** means ensuring that the process of destruction of used and soiled materials is done without human contact and with minimal environmental pollution. **Unsafe disposal** - throwing used cloth into ponds,

<sup>6</sup> Research shows that girls are reticent to dry these items outside, for fear of embarrassing remarks, stigma, or theft.

rivers, or in the fields exposes others in the area to decaying material and should be avoided. **Offsite disposal** can be organized with the communal or town solid waste collection and management system. If a hospital with a safe and treatment unit for hazardous waste is nearby, this might be a best solution to explore. However, this is unfortunately not a viable option for many rural schools, and transport will be a logistical and financial challenge. **Options for on-site disposal** includes disposal deep burial, composting, pit burning and incineration. The right option depends on key factors such as amount and type of materials, the available budget (investment and O&M costs) and environmental considerations. The following table shows the recommendations for different types of material and disposal options.

**Burning in open heap should be totally avoided. If burning is the only option, a deep pit should be used.**

**Table 4.2: Recommended options for disposal of different materials**

Material	Disposal into pit latrine	Deep burial	Composting	Pit burning	Incinerator
Used tissues, paper, cloth, cotton	✓	✓	✓	Less recommended	✓
Cotton napkins (reusable or commercial)	Less recommended	✓	✓	Less recommended	✓
Commercial napkins with plastic and liners	Not recommended	✓	Not Possible	Not recommended	Only recommended with good incinerator

In addition to these factors, socio-cultural perceptions might play a role in choice and use of the solution. In some areas of India there is resistance to burning through incinerators, yet a burning pit may be more acceptable. There might be also the false perception that disposing of their menstrual management products in pit latrines prevents from being used in witchcraft.





# Annex 1 IEC Resources



Some available materials for training as well advocacy on MHM are listed below. The list does not claim to be exhaustive.

## 1. Resource materials for training and capacity building of state- and district level officials

- Menstrual Hygiene Reading Material for ASHA; NRHM, 2012
- Training Module for ASHA on Menstrual Hygiene; NRHM, 2012
- Operational Guidelines for ASHA on Menstrual Hygiene; NRHM (<http://www.nrhmhp.gov.in/sites/default/files/files/MHP-operational-guidelines.pdf>)
- Booklet / Flipbook / Planner / training Module / Operational Guideline; NRHM (Access: <http://nrhm.gov.in/nrhm-components/rmnch-a/adolescent-health/menstrual-hygiene-scheme-mhs/training-materials.html>)
- Sharing simple facts: useful information about menstrual health and hygiene; GoI and UNICEF, India, 2008
- Training Manual on Menstrual Hygiene Management [For Training of Trainers]; UNICEF, Chennai & Department of Women's Studies, Bharathidasan University, Tiruchirapalli, Tamil Nadu, India
- Training on Menstrual Hygiene: Facilitator's Guide; AstraZeneca's Young Health Programme/ Plan India
- Menstrual Hygiene Management (MHM) Training Manual; Training of Trainers and Adolescent Girls; UNICEF (Maharashtra), 2015
- Menstrual Hygiene Matters; House, Mahon and Cavil, 2012 (Access: [http://www.sswm.info/sites/default/files/reference\\_attachments/HOUSE%20et%20al.%202012%20Menstrual%20hygiene%20matters.pdf](http://www.sswm.info/sites/default/files/reference_attachments/HOUSE%20et%20al.%202012%20Menstrual%20hygiene%20matters.pdf))
- WASH and Health for Menstrual Hygiene Management Training of Trainers Manual; MoDWS, WSSCC, 2014 (Access: [www.wsscc.org](http://www.wsscc.org))
- MHM Lab conveyor manual, WSSCC (Access: [www.wsscc.org](http://www.wsscc.org))

## 2. Materials for facilitation of training on MHM with girls and boys

- Flip Chart / Print materials / Standees / posters / hoardings / Audio-video materials, etc for ASHA on Menstrual Hygiene; NRHM (Access: <http://nrhm.gov.in/nrhm-components/rmnch-a/adolescent-health/menstrual-hygiene-scheme-mhs/iec-material.html>)
- 'Divya chi Gosht'- Flip Chart; UNICEF, Maharashtra
- Booklet for adolescent girls– 'MahsikPadi babt Maze Mat' - UNICEF Maharashtra
- Menstrupedia Comic: The Friendly Guide to Periods for Girls (Access: <http://www.menstrupedia.com>)
- 28 conversations; Menstrual Hygiene Day, 2014 (Access: <http://menstrualhygieneday.org/2015-pop-up-exhibit-toolkit/>)
- "As we grow up" flipbook and menstrual wheel; WSSCC (Access: [www.wsscc.org](http://www.wsscc.org))

### Videos:

- Mythri Speaks The Beauty of Red (Access on YouTube)
- Vikalp (Access: <http://www.vikalpsangam.org/article/health-hygiene-visual-audio/#.VQfSm2SUfZo>)
- Ammaji kehti hain, UNICEF (5 AVs on Menarche preparedness, openly communicating on menstruation, Hygienically managing menstruation, Value of girls, Eganging with adolescent boys on gender & 5 AVs of Paheli ki Saheli, UNICEF)

## 3. Further reports

- A Reason To Smile: Programming for Menstrual Hygiene Management, 2012, UNICEF, Maharashtra
- Factsheets: Menstruation matters for India, Health, Education, Environment, Boys & Men, Human Rights; Menstrual Hygiene Day, 2014 (Access: <http://menstrualhygieneday.org/facts-about-menstrual-hygiene/>)
- UNESCO Report on "Puberty Education and Menstrual Hygiene Management", 2014



## Indicative comprehensive district training budget (from Maharashtra)



### State-level: Training of 50 District level officials

Training arrangement and Training material kits	30,000 (Rs. 600 per participant)	Hall, sound, food, stationary, etc. Each teacher to receive one kit
TA/DA to participants for training	10,000 (Rs. 200 per participant)	

The following budget is an estimated budget for an average **500 upper primary and secondary Zilla Parishad schools** reaching out to nearly **15000 adolescent school going girls (6<sup>th</sup> Standard and above)** in each district. For each district we are considering **50 master trainers** (average) and **500 nodal teachers** (inclusive of master trainers)

### District-level: Training of 450 nodal teachers at block levels

Training arrangement and Training material kits	2,02,500 (Rs. 450 per participant)	
TA/DA to participants for training	90,000 (Rs. 200 per participant)	

### School –level: IEC material and M&E

IEC material for distribution to 15,000 girls	2,25,000 (Rs. 15 per Booklet for total 15000 nos.)	MHM booklet called 'Mahsik padi babat mazhe mat'
IEC material for distribution at the teacher/school level. IEC material to be used by teachers to facilitate sessions with the girls	22,500 (Rs. 15 per charts x 4 charts= Rs. 45) for 500 schools	A4 size charts of the reproductive and menstrual cycle, nutrition, sanitary napkin use and disposal
Baseline formats & Endline survey	10000	

### District –level: Sharing/feedback meeting

Feedback meeting	60,000 (@2000/cluster x 30)	One meeting at the cluster level
Sharing meeting at district-level	10,000	meeting with the CEO.

District-level: Human Resources		
Data entry of baseline and end line and Documentation	15,000	
Resource person/s for training	10,000	
Others		
Additional school activities	5,00,000 (1000 per school)	Competitions, Rewards/prizes for teachers, schools etc.
Monitoring and reporting	2,35,000	
<b>TOTAL</b>	<b>14,20,000</b>	

**For example:** Total costs to scale MHM program in one district to cover 15,000 adolescent girls has been calculated as Rs. 14,15,000.

That means that the estimated cost per adolescent girl for this kind of activity is Rs. 95







**Ministry of Drinking Water and Sanitation**

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