

Spot On!

Improving Menstrual Health and
Hygiene in India



USAID
FROM THE AMERICAN PEOPLE

Kiawah Trust





The United States Agency for International Development (USAID) is the United States federal government agency that provides economic development and humanitarian assistance around the world in support of the foreign policy goals of the United States. USAID works in over 100 countries around the world to promote broadly shared economic prosperity, strengthen democracy and good governance, protect human rights, improve global health, further education and provide humanitarian assistance.

This report is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this report are the sole responsibility of Dasra and do not necessarily reflect the views of USAID or the United States government.

indiaprogramsupport@usaid.gov

Kiawah Trust

The Kiawah Trust is a UK family foundation that is committed to improving the lives of vulnerable and disadvantaged adolescent girls in India. The Kiawah Trust believes that educating adolescent girls from poor communities allows them to thrive, to have greater choice in their life and a louder voice in their community. This leads to healthier, more prosperous and more stable families, communities and nations.

info@thekiawahtrust.com



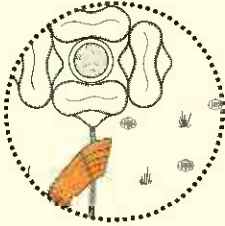



In Sanskrit, Dasra means Enlightened Giving.

Dasra is India's leading strategic philanthropy foundation. Dasra works with philanthropists and successful social entrepreneurs to bring together knowledge, funding and people as a catalyst for social change. We ensure that strategic funding and capacity building skills reach non-profit organizations and social businesses to have the greatest impact on the lives of people living in poverty.

www.dasra.org

Table of Contents

Foreword	1
Executive Summary	4
	1. Changing Period 9 An Overview of Menstrual Health & Hygiene in India
	2. A Decade of Progress 23 Timeline + Success Stories
	3. Solutions for Change 35 Cornerstones + Interventions
	4. High-Potential Organizations 53 <ul style="list-style-type: none"> Aaina 54 Aakar Innovations 56 Centre for World Solidarity 58 Eco Femme 60 Gandhigram Trust 62 Goonj 64 Healing Fields Foundation 66 Jayaashree Industries 68 Kasturba Gandhi National Memorial Trust 70 Swayam Shikshan Prayog 72 Vasudha Vikas Sansthan 74 Vatsalya 76
Recommendations & Conclusion	79
Appendices	
I. Impact & Scale Criteria	82
II. Non-profit Organization Mapping Methodology	83
III. Acknowledgments & Organization Database	84
IV. Acronyms & Glossary	85
V. End Notes	86



“

Menstrual hygiene is just not a women's issue but an issue of girl-child health, of education, of more profitable and better business practice, of income-generation, of growth, of sustainability.

”

Archana Patkar
Program Manager, WSSCC



Foreword

In 1994, my home state of Maharashtra released its first women's policy. As part of this policy focus, there were real efforts to draw more girls to school. Despite these efforts, girls continued to lag behind boys, stay away from school and drop out in large numbers – especially in Class V. As we tried to understand the various issues that keep girls at home and also why girls themselves did not want to be in school, we realized that the lack of proper sanitation facilities and the demeaning experience faced by menstruating girls at school might be at the root of the problem.

This became the subject of the innumerable focus group discussions I held over the next decade. Whenever I asked school girls about periods, the answer for pre-pubescent girls was always the same – they didn't know anything about the issue. For menstruating 9-13 year olds, their first period was a traumatic experience, associated with the weight of taboos and restrictions imposed by society and the huge void in terms of information. As I ventured further away from schools, wondering if these information gaps and fear receded as girls matured into young women, I realized that women at all ages, reported the same trauma and restrictions during their periods.

I take this opportunity to congratulate Dasra on breaking the silence on menstruation. This report is an excellent synopsis on the state of menstrual health and hygiene in India. The good news is that a plethora of voices and initiatives have succeeded in highlighting this issue nationally, with the Indian government being an outstanding example due to its policy focus on the issue. The important work being done by non-profit organizations has been key to amplifying the issue, creating awareness, and advocating for action. As a result, India today is a hotbed of innovations and solutions for better menstrual hygiene management. Today, 20 years after my first conversation on menstruation and its myriad implications - I am humbled and excited by the empowered response from girls and women.

This brings me to the work still to be done. Menstrual health and hygiene is a technical, technological and sociocultural issue, with barriers that are as old as our civilization itself. To right all these age-old wrongs, while putting in place services that enable over one-third of India's population to manage their periods at home, school, work or play, with dignity, requires a combined effort from all of us.

So this is very simply, a call to action.

The need of the hour is funding. Funding is needed to incorporate menstrual hygiene management into the social fabric of life and break taboos; into the school environment to enable girls to continue their education; into health services and information offered in remote rural areas; into the research and development being done to innovate simple, low-cost solutions; and into various policies being framed which touch the lives of girls and women.

Menstrual hygiene management as a strategic multiplier makes a compelling case, offering measurable returns on investment and a wide range of tangible benefits to not only girls, but all of us.



biggest challenges

70% of mothers

consider menstruation 'dirty', perpetuating a culture of shame and ignorance

88% of menstruating women

in India use home-grown alternatives like old fabric, rags, sand, ash, wood shavings, newspapers, dried leaves, hay, and plastic

63 million adolescent girls

live in homes without toilet facilities

Girls are typically absent for 20% of the school year

due to menstruation, which is the second major reason, after household work, for girls to miss school

70% increase in incidence of reproductive tract infections

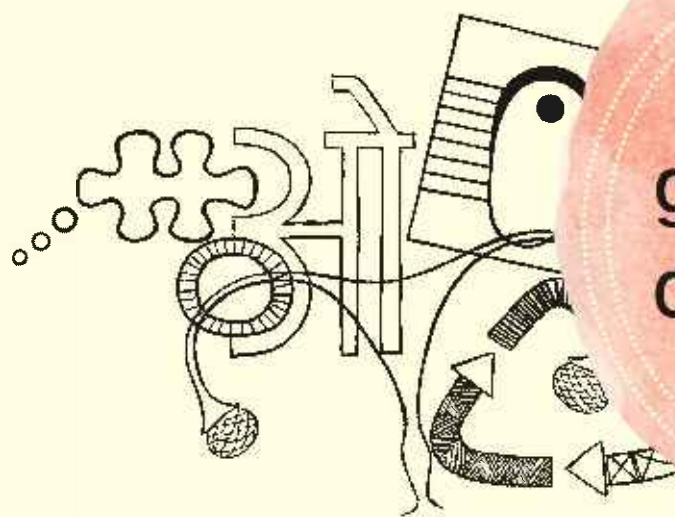
owing to poor menstrual hygiene

Keeping girls in school, thus delaying early marriage and pregnancy has the potential to add \$100 billion to India's GDP over their lifetimes

Tackling the menstrual health and hygiene issue generates a triple return on investment with improved outcomes in education, health and environment

The high priority assigned by the new government to sanitation for women makes this a priority sector for investment

Improving menstrual health and hygiene will help India achieve four of seven MDGs on maternal health, education, environment and gender equality



**greatest
opportunities**



Executive Summary

Menstrual Hygiene CRISIS... what crisis?

Poor menstrual health and hygiene is a crisis that most of us don't even know exists. A girl attains puberty, gets her first period, starts using a sanitary napkin, and occasionally experiences cramps. Right?

Wrong.

With over 200 million women in India ignorant of safe menstrual hygiene practices and what constitutes a normal and healthy period, poor menstrual practices have serious detrimental effects on education and health outcomes for girls and women.

What contributes to this crisis?

Three key dimensions contribute to the issue:

Lack of awareness

The culture of silence around menstruation in India is so complete that 71% of girls report having no knowledge of menstruation before their first period. For most, it is a terrifying experience compounded by taboos that often restrict them from sleeping in the same house, touching food, or even bathing during their period. Their mothers, who can ideally guide them, are typically ignorant of hygienic practices themselves, do not understand the importance of good nutrition, or recognize the signs of menstruation-related illnesses such as anemia.

Lack of material

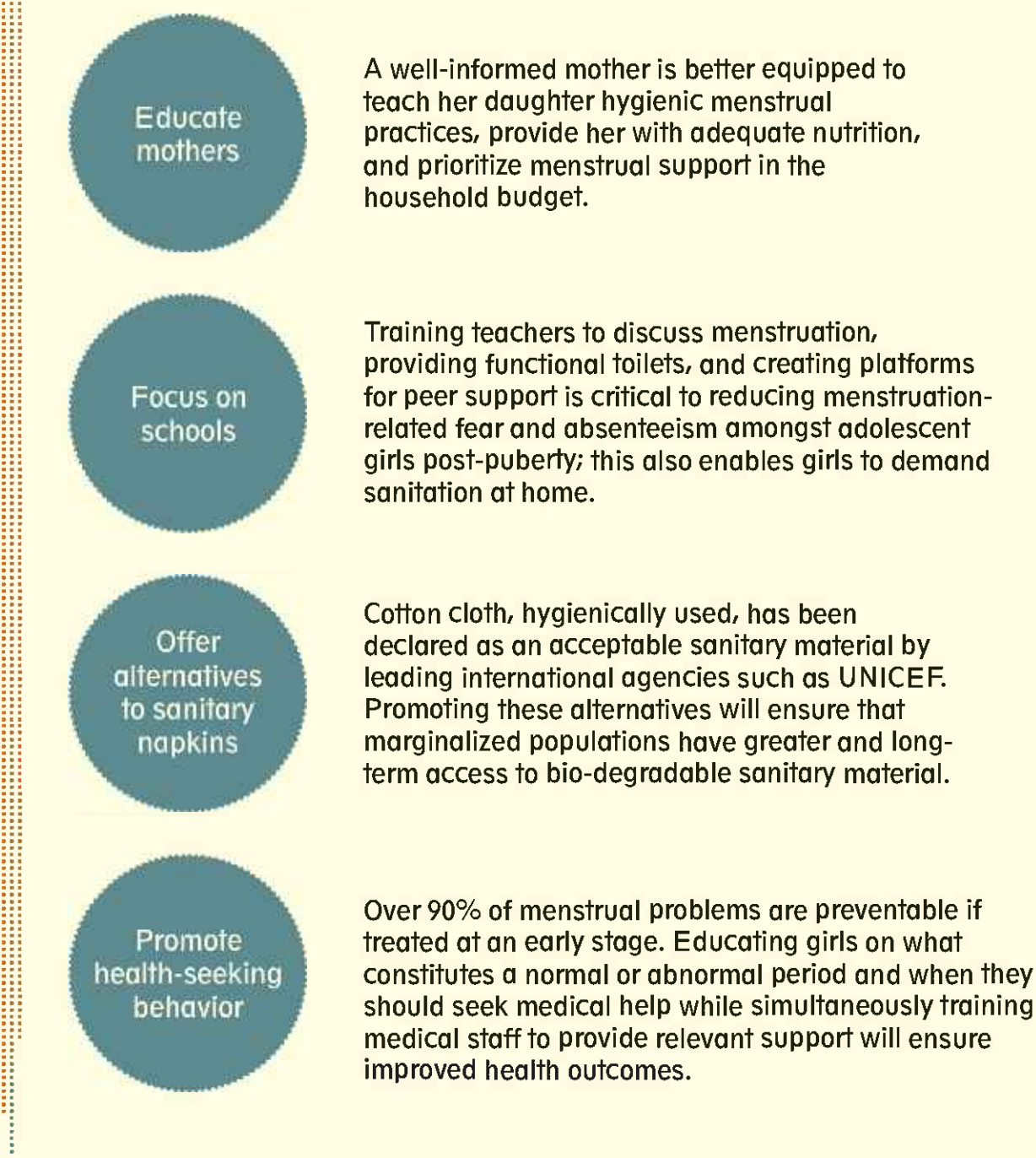
Most girls and women in rural India rely on home-based or other readily available and often unsanitary materials such as old fabric, rags, sand, ash, and hay to manage menstruation. Without any absorbent material, some even end up menstruating on their clothes. Moreover, commercially produced napkins are a major environmental hazard. If these non-bio degradable napkins were to become available to all, India would produce 580,000 tons of menstrual waste every year, most of which would end up in water bodies or be burned along with other domestic waste.

Lack of facilities

63 million adolescent girls in India live in homes without toilets. Two out of five schools do not have separate toilets for girls. Limited access to safe, functional toilets at home forces girls to manage their periods in ways that compromise their safety and health. With no toilets in school, they simply do not attend.

How can menstrual health and hygiene be improved?

While the issue may seem complex and multi-faceted, evidence suggests that the responses are fundamentally simple and if implemented well will result in lasting change. Dasra proposes that the following four areas be prioritized:



Educate mothers

A well-informed mother is better equipped to teach her daughter hygienic menstrual practices, provide her with adequate nutrition, and prioritize menstrual support in the household budget.

Focus on schools

Training teachers to discuss menstruation, providing functional toilets, and creating platforms for peer support is critical to reducing menstruation-related fear and absenteeism amongst adolescent girls post-puberty; this also enables girls to demand sanitation at home.

Offer alternatives to sanitary napkins

Cotton cloth, hygienically used, has been declared as an acceptable sanitary material by leading international agencies such as UNICEF. Promoting these alternatives will ensure that marginalized populations have greater and long-term access to bio-degradable sanitary material.

Promote health-seeking behavior

Over 90% of menstrual problems are preventable if treated at an early stage. Educating girls on what constitutes a normal or abnormal period and when they should seek medical help while simultaneously training medical staff to provide relevant support will ensure improved health outcomes.

Are organizations implementing these solutions?

Yes. Government, development agencies, corporates, academia and media have made concerted efforts in the past decade towards ensuring better menstrual health and hygiene in India.

Non-profits and social businesses are at the forefront of this momentum. High-potential organizations include Aaina, Aakar Innovations, Centre for World Solidarity, Eco Femme, Gandhigram Trust, Goonj, Healing Fields Foundation, Jayaashree Industries, Kasturba Gandhi National Memorial Trust, Swayam Shikshan Prayog, Vasudha Vikas Sansthan, and Vatsalya. Most of these organizations are partnering with other stakeholders such as the government and development agencies and utilizing existing structures such as schools and self-help groups to enable sustainable change at greater scale.

A variety of interventions undertaken by these organizations have been found to positively impact menstrual health and hygiene. The most effective strategies are those that engage community members, train key stakeholders and cultivate peer leaders. Influencing mothers and other family members to prioritize menstrual hygiene is key to ensuring a conducive environment for menstrual hygiene at home. Training people already in a position to deliver education such as community health workers and teachers ensures that girls and women receive accurate information even outside of home. Additionally, empowering girls to become peer mentors and counselors ensures ease of communication and a higher degree of buy-in from other adolescent girls.

What can YOU do?

These organizations need sustained support - funding or otherwise - to not just continue but grow the momentum they have built in the past decade. Investing in them NOW will help them strengthen programs and replicate successful approaches.

It is critical that menstrual hygiene be understood not just as a women's issue, but as a community issue. Unless all girls have access to sanitation at home and at school, along with safe and affordable absorbents, and the culture of silence around menstrual issues is lifted, India will remain hobbled by this most basic of human functions. It is ironic that a biological process that is integral to the healthy reproduction of the human species should be seen as anything less than a source of pride.

Be a value investor

In the business world, an undervalued stock is defined as one that is priced significantly lower than its intrinsic value. If you are lucky enough to discover an undervalued stock, you have a good chance of being successful in the stock market. The key is to discover it soon enough, recognize its true worth, and be patient.

Menstrual hygiene is the undervalued stock of the development sector.

Its intrinsic value lies in its potential to reap a triple dividend of improved health, education and environmental outcomes. A relatively nascent sector, funders investing now have the opportunity to influence direction. Moreover, change is not only possible, it is possible at relatively low costs by virtue of menstrual hygiene being embedded in existing health and sanitation programs.

Take the tip, invest in improving menstrual hygiene, now!



Acknowledgements

We would like to thank our donors - USAID and Kiawah Trust - for their commitment to addressing one of the most neglected areas of adolescent girl development in India - menstrual health and hygiene.

Dasra would also like to convey its deep appreciation to Anshu Gupta (Goonj), Archana Patkar (WSSCC), Arundati Muralidharan (PHFI), Belen Torondel (London School of Hygiene and Tropical Medicine), Jaydeep Mandal (Aakar Innovations), Mamita Bora Thakkar (UNICEF), Maria Fernandes (WASH United), Meera Singh (Aakar Innovations), Satya Narayan Ghosh (Water For People), Shantha Sheela Nair (Tamil Nadu State Planning Commission), Sombodhi Ghosh (Aakar Innovations), and Sweta Patnaik (WaterAid) for their expert insights on the sector and for providing critical direction and analysis throughout our research process.

Most importantly, we would like to express our heartfelt gratitude to the non-profit organizations and social businesses that are working relentlessly to address the issue of menstrual hygiene management in India. We appreciate the time they spent with Dasra - sharing ground realities, sector insights, and program strategies.

A special thanks to all the organizations that came together during Dasra's four day residential workshop on menstrual hygiene management in India. Their energy and commitment at the workshop was commendable and their unanimous agreement to work collaboratively to drive the national agenda on this issue holds great promise for the future of the sector.

We are also extremely grateful to the girls and women we met, for gathering the courage and breaking taboos to speak to us about their menstrual experiences – which greatly enriched our understanding of the issue and realities on the ground.

It is only due to the dedication and generosity of these supporters that **Spot On!** has been able to articulate the issue and offer clear action-oriented approaches for the future.





1 | Changing Period

An overview of
menstrual health and hygiene in India

Bholi, a 12 year old girl from the Dindori district in Madhya Pradesh was playing in the backyard of her house when she got her first period. Horrified at the sight of blood, she ran to her mother. Pulling her outside the house, her mother gave her some hay to absorb the blood and told her that she would have to spend the next five days in the shed where the family buffaloes lived.

Confused, Bholi cried at first, but soon realized that her mother and sisters did the same every month as it was an essential part of 'becoming a woman'. She quietly retreated to a corner of the shed where she ate and slept with the animals, smeared in dung, dust, and blood for the next five days.

Three months later, Bholi picked up hay as usual to manage her period, not noticing an insect in the hay.

Soon after, she experienced severe stomach pain, which continued even after her menstrual cycle had ended. When the pain became unbearable, she was finally taken to a doctor. But the insect, which had entered through her vagina, had severely infected her uterus, and removing it was the only option. Bholi would never bear a child in her life.

While Bholi's story is an extreme case, it aptly captures the circumstances that a majority of the 355 million menstruating girls and women in India face every month.¹

For most of these women, especially in rural India, these incidents are just a 'way of life'.

COMMON TABOOS DURING MENSTRUATION



71%

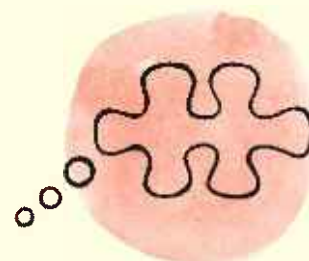
of girls are unaware about
the concept of
menstruation until
menarche

the 3 main ISSUES

LACK OF

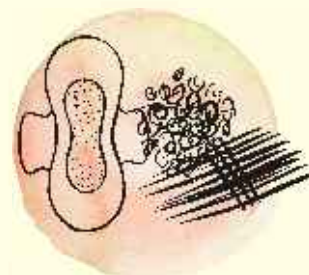
awareness

70% of mothers
consider menstruation
'dirty'



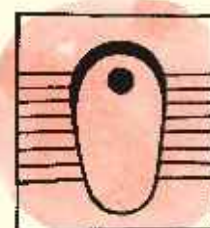
materials

88% of menstruating women
use alternatives such as old
fabric, rags, sand, ash, wood
shavings, newspapers and hay



facilities

In the absence of a
household toilet, 66%
of women manage their
menstruation in the open

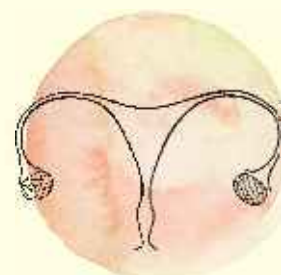


leading to

POOR

reproductive
health

Reproductive Tract Infections
are 70% more common
among women who use
unhygienic materials



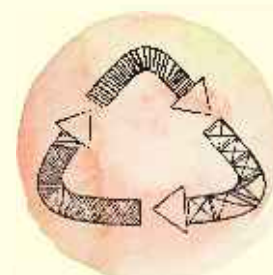
education
outcomes

Lack of functioning toilets
results in 23% girls dropping
out of school every year



environment
sustainability

A woman throws away
125 - 150 kilograms of
non-biodegradable absorbents
used during menstruation
in her lifetime



Menstruation – A physiological process with socio-cultural implications

A girl's life in India changes the day she starts menstruating. *Ladki badhi ho gayi hai* (the girl has grown up) – a common phrase used to mark puberty in India is often symbolic of an early end to her childhood.

A natural biological process, menstruation has strong religious and socio-cultural connotations in several parts of the developing world, including India. A myriad of misconceptions are associated with this transition, and these form the basis for poor menstrual hygiene practices among adolescent girls and women.

What is Menstrual Hygiene & Health?

A. Hygiene elements*:

- use of a clean material to absorb or collect menstrual blood
- access to facilities with water and soap, and ability to change materials in privacy
- ability to suitably dispose off used materials

B. Health elements:

- understand what is normal and what is not during menstruation
- seek help in case of abnormalities

*Source: WHO-UNICEF (2012). Joint Monitoring Programme. Consultation on Draft Long List of Goal, Target and Indicator Options for Future Global Monitoring of Water, Sanitation and Hygiene: [http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference\(2\).pdf](http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference(2).pdf)

Key Facts about Menstruation

- Menarche, a woman's first period typically occurs around age 12
- Bleeding during periods usually lasts for 5-7 days
- Periods occur on average every 28 days
- In total, women spend around **6-7 years** of their lives menstruating

Source: WEDC (2012). Menstruation hygiene management for schoolgirls in low-income countries: http://wedc.lboro.ac.uk/resources/factsheets/FS007_MHM_A4_Pages.pdf

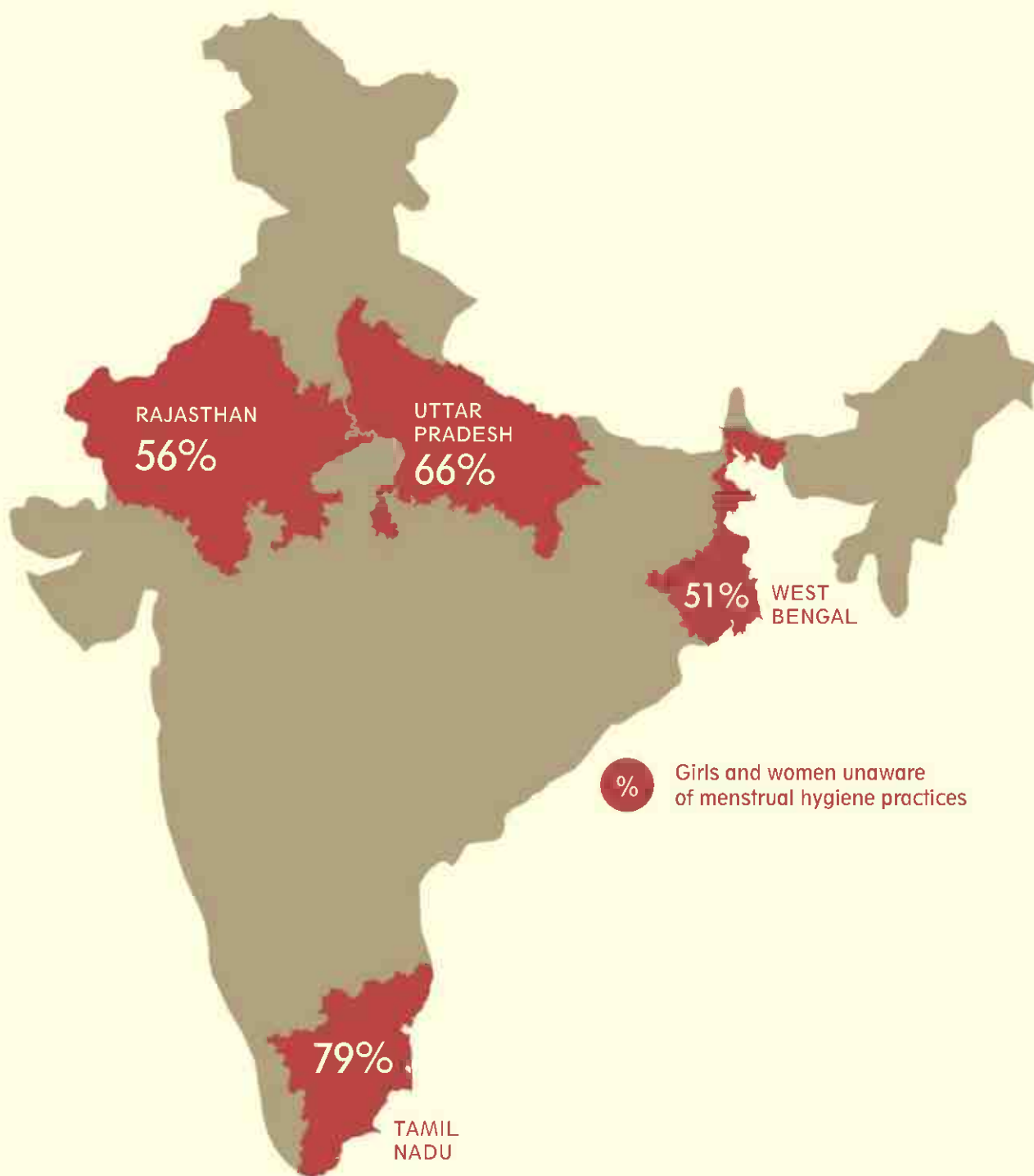
Common Superstitions

- **Apshagun (bad omen)** if the men see a menstruating woman before they leave for work
- The used menstrual cloth possesses an evil quality and men could go blind if they see it
- If a dog digs out a used menstrual cloth buried in the ground, the woman who used it will become infertile

Source: Garg, R et al. (2011). India moves towards menstrual hygiene Subsidized Sanitary Napkins for Rural Adolescent Girls—Issues and Challenges: www.raiseinitiative.org/library/download.php?id=528

Beliefs and superstitions regarding menstruation have led to a culture of silence which hinders any progressive discussion on menstrual health and hygiene or questioning of existing practices. Talking about menstruation is considered taboo and women of any social strata are uncomfortable to openly discuss what is perceived as a private and unclean affair.

Poor Menstrual Health and Hygiene: A pan-India crisis



Source: UNICEF (2012). *WASH in Schools Empowers Girls' Education - Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012*: [http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference\(2\).pdf](http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference(2).pdf); Dasgupta, A. and Sarkar, M. (2008). *Menstrual hygiene: How hygienic is the adolescent girl?* <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2784630/>; Ecofemme (2011). *Report on Rural Menstrual Hygiene Management in Villipuram District, Tamil Nadu, India*: <http://ecofemme.org/about/why/>

While myths and superstitions vary across regions, a closer look at the situation highlights three major deterrents to the adoption of sound menstrual hygiene management (MHM) practices in India:

- 1) Lack of awareness
- 2) Lack of sanitary materials
- 3) Lack of access to facilities

1. LACK OF AWARENESS

Given that girls in India are often unaware of menstruation until the day of menarche, a girl's first experience of menstruation is of shame, fear, horror, agony or sin.

Most girls and women are largely unaware of what is normal and abnormal during their period. Hence they accept menstrual dysfunctions as a regular and necessary part of the monthly period.

Common menstrual problems such as delayed menarche, irregular periods, and excessive bleeding are sporadically reported. Under-reporting leads to under-diagnosis of serious conditions, which if untreated may have significant effects on both the reproductive health and productivity of women. In a study conducted in the slums of western Maharashtra, majority of the menstruating population suffered from at least one of the 'common' menstrual problems, but 74% did not seek any medical help.²

“

I was 14, I didn't know what it was. My mother died of cancer, I was 100% sure that I was bleeding because I had cancer.

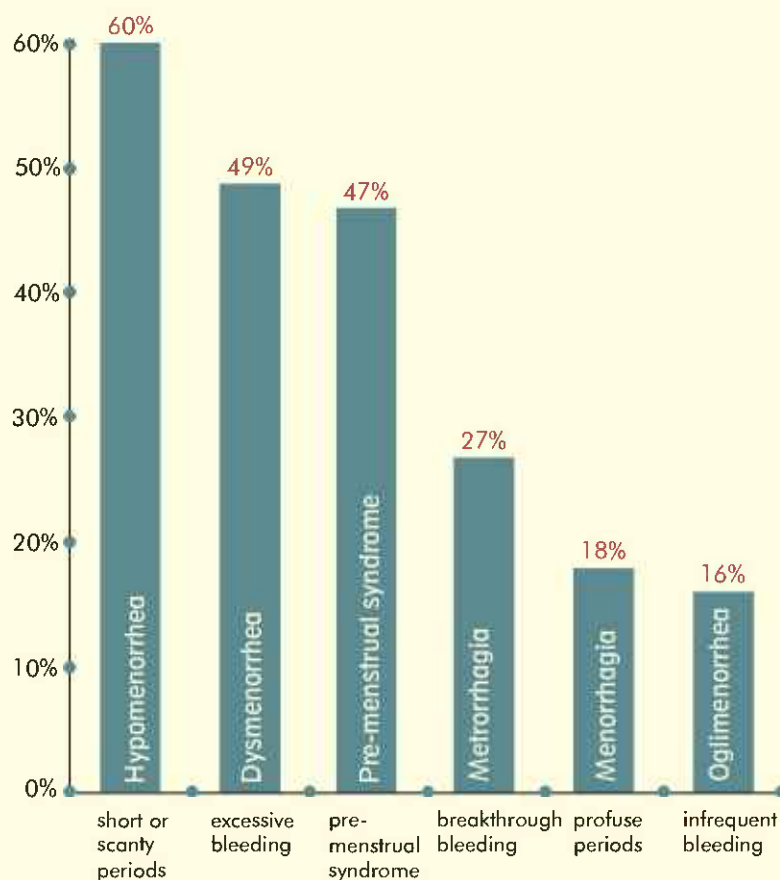
Neelam,
School student, Gwalior

”

200 million women in India lack awareness of menstrual hygiene and associated healthcare practices

Source: A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)

Common menstrual problems in urban slums in western Maharashtra



Source: Mohite RV et al. (2013). Common Menstrual Problems among Slum Adolescent Girls of Western. Krishna Institute of Medical Sciences.
<http://www.jkimsu.com/jkimsu/vol2no1/jkimsu,%20vol%202,%20no%201,%20jan%20-%20june%202013,%2089-97.pdf>

Ill-informed sources of information at home:

Mothers are often the first point of contact to learn about menstrual management. However, the mother herself is ill-equipped to provide the right information. Besides being unaware, the mother often does not broach the subject with the daughter, except to reinforce social protocols during menstruation.

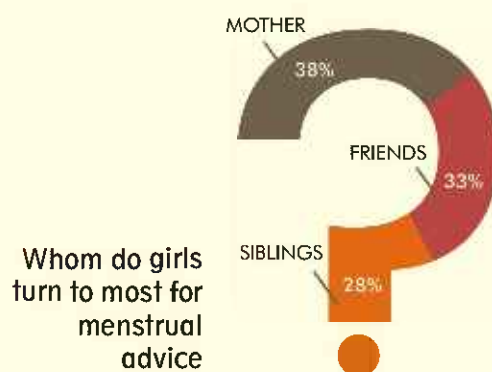
A survey conducted at Great WASH Yatra organized by WSSCC and Wash United revealed that the conversations between mothers and daughters seemed non-existent or limited to the very basic advice on period management.³

Most mothers do not understand the close link between menstruation and good health. They often overlook the importance of a healthy diet in preventing common menstrual problems such as anemia and the associated fatigue, irregular periods and hygiene-related infections.

Lack of formal education on menstruation in schools:

According to a recent study conducted by UNICEF India, lack of knowledge about the physiology of menstruation extends beyond the family to teachers and frontline health workers.⁴ Teachers often find the topic of menstruation embarrassing to discuss in a classroom setting and in many cases are themselves not scientifically oriented towards it.

Girls therefore continue to resort to unhygienic practices to manage their period depending on the norm in their family or community.



Most girls turn to their mothers to learn about menstrual management. However, 70% of mothers consider periods 'dirty' and 'polluting'.

Source: ICMR (2005-2006). Annual Report: <http://www.icmr.nic.in/annual/2005-06/hqds/rh.pdf>



So what is the Government doing?

The Ministry of Health and Family Welfare's (MoHFW) new program, *Rashtriya Kishor Swasthya Karyakram (RKSK)*, was launched in January 2014 to comprehensively address the health needs of India's adolescents. In its 5x5 RMNCH+A matrix, the program highlights the promotion of menstrual hygiene management as a key focus area. RKSK emphasizes community-based interventions and awareness building through peer educators.

Menstrual hygiene is an in-built aspect in Ministry of Women and Child Development's (MWCD) SABLA scheme, which focuses on the development and empowerment of adolescent girls by improving their health status and educating them on reproductive and sexual health. However, the menstrual hygiene component of the scheme needs clearer articulation for it to be adequately addressed in the scheme's implementation.

Source: Press Information Bureau, Government of India - Ministry of Health and Family Welfare (2014): <http://pib.nic.in/newsite/PrintRelease.aspx?relid=102328>; Ministry of Women and Child Development (2010): http://www.wcdorissa.gov.in/download/guideline_sabala_english.pdf

2. LACK OF SANITARY MATERIALS

Most adolescent girls and women in villages rely on home-grown or other readily available (often unsanitary) materials to manage menstruation. Some even end up menstruating on the clothes they are wearing. Only 2-3% of women living in rural India use disposable sanitary napkins.⁵

Moreover, girls and women in rural India are not accustomed to wearing underwear, thereby resorting to makeshift methods to hold the material in place. For instance, in some regions, girls fill old socks with sand and tie these around their waists to absorb menstrual blood. This not only increases chances of menstruation-related infections, but also severely restricts girls and women from performing their daily tasks, such as going to school or working in the fields.

Unaffordability of sanitary napkins and limited knowledge of hygienic alternatives to the sanitary pad:

70% of women in India cannot afford a sanitary napkin.⁶ Owing to a lack of sufficient demand, store owners in rural and semi-urban parts of the country do not stock sanitary napkins. For instance, an assessment of Pali Block in the state of Chhattisgarh revealed that none of the shops across 65 villages stocked sanitary napkins or any other protection products.⁷

Cloth, if washed and dried properly, is a good alternative to the disposable napkin. However, lack of knowledge of the best practices regarding the use of cloth and limited availability of cotton cloth (due to the popularity of cheaper synthetic material) act as deterrents to the use of cloth as a safe alternative. Locally produced sanitary napkins are also good substitutes for commercial sanitary pads; however they are not as popular due to limited advertising and marketing.

81% of rural women use unsterilized cloths¹

It is a normal practice for a menstruating girl to wash and reuse damp pieces of old cloth over the period cycle. There are cases where two to three women in the family with different cycles share the same piece of cloth.

In fact, several studies indicate that poor women actually tend to use the dirtiest piece of cloth available, because to them menstruation is synonymous with dirt.

In the Sunderban Delta of West Bengal, women are often found to be using the same piece of cloth for over a year. Even if it is almost like stone, they continue using it, because there is no access to another piece of cloth.²

¹Source: A.C. Nielsen and Plan India (2010). *Sanitation protection: Every Women's Health Right* (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)

²Source: Gupta, A. (2011). *GOONJ: Not Just A Piece of Cloth*: <http://www.ecowalkthetalk.com/blog/2011/05/26/goonj-not-just-a-piece-of-cloth/>



So what is the Government doing?

At present, the Ministry of Health and Family Welfare's (MoHFW) Menstrual Hygiene Scheme, also referred to as the Freeday pads program, is the most explicit scheme for menstrual hygiene management. The scheme is being implemented by MoHFW's National Rural Health Mission (NRHM) and was piloted in 2010 with an intention to roll-out in 152 districts across 20 States and a budget of INR 150 crores annually.

The scheme is mainly focused on providing affordable material for managing menstruation, i.e. disposable sanitary pads, at the rate of INR 6 for a pack of six pads, using ASHAs as a means of distribution.

3. LACK OF ACCESS TO FACILITIES

63 million adolescent girls live in homes without toilet facilities⁸:

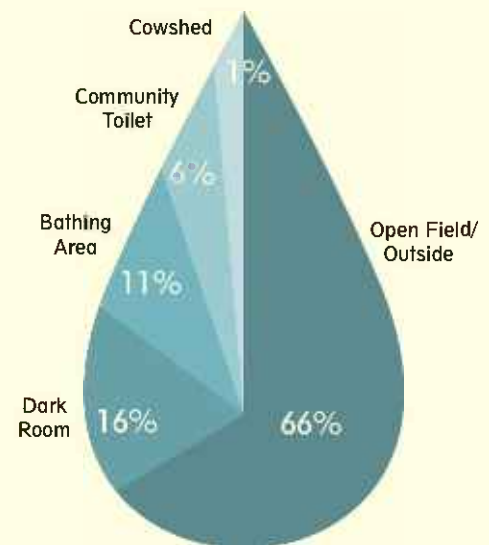
In the absence of a household toilet, girls and women in rural India bathe in ponds, but during their period they often avoid bathing altogether due to the complications involved. They also have to wait until it is dark to go deep into the fields to manage their period, making them vulnerable to potential sexual and physical abuse.

Limited access to water in both rural areas and urban slums adds to their difficulty since majority of the menstruating girls use material that needs to be washed for reuse. In some communities, women and girls are not allowed to use water sources during menstruation. In communities in the state of Gujarat, 91% of girls reported staying away from flowing water during menstruation.⁹

30 million school children in India have no access to toilets¹⁰:

25% of schools in India have no toilets. In schools that have common toilets¹¹, usage is severely inhibited during menstruation as girls are often embarrassed to share the same space with boys for the fear of being 'found out'. Moreover, in some schools, toilets tend to be reserved for boys and teachers only. While 60% schools have a separate toilet for girls, menstrual hygiene is largely ignored in toilet design and construction – an ideal facility would provide adequate privacy, space, light, and disposal mechanisms to change, wash and discard sanitary material discreetly.^{12,13} Even in schools with toilets, dilapidated facilities often prevent girls and female teachers from using toilets during menstruation or otherwise.

Different spaces for menstrual hygiene management in the absence of a household toilet in India



Source: Fernandes, M. (2010). *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*: http://www.wsscc.org/sites/default/files/publications/fernandes_wateraid_india-freedom_of_mobility.pdf



So what is the Government doing?

The Ministry of Drinking Water and Sanitation (MoDWS) modified its existing *Nirmal Bharat Abhiyan* (NBA) to include menstrual hygiene components in late 2013. The campaign's main focus is on improving access to toilets in schools and communities, which in itself has a significant impact as it provides a safe, clean space for girls to manage their menstruation.

The campaign also focusses on providing a disposal solution, with incinerators being the primary mechanism offered. These incinerators are to be installed in all new public toilets being built.

Source: Ministry of Drinking Water and Sanitation – *Nirmal Bharat Abhiyan*: <http://hptsc.nic.in/M3.pdf>

Impact of poor menstrual health and hygiene on health, education and environment

1. IMPACT ON HEALTH

Most of the health problems caused by poor MHM are preventable. However, owing to their widespread and frequent occurrence, young girls and women perceive menstrual problems as a regular part of the menstruation process. They often overlook symptoms of major infections which left unaddressed could significantly affect their reproductive health, pregnancy and even the health of their children.

75% of adolescent girls experience menstrual dysfunctions which affect their normal daily chores¹⁴

Incidence of Reproductive Tract Infection (RTI) is **70%** more common amongst women who use unhygienic materials during menstruation¹⁵

27% of the world's cervical cancer deaths occur in India, an incidence rate almost twice the global average. Doctors studying the disease say poor menstrual hygiene is partly to blame¹⁶

A woman died of tetanus as she used a piece of a blouse with a rusted hook. In many of the villages that we reach, women tell us that they have lost their uterus, because the moment an infection happens, the local health system tells them there are chances of cervical cancer, so it is better to remove the uterus.

Field worker,
non-profit Goonj

75% of women respondents in an A.C Nielsen survey revealed that they were not psychologically prepared for menstruation¹⁷

Physical Health

Common Menstrual Problems

- Anemia
- Oligimenorrhea (infrequent bleeding)
- Menorrhagia (abnormally heavy and prolonged periods)
- Hypomenorrhea (short or scanty periods)

In a study conducted in the slums of western Maharashtra, majority of the menstruating population suffered from a common menstrual problem, but **only 26% sought medical help.**¹⁸

Poor Hygiene Problems

- Vaginal infections
- Reproductive Tract Infections
- Cervical cancer
- Complications in pregnancy
- Loss of fetus
- Toxic Shock Syndrome
- Incidence of HIV/AIDS

Poor menstrual hygiene is one of the major reasons for the high prevalence of Reproductive Tract Infection (RTIs) and contributes significantly to female morbidity.

Often, these infections are transmitted to the offspring of a pregnant mother, endangering both lives.

Mental Health

Psychological Problems

- Depression
- Shame
- Horror
- Agony
- Embarrassment
- Fear
- Frustration

A menstruating girl is often left feeling helpless and depressed by the restrictions and discrimination she faces. The constant struggle to find adequate material, a safe space to manage her period, and hide her condition adds to her misery.

2. IMPACT ON EDUCATION

Absence of private, safe and clean toilets with adequate water supply (for washing cloth or menstrual stains) also severely hinders period management in schools. According to a WASH self-assessment conducted by Plan India in 556 schools in three rural districts, adolescent girls often leave school half-way through the day because of lack of facilities to manage their menstruation.¹⁹

“

There was no privacy to change when required and I was hesitant to seek permission to go home. The agonizing pain, cramps and shame almost forced me to stay away from school.

Student at M.C. Palli Girls High School, Tamil Nadu

”

Menstruation is the **second major reason**, after household work, for girls to miss schools²⁰

23% of girls drop out of school when they hit puberty²¹

Girls in puberty are typically absent for **20%** of the school year²²

31% of women in India miss an average of 2.2 days of work when they menstruate²³

Reduced Focus and Poor Education Outcomes

- Missing five days of school every month impacts education outcomes, especially in complex subjects where there is a need for continued building on previous knowledge.
- Concentrating on lessons for eight hours at a stretch is difficult when a menstruating girl is in extreme pain due to menstrual cramps or is fatigued due to anemia caused by excessive bleeding.²⁴

Teacher Absenteeism

- Lack of adequate facilities also creates obstacles for female teachers as they remain absent or are unable to provide adequate attention to students during their period.

“

It can take years, even generations, to change a taboo. But anecdotally, outreach workers note that the only girls who don't believe the superstitions about menstruation are those with educated mothers. So the best way to change the minds of future women is to keep girls in school today, and basic lavatory facilities are one of the easiest ways to do that.

Rose George, *The New York Times* (2012)

”

Source: George, R. (2012). *The Taboo of Menstruation*:
http://www.nytimes.com/2012/12/29/opinion/the-taboo-of-menstruation.html?_r=0

3. IMPACT ON ENVIRONMENT

Most disposable pads end up as part of unsegregated household waste for rag pickers to sort, are tossed in water bodies, litter village roadsides or are burned along with other domestic waste, releasing toxins from the plastics which pose serious environmental threats. This significant environmental threat posed by disposable sanitary napkins underscores the importance of providing girls and women with alternatives - particularly cloth, which is biodegradable and also readily available.

If every woman of reproductive age in India started using disposable sanitary napkins, the estimated waste generated would be **58,500 million pads** (i.e. 580,000 tons) each year²⁵

A single use disposable pad is estimated to take between **500 – 800 years** to decompose²⁶

Conclusion

It is appalling that a natural biological process that ought to be celebrated as a sign of a healthy transition into adulthood is holding back millions of girls and women from achieving their full potential. Persistent differences in women's health, education and economic participation can only be detrimental to India's growth.

Investing in menstrual health and hygiene will ensure that millions of girls stay in school and live dignified and healthy lives. In 2011, UN Women estimated that giving girls and women more opportunities has the potential to boost the country's economic growth rate by as much as 4 percentage points.²⁷ Fortunately, several stakeholders in India are waking up to this reality and menstrual management has garnered substantial attention in the last decade. It is critical to leverage the current focus to push the menstrual management agenda to the next level.

“

The disposal of a sanitary pad in villages typically happens near a water body. Imagine the kind of environmental damage this would cause. Similarly, in a city slum, you'd be walking on sanitary pads as most of the toilets would be choked without a separate channel to dispose.

”

Anshu Gupta,
Founder
non-profit Goonj

Allowing adolescent girls to stay in school, thus delaying early marriage and pregnancy could add **\$100 billion** to India's GDP over their lifetimes

¹Source: Miriam Temin and Ruth Levine. 2009. *Start with a Girl: A New Agenda for Global Health*. Washington, D.C.: Center for Global Development.
http://www.cgdev.org/files/1422899_file_Start_with_a_Girl_FINAL.pdf



KEY TAKEAWAYS

Changing Period:

200
million

girls and women have a poor understanding of menstruation and associated healthcare

75%

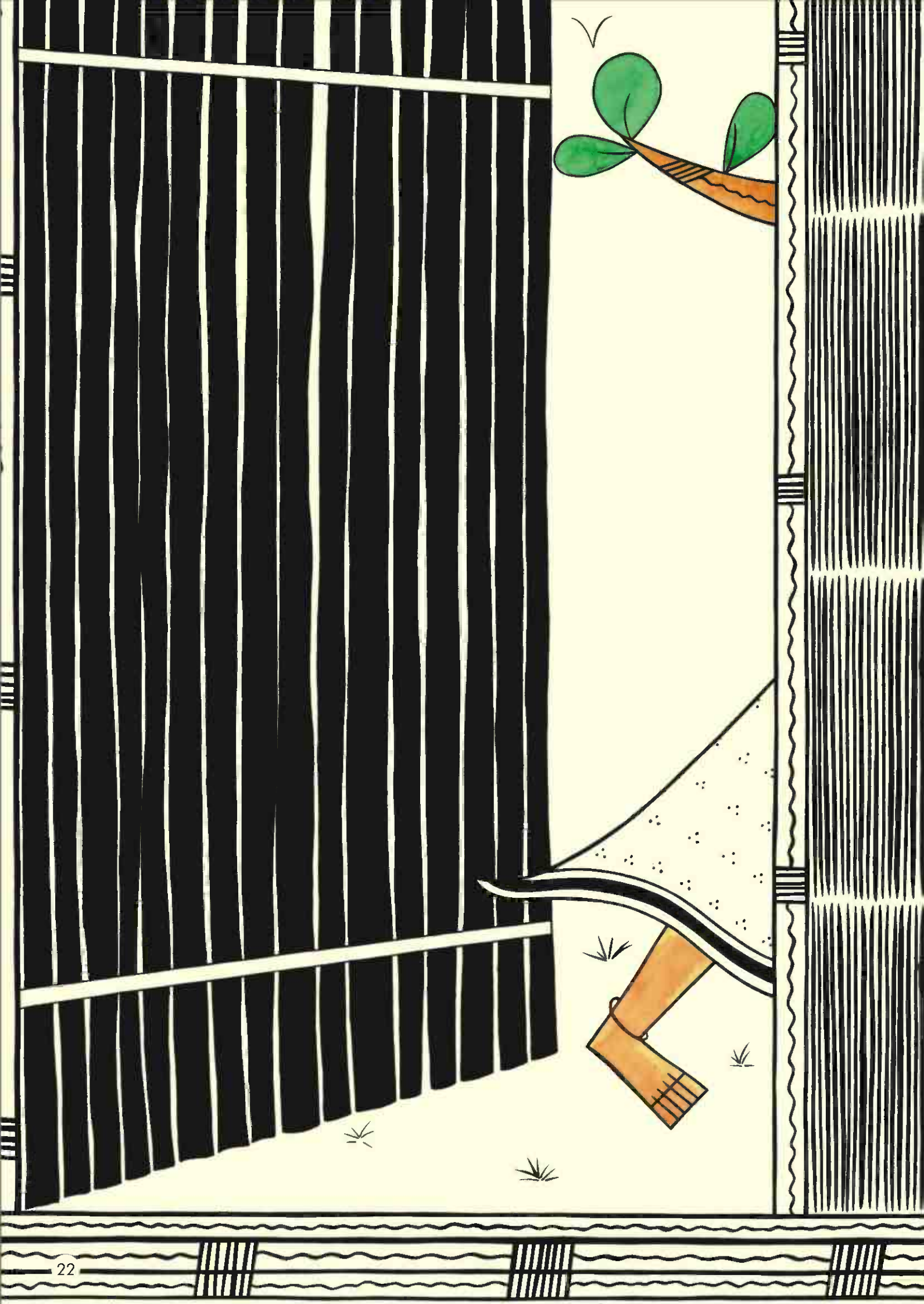
of adolescent girls suffer from infections and health disorders during menstruation

23%

of girls drop out of school at the onset of menstruation

\$ 100
billion

will be added to India's GDP if girls stay in school, delay marriage and pregnancy



2 | A decade of progress

Timeline
Success Stories

“

My mother and aunt never stepped out of the house when they had their periods, that was our family tradition. But, I told them, “this will happen to me until I am 50 years old. Should I sit at home all my life?” After that, they never asked me to miss school.

”

Soumya, a grade 10 student living in Srirangam, a town near Chennai city in southern India

Timeline

wall of silence

Poor menstrual hygiene not recognized as an issue

Absence of literature

Sanitary napkins advertisements banned in India²⁸

1990

inter-national attention

Recognized as an issue during emergency relief work in Africa

UNICEF begins addressing it

2000

indian tsunami

Tamil Nadu government recognizes the issue during relief efforts

Non-profit organizations such as Goonj, development agencies such as UNICEF, and corporates begin including menstrual hygiene in their regular programs

2004

government response

The GOI introduces a 10% luxury tax on sanitary napkins²⁹

Ministry of Health and Family Welfare launched the Freeday pad Scheme, a pilot program for subsidized sanitary napkins for rural girls

2010

launch of various government schemes; spurt of non-profit organizations and social businesses

GOI rolls back luxury tax to 1%³⁰

MNCs (J&J and P&G) reduce the prices of sanitary napkins due to the cut in excise duties

Ministry of Women and Child Development launches the SABLA scheme for adolescent girls with menstrual hygiene as a key component

2011

WASH United, WSSCC and the GOI conduct the *Nirmal Bharat Yatra* reaching out to 12,000 girls with menstrual hygiene messages³¹

2012

Ministry of Drinking Water and Sanitation adds menstrual hygiene components to its existing *Nirmal Bharat Abhiyan* campaign

2013

Ministry of Health and Family Welfare launches the RKSK program - a comprehensive health program for adolescents - with menstrual hygiene as a key focus area

2014



Success Stories: Role of Stakeholders



Government

In recent years, the Indian government has undertaken significant initiatives to address the issue of poor menstrual hygiene. The government's willingness to address this issue at a policy level and partner with development agencies has given the much needed momentum to the sector. While most policies and schemes are fairly recent and across ministries, on the whole they do aim to provide a comprehensive solution.

Tamil Nadu has taken the lead in promoting menstrual health and hygiene. In 2004, the state was the first to recognize MHM as an issue to be addressed through its sanitation policies and programs. The government focused on making schools comfortable for menstruating girls by providing relevant infrastructure, including separate toilets for girls, incinerators and sanitary napkin vending machines, and by creating menstrual hygiene clubs comprising of students and teachers in government schools. The concept of local production of napkins through women SHGs was pioneered in Tamil Nadu.

Availability of materials

- Governments of several states are taking forward the central government's subsidized Freeday pads program to distribute sanitary napkins to adolescent girls through schools and public health facilities.
- Local municipalities of Kerala, Karnataka and Maharashtra are improving the last-mile availability of pads by installing vending machines in schools to dispense low-cost sanitary napkins.

Capacity building

- Maharashtra, Haryana, Odisha and Tamil Nadu support and build capacity of local entrepreneurs and SHGs to produce low-cost sanitary napkins. Besides being a means of livelihood generation, SHGs also address the issue of lack of supply and generate community buy-in.

Collaboration

- In Himachal Pradesh, three government departments - health, education and rural development - are collaborating for the statewide implementation of a menstrual hygiene program.



With the exception of a study conducted by A.C Nielsen in partnership with Plan India, research in the past has largely been driven by individuals and focused on presenting the prevalence of the issue, cultural implications and recommendations. The shift to evidence-based research, backed by larger organizations and funders is becoming visible only now.

- Aakar Innovations is working to create a viable biodegradable napkin; Jayaashree Industries is developing machines for manufacturing sanitary napkins which can be operated by women with disabilities.

- Public Health Foundation of India, in partnership with WaterAid, is currently analyzing government schemes that are addressing MHM across various states and government departments.
- The aim is to use this research as a tool to advocate for better policies and budget allocations for the issue.

- Foundations focused on health, such as the Bill and Melinda Gates Foundation, have made research grants to study MHM issues and potential solutions in the developing world.
- In India, ICMR, a government funded research institute, is offering funding and capacity building support to researchers to analyze the issue, build evidence of impact and develop new products.



International Development Organizations

The international development agencies and non-profit organizations from the WASH sector have been the strongest champions for better menstrual health and hygiene in India. They have been successful in getting the issue on the radar of all relevant stakeholder groups, ranging from the government to the communities themselves. At the policy level, they continue to advocate with and provide strategic inputs to the government. At the implementation level, they are integrating menstrual hygiene into their existing programs in communities and schools as well as supporting non-profit organizations to do the same.

WSSCC

Works to highlight the issue of menstrual hygiene through policy level interventions

- Worked with the Ministry of Drinking Water and Sanitation to include menstrual hygiene aspects in the Nirmal Bharat Abhiyan guidelines.
- Successful in amending the government guidelines to include budgets for awareness and disposal.
- Builds the government's capacity to implement policy changes effectively.

WaterAid

Creating an end-to-end solution for menstrual hygiene by mobilizing communities

- Trains SHGs to produce and distribute sanitary napkins to improve availability in rural parts of several states.
- Facilitates the building of separate toilets for girls in schools.
- Supports and builds capacity of non-profit organizations to implement programs on the ground.



WASH United

Making menstruation an openly discussed topic by creating a groundswell of awareness

- Pioneered the May #Menstravaganza, a 28-day social media campaign dedicated to create awareness on the issue.
- Collaborated with non-profits, corporates, academia and other stakeholder groups to organize the first ever Menstrual Hygiene Day on 28 May, 2014. This event, held at a global level, generated more attention for the issue, identified progress and gaps, and set an agenda for the sector in the coming years.

UNICEF

Partners with the government to develop menstrual hygiene interventions in schools and communities to improve education outcomes for girls

- In Maharashtra, counsels and supports girls in 200 villages as part of a life-skills package.
- In Madhya Pradesh, integrates content on menstrual hygiene into the school curricula in 15 tribal districts.
- In Tamil Nadu, instills sanitary napkin vending machines and incinerators in secondary schools.

..... USAID

Within its broader focus on Adolescent Reproductive and Sexual Health, USAID has been supporting work on the issue of menstrual hygiene in India. USAID has been collaborating with the Ministry of Health and Family Welfare (MoHFW) for promoting menstrual hygiene through projects such as Innovations in Family Planning Services (IFPS) and Improving Healthy Behaviors Program (IHBP).

Under the IFPS project, two programs, Saloni in Uttar Pradesh and Udaan in Uttarakhand, addressed the issue of menstrual hygiene as an important component of adolescent health and well-being. The Udaan project supported the Uttarakhand state government to roll out the Government of India's program for social marketing of sanitary napkins.

Apart from this, a national campaign was developed with MoHFW titled *Taiyyar Raho Taiyyar Karo*. The IHBP has recently developed a 360-degree campaign for MoHFW on improving awareness on menstrual hygiene - *Sahi maasik intezaam, to badhna ho sukhad*. For this nationwide campaign, many communication materials were produced including television commercials, radio spots, posters, hoardings/billboards, wall paintings, flyers, a booklet, a board game, an animation film, and a music video. The materials address the importance of good menstrual hygiene practices, the need for a dialogue about this with adolescent girls at home and in school, the need for the involvement of the community to teach young girls about hygiene and providing them with basic facilities for proper menstrual management.

Under the program 'Market-based Partnerships for Health', USAID works closely with the private sector to increase access to health products such as sanitary napkins in rural India. All these initiatives have helped to improve awareness of menstrual hygiene and availability of sanitary napkins to the base of the pyramid populations.



Various corporates are undertaking initiatives to improve the menstrual health and hygiene status of adolescent girls in rural and semi-urban parts of India. They are currently partnering with state governments and non-profit organizations to create awareness about hygienic habits, supply sanitary pads and provide infrastructure such as clean toilets and incinerators. Some of these corporates such as Johnson & Johnson and Procter & Gamble are from the sector itself and are undertaking these initiatives as part of their business. Others such as TVS and BHEL are doing so as part of their corporate social responsibility programs.

The sanitary napkins market in India is estimated to be worth ~INR 1,350 crore (\$ 221 million), growing at a rate of 24% annually.³² The market is dominated by two MNC manufacturers – Procter & Gamble (Whisper) and Johnson & Johnson (Stayfree). The latent opportunity in this fast-growing market is attracting new businesses, and is also spurring innovations for developing low-cost sanitary materials. Since 2011, domestic entrants in this market have included Rohit Surfactants and Soothe Healthcare, which are focusing on supplying sanitary napkins at lower price points to the untapped market segments.

Manufacturers run special programs in partnership with established non-profits and government bodies. These are mainly classified as their CSR programs, but as they also serve the purpose of creating new market segments through awareness building, they are also part of their shared-value activities.

P&G

- P&G's *Parivartan* (Transformation) Program is implemented in partnership with Smile Foundation and is aimed at ensuring improved health-seeking behavior of rural women, especially in the areas of reproductive health and menstrual hygiene, through training and other IEC tools. The program focuses on capacity building of community volunteers to enable them to drive health and hygiene practices in their communities.
- The program also aims to ensure that girls do not miss school due to periods and that they are gradually empowered. It is being implemented in collaboration with the NRHM and has been scaled to 15,000 schools in India, impacting around 2 million girls.³³

J&J

- J&J's Stayfree Women for Change initiative was launched in a tie-up with Nadathur Trust and Samhita Social Ventures. The program aims to improve the health and hygiene of girls and women by providing access to the required products and services. Beneficiaries are engaged for a period of six months in which they receive training in good health and hygiene practices, a health check-up and a health kit containing among other things, sanitary napkins.
- J&J also runs a program called *Parichay* (Introduction), which is implemented in partnership with the non-profit SHARP to educate school-going girls about menstrual health and hygiene and introduce them to sanitary napkins and their proper usage.

There is a huge potential for corporates not directly related to menstrual hygiene to positively impact the current situation. Described below are examples of successful CSR programs in Tamil Nadu which used different models to address the issue and can be emulated by other corporates.

TVS-ELECTRONICS

- TVS-Electronics' Shri Cheema Foundation (SCF) started by adopting a village in Tamil Nadu in 2004, to provide a complete sanitation solution in partnership with the state government. TVS undertook awareness creation and implementation of the project, leveraging its employees as resources. After achieving success at a village level, TVS has scaled up this project to other villages as well.
- The project now involves a variety of relevant interventions, including installing vending machines and incinerators in schools, facilitating the formation of SHGs, building toilets and awareness campaigns in schools and communities.

BHARAT HEAVY ELECTRICALS LTD.

- Bharat Heavy Electricals Ltd. (BHEL) in partnership with Bharathidasan University, is using its core technical expertise to provide incinerators to 150 institutions in Tamil Nadu over a three-year period at a cost of around INR 55 lakh (~\$ 90,000).³⁴
- BHEL will be responsible for installing these incinerators, ensuring that they are operational and educating the faculty and students on their maintenance.



Media

The Indian media has come a long way since 1990, when commercial sanitary napkin advertisements were banned. Sanitary pads are now advertised extensively on print and television media. However, they primarily promote commercial sanitary pads as aspirational products and do not address the awareness gap.

A recent survey of major cities across India reveals that ~50% parents are still embarrassed by TV ads on sanitary napkins and condoms.³⁵ They switch channels, distract their children or walk out of the room. This survey highlights a significant opportunity for the media to break the taboo by creating awareness and educating the masses on the biological facts of menstruation.



Stayfree women for change

- Johnson & Johnson's 'Stayfree Women for Change' campaign, developed in partnership with UNICEF, creates awareness on various aspects of menstruation and urges women to test for anemia during menstruation. This is an example of a successful media campaign that promotes menstrual hygiene best practices while advertising a brand.



Taiyyar Raho Taiyyar Karo (Prepare and Be Prepared)

- This campaign, run by Ministry of Health and Family Welfare and supported by USAID, leverages media to promote MHM practices. Under this initiative, two TV and radio campaigns were developed to educate adolescent girls on menstrual hygiene and to promote the Freeday pads scheme. These are being broadcasted nationwide through public channels since 2011.

TV serials addressing menstrual hygiene management

- Media can also be used innovatively to reach out to a larger section of the population, as done in popular Indian TV shows *Veera and Balika Vadhu*, which incorporated the issue into their content.
- UNICEF, in collaboration with HealthPhone, developed short films on menstrual management called *Ammaji Kehti Hai* (Mother says), in the format of a TV serial involving mothers, grandmothers and adolescent girls in a rural setting.



KEY TAKEAWAYS

A Decade of Progress

Government

of India has undertaken significant efforts to address the issue at the policy and program levels by upgrading infrastructure, supporting women's self-help groups and partnering with corporates

International agencies and non-profit organizations

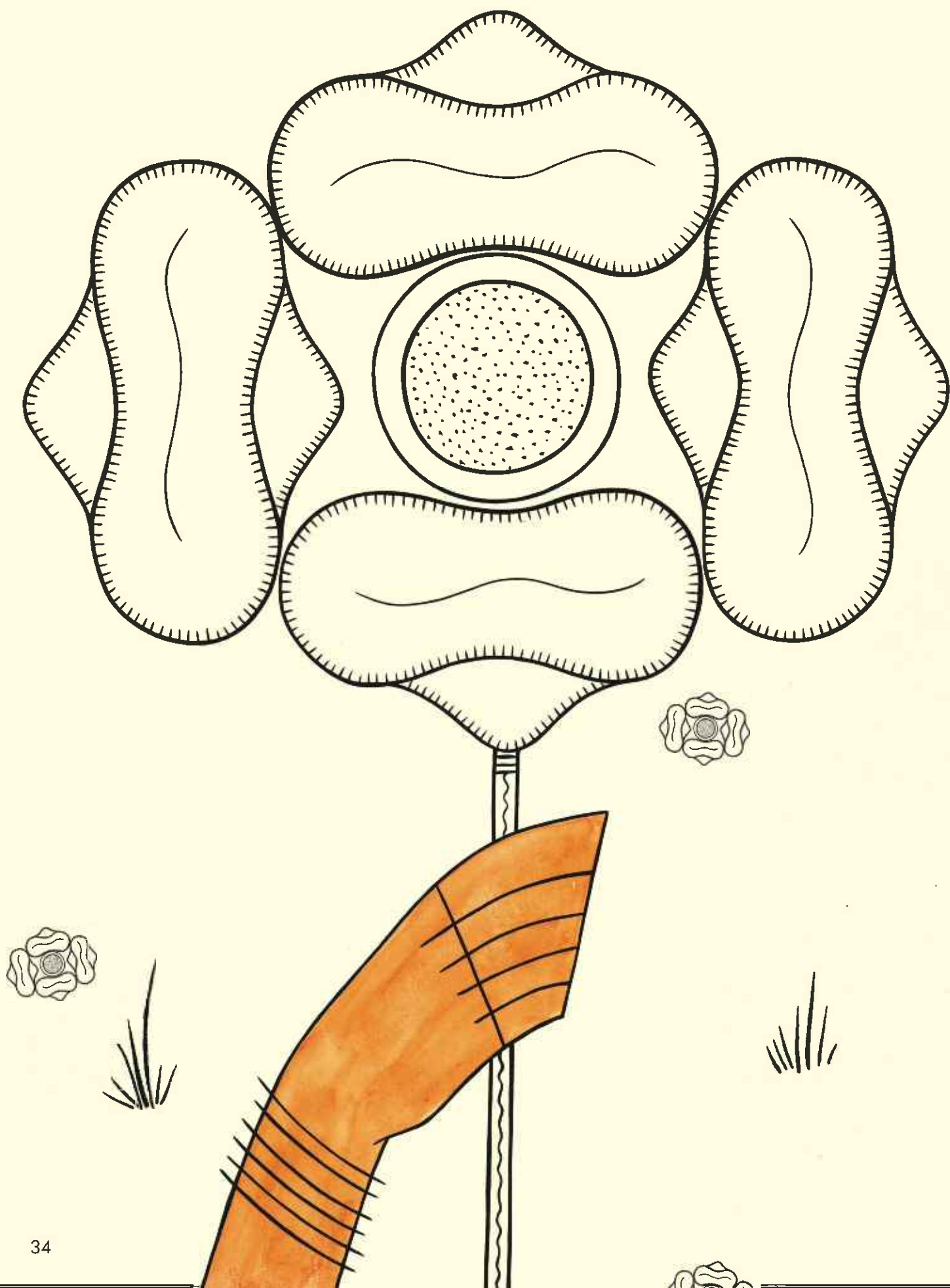
from the WASH (Water, Sanitation and Hygiene) sector are the foremost advocates for furthering the cause of menstrual hygiene management

Corporates

such as P&G, J&J, TVS, and BHEL are partnering with the government and non-profit organizations to use their core business expertise to create relevant products and technologies

Media

platforms such as radio and popular prime-time television shows are breaking taboos and promoting awareness on effective menstrual hygiene management



3 | Solutions for Change

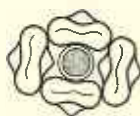
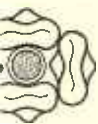
Cornerstones Interventions

“

In 2004, we started providing affordable, easy-to-use clean cloth napkins made out of waste cloth for women in villages and slums. We found cloth gave these women, who neglect or are ignorant of this critical health issue, a sense of dignity and self-respect.

”

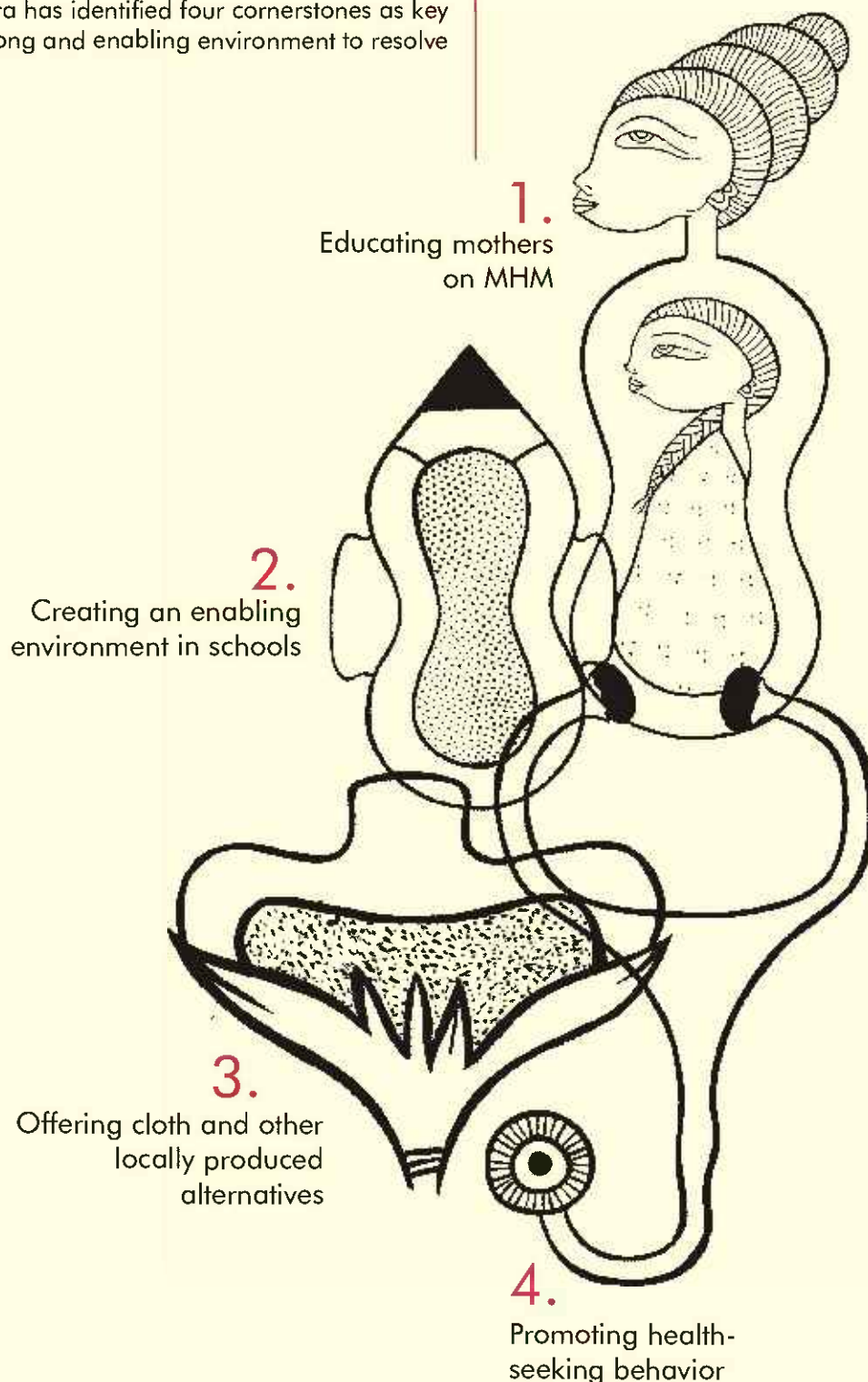
*Anshu Gupta,
Founder, non-profit Goonj*





Cornerstones

This section collates the insights Dasra gathered – from its research, expert interviews and analysis of successful menstrual hygiene management programs and policies – for practically addressing menstrual hygiene management. Based on empirical and anecdotal evidence, Dasra has identified four cornerstones as key focus areas to build a strong and enabling environment to resolve the MHM crisis in India.



Non-profit organizations in India are already addressing these key focus areas in varying degrees to improve poor menstrual hygiene management through various interventions. Examples include training stakeholders, creating peer leaders, mobilizing communities, leveraging government schemes and developing innovative solutions. A link between the cornerstones (what is needed to tackle poor MHM) and the non-profit interventions (how these cornerstones are being implemented on the ground) is depicted in the diagram on the adjacent page.

1. EDUCATING MOTHERS ON MHM

The mother is usually the principal point of contact when a girl first gets her period. However, most mothers are uneducated or ill-informed on menstruation themselves.

Formal education on MHM is negligible. Teachers and headmasters believe that the mother should be the primary source of information on menstruation. When available, formal education on reproductive health is a part of higher secondary school curriculum in India and is either neglected completely or imparted only after most girls have attained puberty. In the absence of guidance from mothers, girls resort to unreliable sources of information, such as female peers their own age, who are often just as ignorant.

Evidence from non-profit organizations and development agencies highlights the key role of the mother in ensuring better health and hygiene for her daughter. Having been through similar experiences, she is best positioned to understand her daughter's needs. Access to the right information empowers her to influence better decisions - building a toilet at home, promoting hygienic material or seeking medical attention for her daughter in time. A well-informed mother is less likely to impose superstitions.³⁶ Further, she is more likely to provide her daughter with adequate nutrition and sensitize men in the house to include menstrual hygiene in the household budget.

Girls are also likely to approach their grandmothers, sisters or sisters-in-law for information, pre and post menarche. Thus, working with other women in the family along with mother is essential to bust myths, change attitudes and promote inter-generational behavior change.

70% mothers interviewed in a survey in India considered menses 'dirty' and 'polluting'

Source: ICMR (2005-2006). Annual Report: <http://www.icmr.nic.in/annual/2005-06/hqds/rh.pdf>

Procter and Gamble's (P&G) *Parivartan* program works with local schools to educate girls and their mothers about feminine hygiene and biology to bust myths and cultural superstitions. Over the last decade it has reached out to 2 million girls annually.

Source: Procter and Gamble (2013). No Menstrual Hygiene For Indian Women Holds Economy Back. <http://www.bloomberg.com/news/2013-07-24/no-menstrual-hygiene-for-indian-women-holds-economy-back.html>

case studies

Not Just a Piece of Cloth

Deepali, a 14 year old from Udaipur recalls her experience of menarche: "I got my period when I was 13. My mother had told me nothing to prepare for the change in my physiology and my life in general. I lived a life of complete isolation during my period each month. My grandmother made me sleep separately and did not let me enter the kitchen. I was constantly stressed and depressed with no support at a time when I needed it the most."

Boond, in association with Goonj, initiated a conversation on menstruation in the region with girls, their mothers and their grandmothers through the 'Not Just a Piece of Cloth' program. They conducted a workshop to provide education on the physiology of menstruation, nutrition during menstruation and the use of clean cloth. At the end of the program, not only did the girls feel empowered, but there was a visible change in the attitude of the mothers and grandmothers. Deepali's grandmother, one of the attendees of the workshop said: "I now understand how an 'unclean' process that has for generations made people squirm uncomfortably can be turned on its head to generate a 'clean' way of regaining dignity, health, education and empowerment."

Source: Goonj, Boond (2013). *Not Just a Piece of Cloth*. <http://projinspire.com/not-just-a-piece-of-clothing-changing-mindsets-about-menstrual-hygiene-and-womens-health/>

2. CREATING AN ENABLING ENVIRONMENT IN SCHOOLS TO PROMOTE EFFECTIVE MHM

Teachers become the most significant source of information for girls especially when mothers are an inadequate source of information on menstruation. Schools provide a platform to educate and prepare a critical mass of pre-menarche girls for the physical and psychological changes in their bodies once they attain puberty.

Schools enable conversations among girls on menstruation and are conducive to creating champions that advocate for better menstrual health and hygiene. Studies in India show that girls provided with social support system in schools feel empowered to discuss and support each other in the process.³⁷ For instance, 'MHM Councils' in several schools in Tamil Nadu have played a critical role in breaking the silence by providing the necessary peer support to many school-going girls.³⁸ These councils also act as a platform to educate boys on menstruation to curb teasing and to sensitize them to a menstruating girl's need for a private space.

Providing separate toilets with water supply and disposal mechanisms in schools significantly improves menstrual health. Such infrastructure not only helps girls manage their period better, but also reduces the mental stress associated with using the same toilet as boys. Preliminary evidence from a study in Nigeria suggests that separate latrines for girls help minimize menstruation-related fear or stigma.³⁹

Creating an enabling environment in schools does more than reducing absenteeism and dropout rates among adolescent girls post puberty. Students, both girls and boys, often carry learning from schools back to their peers in the community. Anecdotal evidence shows that girls who are educated on MHM and have access to toilets in schools are more likely to convince their parents to build toilets and give them access to sanitation during their period.⁴⁰

“

The best place to broach the subject of menstrual hygiene to break the taboo is a school where the topic can be incorporated into hygiene and sex education.

WSSCC

Source: WSSCC (2014).
Celebrating Womanhood.
<http://www.wsscc.org/topics/hygiene/menstrual-hygiene-management>

”

case studies

Absenteeism down to zero

Government of Tamil Nadu and UNICEF leveraged the Sarva Siksha Abhiyan (SSA), to initiate a Menstrual Hygiene and Management (MHM) intervention in eight high schools in Krishnagiri in 2009. The program focused on demystifying taboos surrounding menstruation, educating girls to manage the menstrual process and providing access to sanitary napkins and disposal mechanisms.

UNICEF developed a counseling kit and designed a low cost incinerator attached to the girls' toilet for the disposal of soiled napkins in the schools. Sanitary napkin vending machines were installed in schools to promote privacy and easy access.

After the program was introduced in schools, the dropout and absenteeism has come down to zero and the performance of the students has improved. Girls now feel empowered to carry the messages on hygiene practice into their households and communities. Over 30 families have constructed toilets in their homes after persistent demand from the girls. The model intervention has triggered scale up of the program to 150 high schools in Krishnagiri.

Source: UNICEF (2011). *Menstrual Hygiene Key to Keeping Girls in School*. http://www.unicef.org/india/reallives_7579.htm

3. OFFERING CLOTH AND OTHER LOCALLY PRODUCED ALTERNATIVES TO THE DISPOSABLE SANITARY NAPKIN

Over the years there has been a strong focus on promoting commercially available disposable sanitary napkins as 'the solution' to the problem at hand. However, widespread unavailability, unaffordability and non-biodegradability of commercially marketed sanitary pads underscore the need to promote alternatives.

Cloth is cheap, accessible and the most familiar and preferred sanitary material for most women in India.⁴¹ Development agencies such as UNICEF and WaterAid endorse cotton cloth as an acceptable and safe sanitary material, if washed and dried properly.⁴²

Using cloth appropriately can also preclude health problems sometimes caused by disposable sanitary napkins. Anecdotal evidence suggests that women who suffer from irritations sometimes experience a worsening of symptoms around their period, usually due to exposure to synthetic products.⁴³ Cloth menstrual pads inhibit fungal and bacterial growth thereby reducing irritation, infection and PMS symptoms.⁴⁴ In promoting cloth, it is critical to create awareness about the right fabric to be used, hygienic methods to be adopted (washing and drying), and frequency of replacement. Being biodegradable, cloth is also more easily disposable than commercial sanitary napkins.

There are several other innovative solutions in the developing world including India that make use of locally grown materials such as bamboo, banana stem fiber, sugarcane waste and cotton knitwear waste to produce sanitary napkins. Promoting such alternatives, along with cloth, will ensure greater access and long-term availability of sanitary materials.

“

Most women and girls I interacted with (around 5000 in the last 3 years) across rural Karnataka, use cloth (cotton) to absorb menstrual flow. And unlike my own earlier assumption, the reason isn't always that cloth is cheaper. But rather, that cloth is a familiar, comfortable option. And why not? It absorbs blood quite well, can be procured easily without the embarrassment of asking a shop-keeper, can be washed and re-used and thereby eliminating the problem of disposal and environmental damage.

”

Sinu Joseph
Mythri Project, non-profit
Youth for Seva

Beyond the Sanitary Pad

- Sugarcane waste is used to make pads in some parts of Uttar Pradesh
- Bamboo pulp is being used as a popular raw material in Karnataka and some other north-eastern states of India
- In parts of India, banana stem pulp and water hyacinth are being researched as alternatives

Sources: *How Banana Fibers Keep Women Working in Developing Nations*. <http://www.pbs.org/newshour/rundown/elizabeth-scharpf/>; Dasra workshop on menstrual management in India conducted during Feb 19-22, 2014

UNICEF's program in Nepal

The GATE program teaches life skills. As numerous girls from poor families are unable to afford sanitary napkins and instead use old pieces of torn cloth, the program teaches girls to produce low-cost, reusable pads from locally sourced materials.

More than 6,000 girls from seven districts have received training on producing these pads. Along with making a much-needed product more affordable and available, the training sessions are educational. As one of the participating girls reports:

"This type of skill is very useful for us. This helps improve our health and perception towards menstruation." The sessions utilize a peer-to-peer approach, which has been identified as an effective tool for menstrual hygiene management education.

Source: UNICEF. (2012). *WASH in Schools Empowers Girls' Education - Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012*. [http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference\(2\).pdf](http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference(2).pdf)

4. PROMOTING HEALTH-SEEKING BEHAVIOR BY UNDERSCORING MENSTRUATION AS AN INTEGRAL PART OF REPRODUCTIVE HEALTH

According to medical experts, more than 90% of menstrual problems are preventable if they are detected and treated at an early stage by appropriate methods.⁴⁵ However, health-seeking behavior for menstrual problems – both health disorders and those caused by lack of hygiene – is primarily absent among women and adolescent girls, in India.

Girls and women often resort to incorrect self-medication. While most girls turn to their mothers and friends who typically suggest home-based, traditional medicines, a significant portion also opt for over the counter drugs from chemist shops, a practice that can cause more harm rather than relieve their problems. Several non-profit organizations and experts interviewed by Dasra suggest promoting health-seeking behavior by highlighting the relevance of menstruation within the paradigm of reproductive health – an approach that is most likely to resonate with menstruating girls and women.

In order to enhance health-seeking behavior, it is also critical to build linkages to health facilities and professionals. However, the medical profession may not always be a source of good information, as suggested by the participants of a WaterAid campaign in India. Many junior doctors are not trained properly in menstrual hygiene management, even while they must deal with the medical consequences. According to a WHO study, when medical professionals were properly trained, it 'led to significant improvements in case management of menstrual health problems in young patients.' It is therefore crucial to both promote health-seeking behavior among girls and women as well as train medical professionals to adequately address menstruation-related issues.

Most menstrual problems are preventable and even basic health-seeking behavior can go a long way in preventing and diagnosing menstrual problems. For instance, adequate nutrition and supplementation during menstruation can truly empower a girl to not only have a stress-free period, but to also continue with her routine without being interrupted for five days every month.

3 in 4 women do not seek any medical help for the regular menstrual disorders they experience.

Source: Mohite RV et al. (2013). Common Menstrual Problems among Slum Adolescent Girls of Western. Krishna Institute of Medical Sciences: <http://www.jkimsu.com/jkimsu-vol2no1/jkimsu,%20vol%202,%20no%201,%20jan%20-%20june%202013,%2089-97.pdf>

“

Girls often take common pain killers during their period to deal with excessive pain. Some even take pills to pre-pone or postpone their period to meet their social or religious obligations. In light of these harmful practices and incorrect notions, it is critical to promote menstrual health-seeking behavior and build links to health facilities and professionals.

”

Participant at the Dasra workshop on menstrual health and hygiene conducted during Feb 19-22, 2014

case studies

Addressing iron deficiency during menstruation

In Lalganj, Jharkhand, Rina Kachhap, a 16 year old girl dropped out of school when she was 13 due to an inability to cope with school during her period. Rina says “During my period, there was a lot of blood and I would feel dizzy.” Rina’s mother explains that when Rina had her first period, she took to bed. Her mother took Rina to the local doctor who prescribed vitamin supplementation, but this did not improve Rina’s condition.

When the anganwadi worker in the region learnt about Rina, she intervened and explained that it was an iron deficiency that made Rina weak during her period. On learning this, Rina’s mother changed the family diet which now included more leafy vegetables and was customized as per Rina’s needs during her period.

Source: UNICEF. (2010). Menstrual Hygiene and Anaemia Prevention Key to Keeping Tribal Girls in School. http://www.unicef.org/india/reallives_6311.htm



KEY TAKEAWAYS

Solutions for Change

Educate mothers

A well-informed mother is more likely to teach her daughter hygienic practices, provide her with adequate nutrition, and prioritize menstrual support in the household budget

Focus on schools

Training teachers to discuss menstruation, providing functional toilets, and creating platforms for peer support within schools is critical to reducing menstruation-related absenteeism among adolescent girls

Offer alternatives to sanitary pads

Promoting cloth and other locally available material will ensure that marginalized girls have long-term access to sanitary material, resulting in better health and environment outcomes

Promote health-seeking behavior

Over 90% of menstrual problems are preventable. Urging girls to seek help and training medical staff to provide timely support will ensure improved reproductive health outcomes



Interventions

Non-profit organizations and social businesses are undertaking various activities within communities and schools to improve the status of menstrual hygiene among girls and women. These activities can be categorized as those that raise awareness, provide absorbent material and ensure necessary infrastructure to manage menstruation. Most interventions are geared towards educating communities on hygienic practices and ensuring availability of low-cost material.

The 11 key non-profit interventions identified, have been mapped onto the matrix below in order to determine their relative position in terms of Dasra's chosen criteria – impact on creating a desirable behavior change and current and inherent potential to scale. The sub-criteria to define both impact and scale are as outlined in the adjacent box and further elucidated in Appendix I. The mapping on the matrix has been validated by an expert advisory committee, convened by Dasra, as well as representatives from 20 non-profit organizations and social businesses who attended Dasra's capacity building workshop.

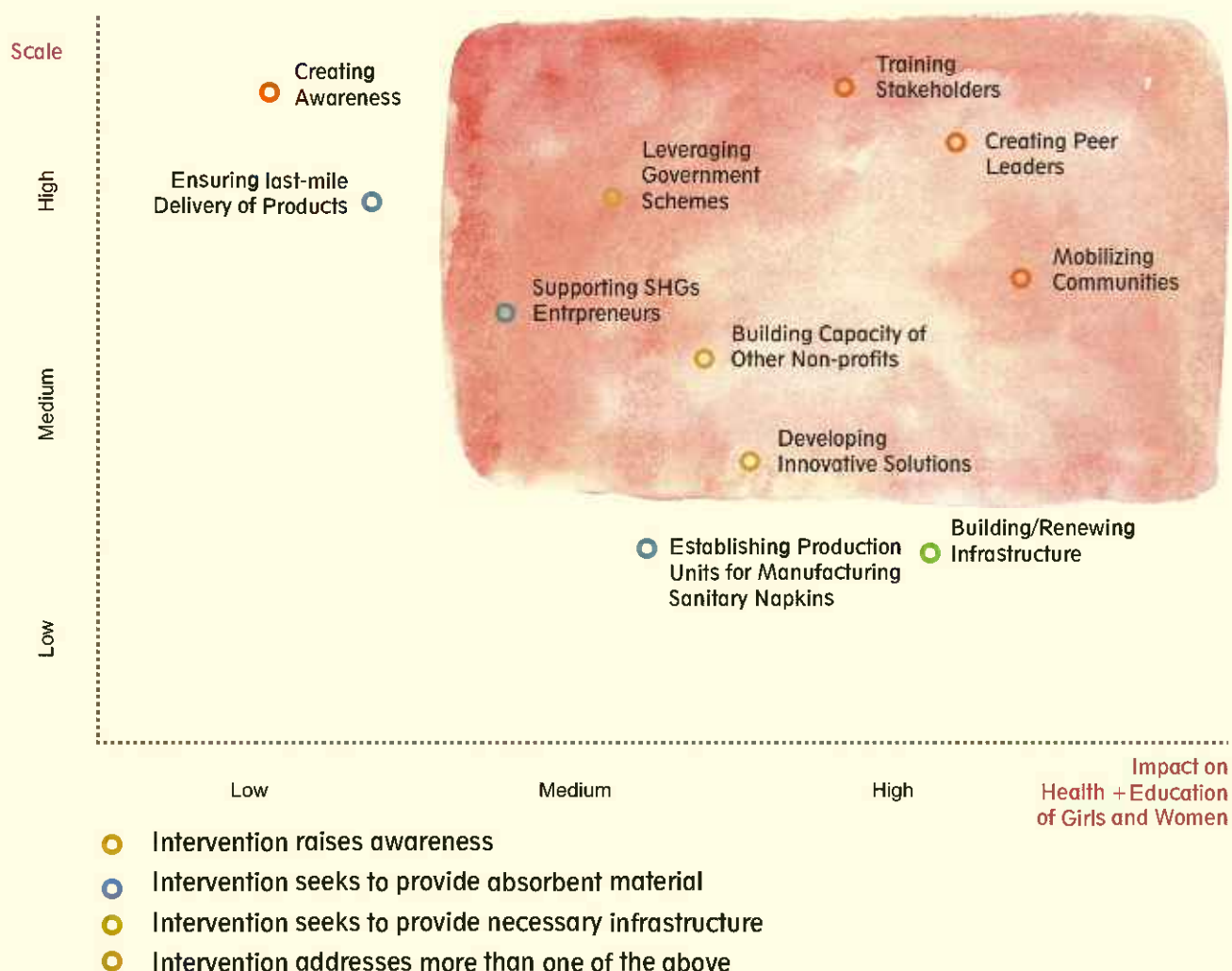
Following this exercise, seven of the 11 interventions are categorized as having a high or medium impact and scale; these are highlighted in the colored part of the matrix.

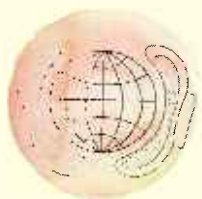
Criteria for Impact:

- Proximity to end beneficiary
- Duration of engagement
- Evidence for effectiveness

Criteria for Scale:

- Resource intensity
- Gestation period
- Partnerships leveraged

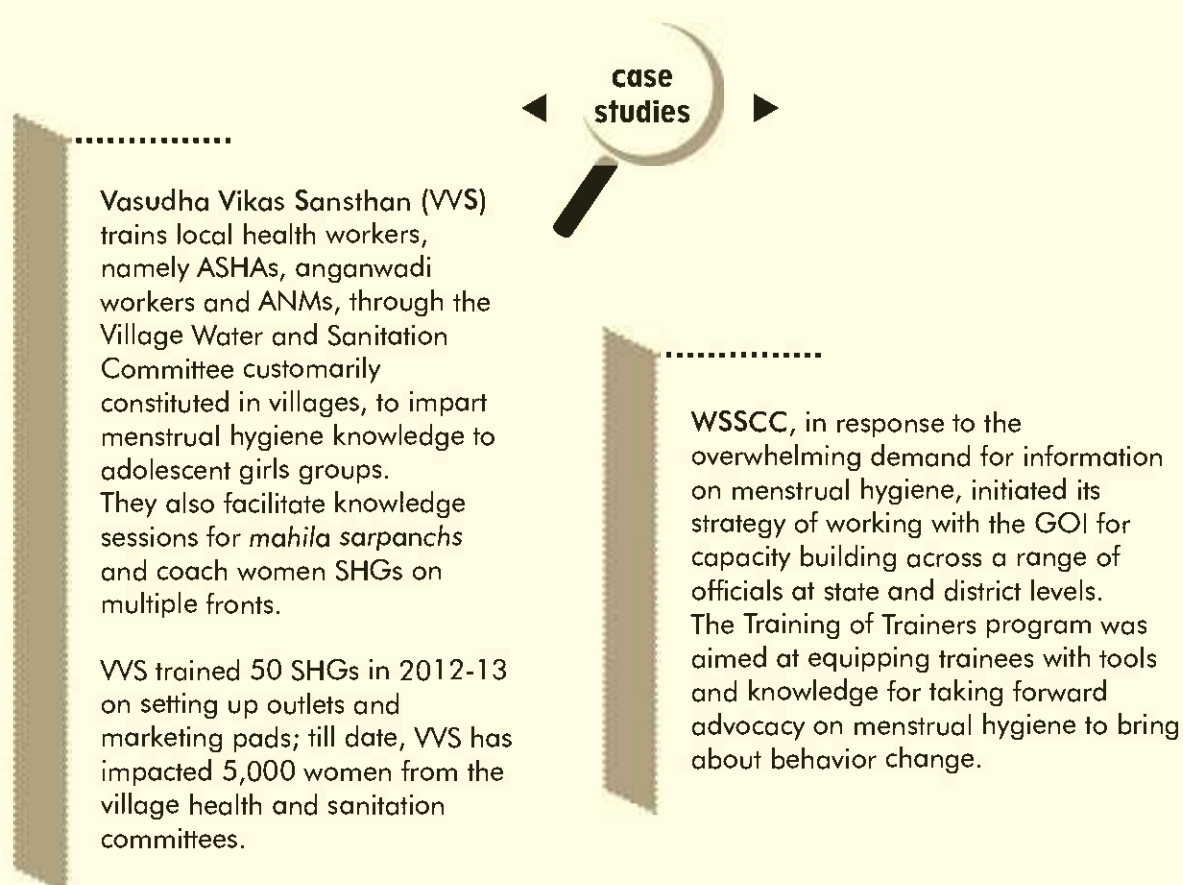




1. TRAINING STAKEHOLDERS:

Since menstruation has been a taboo topic, often even those responsible for spreading awareness do not have the correct information and are reluctant to broach the topic. This makes it essential to train the trainers first, including the community health workers - such as anganwadi workers and ASHAs, government officials and teachers - on best practices for managing menstruation. Besides general health and hygiene information on the topic, stakeholders also need to be trained regarding how best to introduce the topic, initiate a participatory discussion and question taboos.

This intervention uses existing networks such as the public health and education systems that already reach out to a critical mass of adolescent girls, thereby making it scalable. The impact of this intervention is high as the training makes these stakeholders experts in the area and enables them to effectually drive positive behavior change to a larger set of beneficiaries. As teachers and public health workers are the closest to the beneficiary and have regular, frequent interactions with them, this makes the intervention extremely impactful.

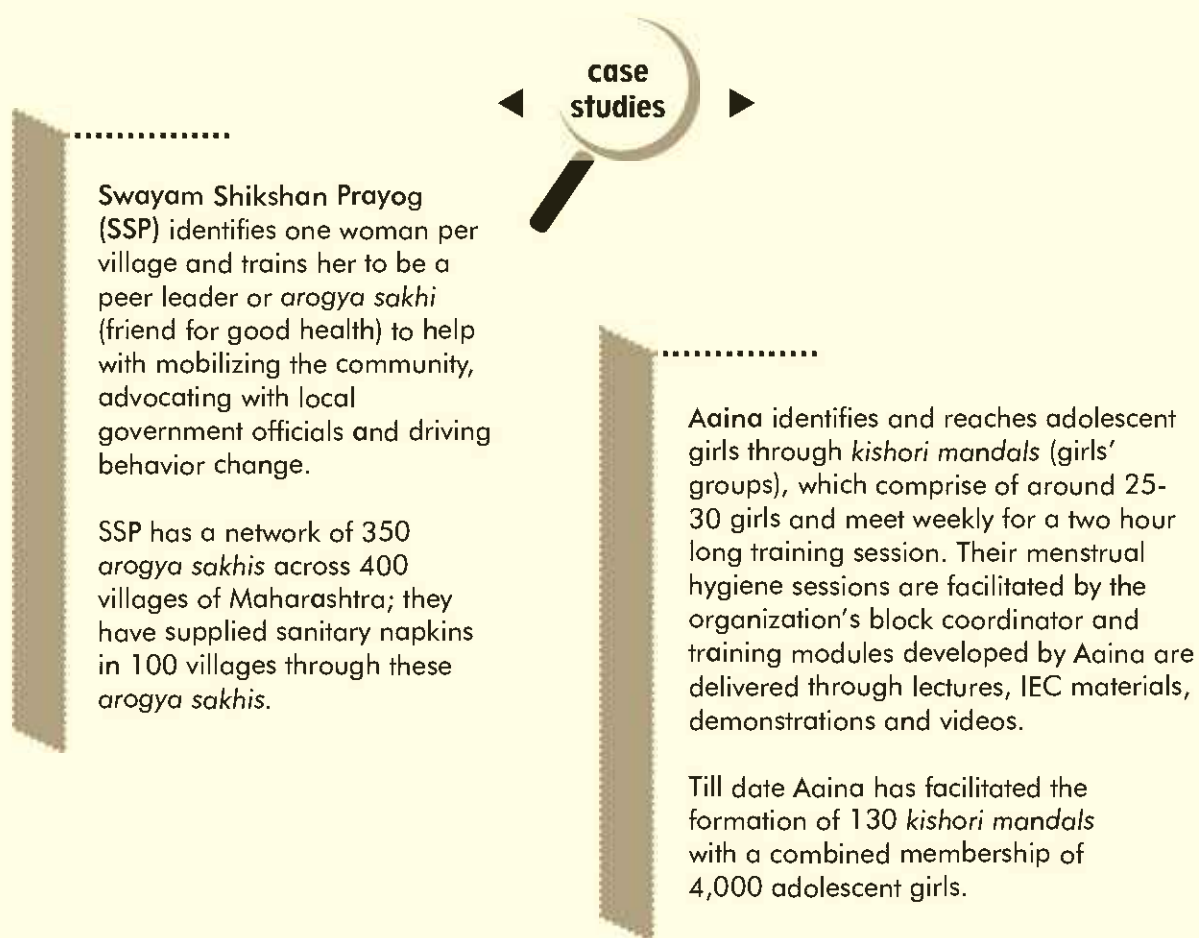




2. CREATING PEER LEADERS:

For an issue like menstruation, girls tend to discuss problems and develop solutions with their peers, rather than with authority figures, family elders and government workers. The role of peer leaders includes acting as a role model, mentor, educator or counselor for their peer groups, as well as inspiring them through their own example.

Peer leaders, once established and empowered, can play a large role in bringing about a sustained behavior change among young girls and communities as a whole. The intervention is easy to scale once the organization is able to establish itself in an area and identify the most effective leaders.

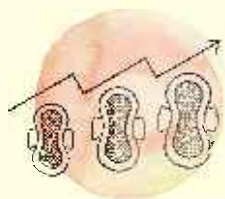




3. MOBILIZING COMMUNITIES:

Girls, on their own, often do not have the capability and decision-making authority to effectively address their issues. For instance, the decision to build community and household toilets is mostly taken by men, whereas older women of the family dictate the customs and methods of managing menstruation. Engaging these decision makers - men, older women, *panchayat* leaders - consistently over a period of time creates an enabling and supportive environment for ensuring better menstrual health and hygiene.

To truly mobilize a community and the most important gatekeepers, an intensive awareness campaign accompanied by regular meetings and events is required. The support of local government authorities and community leaders is also essential for this intervention to be a success. A successful intervention for mobilizing communities can have the strongest impact in resolving a social issue, leading to a ripple-effect in neighboring communities as well.



4. LEVERAGING GOVERNMENT SCHEMES:

The Indian Government has been taking positive steps by integrating MHM into its schemes, such as the Freeday pads scheme, and Nirmal Bharat Abhiyan for building sanitation infrastructure. Non-profit organizations guide communities to leverage these schemes to address the issue of availability of sanitary material and to build requisite infrastructure.

Tapping existing, allocated government budgets increases the economic feasibility for communities and non-profit organizations, which makes such interventions inherently scalable. Once an organization starts using a government scheme, they are usually able to scale up such interventions to a larger geography and can often start leveraging other existing schemes too. In many instances, the government is also keen on partnering with the non-profits for improving the impact of their initiatives.

case studies

Aaina and Gandhigram use commonly available platforms at the village/ block level to organize and facilitate community level meetings, including *panchayat* officials, women, adolescent girls and their family members, school authorities, and other government officials, to spread awareness on menstrual hygiene, create engagement and discuss progress made in ongoing programs.

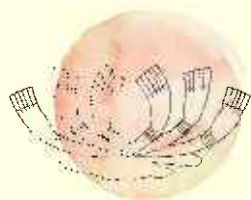
Aaina launched a menstrual hygiene program in May 2013 that currently covers 70 villages across three blocks of Odisha, and focuses on mobilizing communities.

Gandhigram has a separate Village Extension team which has strong ties with the community, government agencies and local *panchayats*. It works closely with 1225 active SHGs; till date, Gandhigram has reached out to 13,500 women and girls through SHGs.

case studies

Vatsalya is leveraging the government's Nirmal Bharat Abhiyan scheme to incentivize the construction of toilets. Also, Gandhigram Trust's strategy for improving sanitation is based on using schemes such as the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA) and the *Nirmal Bharat Abhiyan* to build one toilet per household.

Vatsalya has constructed over 250 toilets in its areas of operations in Uttar Pradesh.



5. SUPPORTING SHGs AND ENTREPRENEURS:

Over the past few years, social businesses such as Aakar Innovations, Jayaashree Industries and Eco Femme have developed machines that can produce low-cost sanitary napkins or methods to make hand-made cloth napkins. These organizations are now using the large network of existing SHGs or entrepreneurs to promote these machines and methods. Typically, social businesses sell their machines or provide training to SHGs on how to make napkins. In addition, they offer these SHGs and entrepreneurs hand-holding support for the initial few months to set up their businesses and make it a viable livelihood activity.

SHGs are part of the community therefore making it easier for them to approach girls and women, drive change around menstrual habits, and promote sanitary material. Considering these benefits, various stakeholder groups - non-profit organizations, development agencies and state governments - have been supporting these enterprises to scale.

case studies

Aakar Innovations works as an integrator – selling sanitary pad production machines to women SHGs, providing them technical assistance to set up the production process, establishing linkages for raw materials, and providing funding to support initial operations. Aakar then uses its social arm and relations with non-profits on the ground to engage with the village and community to build awareness and generate demand for these sanitary napkins.



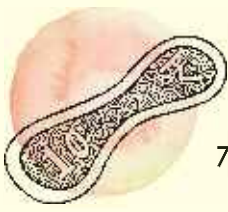
6. BUILDING CAPACITY OF OTHER NON-PROFITS:

MHM is a nascent issue for the non-profit sector in India. Many relevant organizations are unclear on how to address the issue and need support to further the menstrual health agenda. Non-profit organizations as well as development agencies with expertise on the issue are building the capacity of other non-profits, enabling them to effectively address menstrual health and hygiene issues in their areas.

This intervention entails significant resources and expertise and also a longer duration of engagement. However, the potential scale of this intervention is high, as multiple organizations are trained and become more effective, resulting in a multiplier effect in the sector.

case studies

Centre for World Solidarity (CWS) provides funding and capacity building support to its 10 CBO partners through a structured program consisting of four workshops a year to train CBO staff members in menstrual hygiene interventions and best practices, followed by refresher trainings. In addition, 90 days of hand holding support for “organization building” is provided and regular audits are subsequently conducted by CWS.



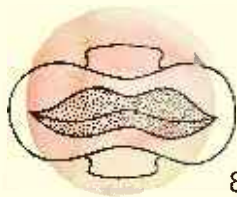
7. DEVELOPING INNOVATIVE SOLUTIONS:

Social enterprises and non-profit organizations have been experimenting on multiple fronts - product design, environment-friendly materials, disposal solutions, and simplified, cost-effective production processes - in order to address the needs of the rural and economically weaker sections of the population.

Once a strong solution or new technology has been developed and its efficacy proven, it lends itself well to scale-up, but the design and development process itself entails a gestation period and requires a certain level of expertise and resources. The impact of these solutions can vary depending on the product/ solution itself and the success of the organization in promoting it.

case studies

Girls often hide their pads in unhygienic places such as the roofs of their houses, to avoid embarrassment. **Eco Femme** not only produces washable cloth pads but also provides pouches to store them. These small, decorative storage pouches help girls store their cloth pads safely and hygienically.



8. CREATING AWARENESS:

This is the most common form of intervention undertaken by almost all non-profit organizations. Breaking the silence on the topic and discussing its issues is the most essential first step. Most organizations that are working on the issue of menstrual management in a focused manner are creating awareness in addition to the other high impact and high-scale interventions, such as training stakeholders, creating peer leaders, and leveraging government schemes, as described earlier.

case studies

Swayam Shikshan Prayog establishes an *arogya sakhi* per village, who is complemented by a cadre of local women and adolescent girl leaders in each village, who are trained comprehensively on issues of nutrition, health and hygiene. These leaders hold monthly group meetings with community women and girls to increase awareness around these issues, including menstrual hygiene, and connect them with health products and services provided by the *sakhis*.

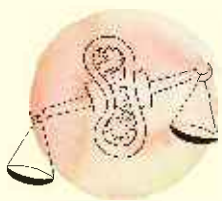


9. BUILDING/ RENEWING INFRASTRUCTURE:

Some organizations are working to address the lack of facilities by building or renovating toilets in schools and communities. While this intervention is critical, it is also capital intensive. Non-profit organizations seeking to address the issue of lack of facilities should partner with organizations in the sanitation sector to implement this intervention instead of doing so themselves.

case studies

Using a community participatory approach, **Vasudha Vikas Sansthan** ensures that clean water and toilet facilities are available at the household level. Till date, it has ensured that 78 *panchayats* are fully sanitized and open defecation-free, ensuring access to clean water and private spaces during menstruation.



10. ESTABLISHING PRODUCTION UNITS FOR MANUFACTURING SANITARY NAPKINS:

To address the issue of lack of supply of sanitary materials, some organizations are producing napkins for areas neglected by larger, established companies. The impact of such interventions alone, unless accompanied by extensive awareness campaigns and support from the community and government, tends to be limited.



11. ENSURING LAST-MILE DELIVERY OF PRODUCTS:

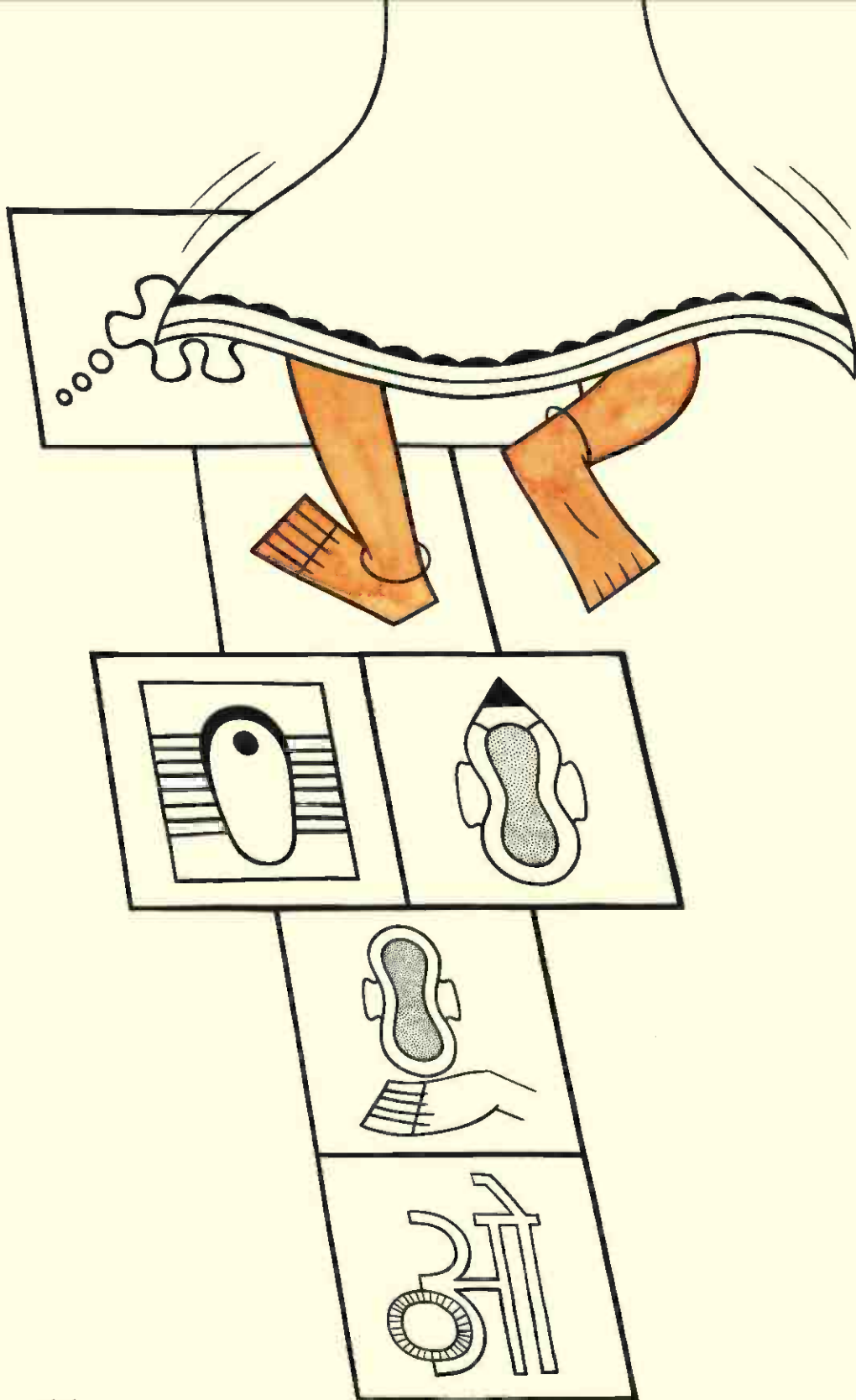
This is a critical challenge considering India's size and the fact that 70% of India lives in 600,000 villages. Non-profit organizations are establishing or supporting women entrepreneurs in individual villages, to act as a hub for selling sanitary napkins by linking them to a supply source and training them to provide basic information to women and girls in their local community. This intervention is most effective when supplemented with interventions focusing on awareness building and behavior change.

case studies

Goonj manufactures simple cloth pads at its central hub facilities and distributes these in remote areas where it has ongoing projects through various distribution channels such as community meetings, field-workers, etc. Goonj accompanies its distribution with several awareness creation interventions, such as community discussions and village fairs, as it believes that their product is a means to an end - behavior change.

case studies

Vatsalya encourages women shopkeepers to stock and sell sanitary napkins. The organization trains these women to spread awareness on best practices for MHM, maintain records of sales and serve as experts on the issue. Further, Vatsalya also helps these shopkeepers in establishing and coordinating the supply for sanitary napkins.



“

We require sustainable funding so that we can complete the circle. This will not only help us develop holistic programs but also measure their outcomes.

Pallavi Patel, non-profit Chetna

”

4 | High-Potential Organizations

Dasra evaluated over 200 organizations, both non-profits and social businesses, to identify those that are making concerted efforts to ensure better menstrual health and hygiene for girls and women in India. Following a comprehensive diligence process, nine non-profit organizations, one hybrid model, and two social businesses have been highlighted in this report.

These organizations represent high potential investment options for donors. While a few of them focus squarely on menstrual hygiene, most have come to realize the importance of the issue due to their existing programs that focus on health, women or sanitation. These organizations have worked over the years to develop a focus on menstrual hygiene within their larger program areas. These profiled organizations are applying simple yet effective mechanisms to tackle the issue. Moreover, most of them are implementing interventions through existing structures – schools, women’s self-help groups, shop owners, government schemes and other non-profit organizations – making them potentially scalable and cost-effective.

A mapping of the organization vis-a-vis the seven high impact, high-scale interventions is as below :

	Training Stakeholders	Creating Peer Leaders	Mobilizing Communities	Leveraging Govt. Schemes	Supporting SHGs	Building Capacity of Other NGOs	Developing Innovative Solutions
Aaina							
Aakar							
CWS							
Eco-Femme							
Gandhigram							
Goonj							
Healing Fields							
Jayashree							
KGNMT							
SSP							
Vasudha							
Vatsalya							

In the organization profiles that follow, each profile includes a mention of the key registrations relevant from a donor perspective for grant-making, to enable donors to bear this aspect in mind. These registrations are relevant only to non-profit organizations (not social businesses) as they enable tax benefits to the organization/ donor, as explained against each.

- **Secretary:** Sneha Mishra • **Website:** www.aaina.org.in • **Founded:** 1998 • **Location:** Bhubaneswar
- **Coverage:** Odisha • **Total Budget:** INR 99 lakhs (\$160,000) • **MHM Budget:** INR 23 lakhs (\$37,000)



Theory of Change

If adolescent girls and women are mobilized, trained and provided with adequate knowledge and skills around best practices in menstrual hygiene management, then they will have the ability to exercise greater control over their lives, which will lead to healthy and productive outcomes for society.



What does it do?

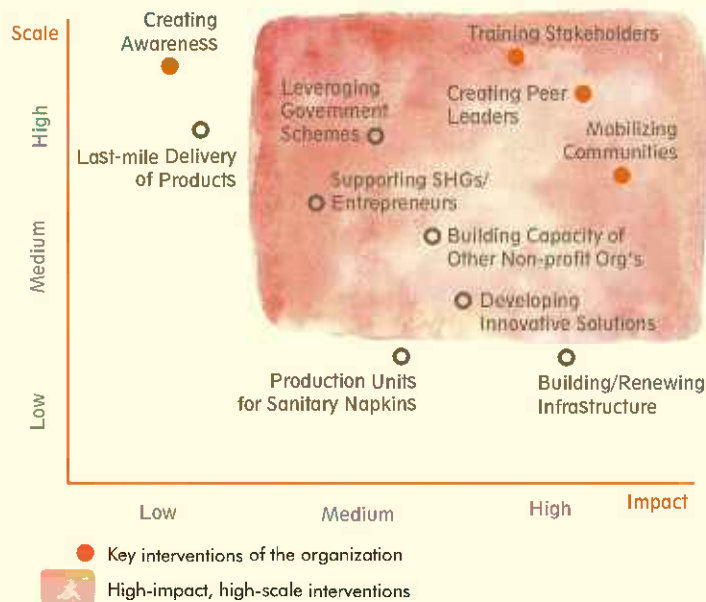
Aaina works in rural and tribal areas with vulnerable groups such as adolescent girls, women, and people with disabilities to address issues that give rise to such vulnerabilities. This is achieved through its programs focusing on a diverse set of issues such as menstrual hygiene, anti-trafficking, domestic violence and also disability specific programs.



What does it do in MHM?

Aaina observed that once a girl attains puberty, several restrictions are imposed on her and she is forced to face societal stigmas which limit her potential. In order to address this, Aaina launched a menstrual hygiene program in May 2013, that currently covers 70 villages across three blocks of Odisha, and focuses on mobilizing communities and spreading awareness about good MHM practices.

Interventions:



The organization **mobilizes communities** by organizing block level meetings on a quarterly basis with adolescent girls and also key influencers such as their family members, school authorities, ASHA/ANM/anganwadi workers and parent teacher associations, in order to provide a common platform to collectively address the issue of MHM whilst building and strengthening stakeholder partnerships.

Aaina also works in a concerted fashion with adolescent girls through *kishori mandals* - girls groups that comprise of 25-30 girls, which meet weekly for a two hour long training session.

The modules delivered during these sessions are developed by Aaina, and are facilitated by its block coordinators through the medium of lectures, IEC materials, demonstrations and videos. In a little over a year, Aaina has facilitated the formation of 130 *kishori mandals* with a combined membership of 4,000 adolescent girls.

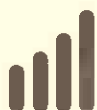
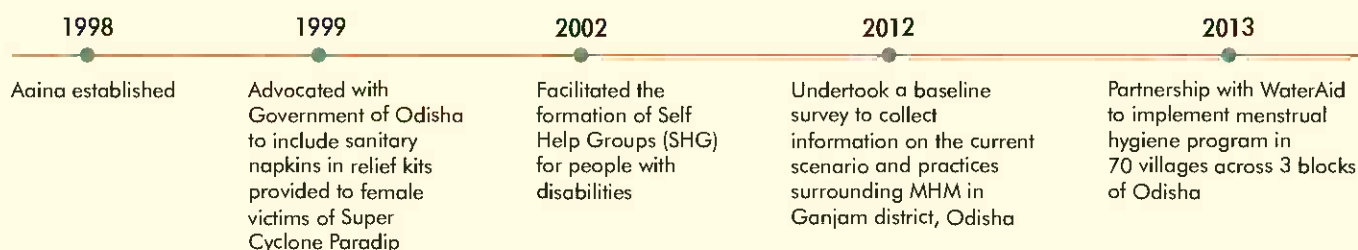
Registrations:



For further explanation refer to Appendix II



How did the MHM focus evolve?



How scalable is this?

Having developed modules and learning tools, Aaina plans to scale its menstrual hygiene program across two additional districts of Odisha, through the formation of 120 new *kishori mandals*, reaching out to an additional 3,000 adolescent girls in the next year or so. Over time, the organization is keen to partner with the Integrated Child Development Scheme (ICDS) in order to institutionalize the delivery of its sessions with *kishori mandals* through the state.

Endorsements:

- Aaina's work across its various programs has been regularly featured by reputed national and local media organizations such as The Times of India, Telegraph and Orissa Post.
- Felicitated for contribution to social development and gender equality by ETV.

Leadership:

- Sneha Mishra has over 25 years of experience on issues of gender equality and rights of persons with disabilities.
- She serves on the board of The National Trust, an autonomous government organization and is a resource group member for the Sarva Shiksha Abhiyan (Education for All) scheme in Odisha.

Partnerships:

- Supported by a strong set of Indian and foreign bilateral agencies and foundations such as Oxfam, Action Aid, UK-Aid, Rajiv Gandhi Foundation, Save the Children, UNICEF amongst others.
- Partnership with Women and Child Department, Odisha, in order to develop a policy for adolescents with a special focus on health.



Real lives, real stories



Rasmita, a resilient girl and role model in her peer group

Rasmita is a differently abled girl from the village of Jillundi in Ganjam, Odisha. At the age of two, she was diagnosed with polio. This severely restricted her mobility but she still went to school. Upon attaining puberty at the age of 14, as per prevailing social norms, Rasmita would be locked in a dark room, deprived of food and not allowed to meet anyone. This ostracism caused her to miss school for several days and after a few months she had no choice but to drop out. After Aaina started working in her village, she became a member of a 'Kishori Mandal' and learnt about menstrual hygiene best practices. Following this, and Aaina's work in the community, Rasmita now uses a sanitary napkin during menstruation, is back in school and is allowed to engage in household chores. She has also taken it upon herself to build and spread awareness about MHM and motivate other girls in her village to stay in school post puberty.

- **Co-founders:** Sombodhi Ghosh, Jaydeep Mandal • **Website:** www.aakarinnovations.com
- **Founded:** 2011 • **Location:** New Delhi • **Coverage:** Pan-India • **Total Revenue:** INR 1.4 crores (\$225,000)



Theory of Change

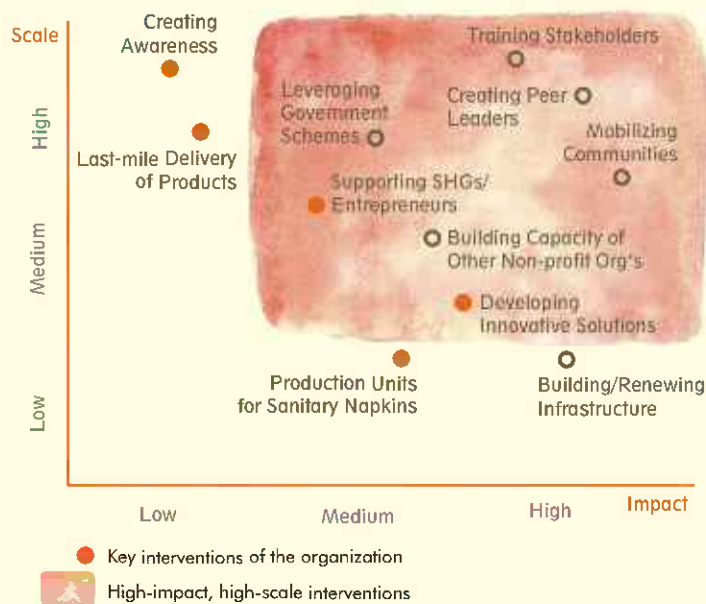
If women and adolescent girls are made aware of best practices in menstrual hygiene management, and have access to high quality and affordable sanitary pads, then fewer girls will drop out of school and fewer women will contract threatening diseases, leading to a healthier and empowered population.



What does it do?

Aakar Innovations' business model is centered on facilitating access to affordable, high quality, biodegradable sanitary napkins. As cost and availability of sanitary pads are critical barriers for adoption of better menstrual hygiene management practices in rural India, Aakar believes in addressing this underserved market with its low cost and environmentally friendly solution.

Interventions:



Registrations:

Registrations not relevant as Aakar Innovations is not a non-profit organization.



What does it do in MHM?

Aakar Innovations manufactures and sells low cost, innovative, sanitary napkin machines that produce affordable, comfortable, 100% compostable sanitary pads. It also supports the development of micro-level enterprises, facilitates the formation of a rural distribution network and creates community awareness around MHM as follows:

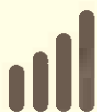
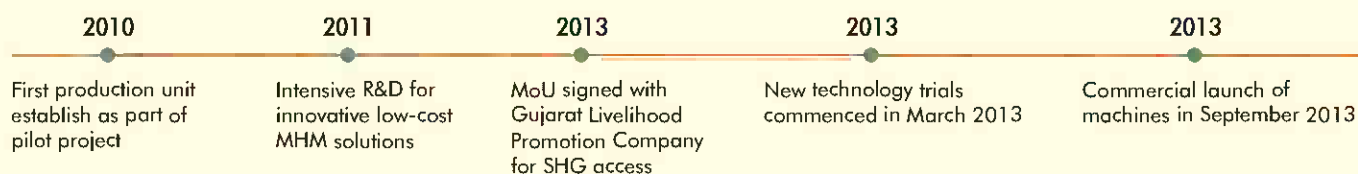
Supporting SHGs/Entrepreneurs: Aakar helps existing self-help groups (SHGs) to form sanitary napkin production micro-units by providing them with technologically innovative machines, along with raw materials, maintenance services and access to finance and subsidies. Training and capacity building of SHG women for napkin manufacturing are also part of the support provided to ensure that the quality of sanitary pads is not compromised.

Establishing Supply Points: Aakar develops groups of village level entrepreneurs to form the distribution channel for sanitary napkins at a retail level. These entrepreneurs are provided with basic skills to help them be effective as salespeople.

Creating Awareness: To stimulate demand for sanitary napkins, Aakar's field workers conduct sessions on MHM best practices for women and adolescent girls in their communities. So far, Aakar has facilitated the formation of 12 micro-enterprises across the states of Gujarat, Maharashtra, Karnataka and Bihar with each micro-enterprise providing direct and indirect employment to groups of 30 women. This currently enables 25,000 women and girls to gain access to quality and affordable sanitary pads each month.



How did the MHM focus evolve?



How scalable is this?

Aakar partners with existing SHGs and state level institutions, as these organizations help facilitate the setting up of microenterprises and recruitment of village-level entrepreneurs, which is critical for scale. It has also adopted a hub and spoke model which entails one maintenance and service center serving a cluster of micro-enterprises. Over the next two years, Aakar plans to help set up a total of 80 production units i.e. a six fold increase over its current established base.

Endorsements:

- Aakar's innovative business model has been featured internationally including The Economist and Wired magazine.
- Winner of the largest grant (\$15k) at the 2013-14 Dean Tom Moore Honors Investment Pitch, Social Enterprise Institute, Northeastern University.
- Chelsea Clinton on Aakar: "...how to address a chronic female healthcare problem and create jobs for women simultaneously"
- Ronald van het Hof, Women on Wings: "Aakar's products meet the standards of the Western world and can compete with all global brands"

Leadership:

- Sombodhi Ghosh has a strong background in operations consulting with Accenture and oversees overall operations of Aakar.
- Jaydeep Mandal is a trained engineer; with vast experience in commercializing grassroots innovations.

Partnerships:

- Aakar has received support from The National Innovation Foundation and the Centre for Innovation Incubation and Entrepreneurship (CIIE) at IIM Ahmedabad.



Real lives, real stories



Co-Founder, Sombodhi Ghosh interacting with beneficiaries in the field



There is a need to introduce alternative means to managing the menstrual needs of women. Traditional practices are very raw and crude. As we were trying to explore different means for a hygienic, safe and harmless solution, we discovered Aakar Innovations. They have set up a production unit here (Jamsaut in Patna, Bihar), where they have trained women to make sanitary pads



Sudha Varghese
Padamshree Awardee, Founder of Nari Gunjan,
Vice-chairperson of Minority Commission -
Government of India.

- **Director:** Dr Gnana Prakasam • **Website:** www.cwsy.org • **Founded:** 1992 • **Location:** Secunderabad
- **Coverage:** Multiple states • **Total Budget:** INR 12 crores (\$1,900,000) • **MHM Budget:** INR 72 lakhs (\$116,100)



Theory of Change

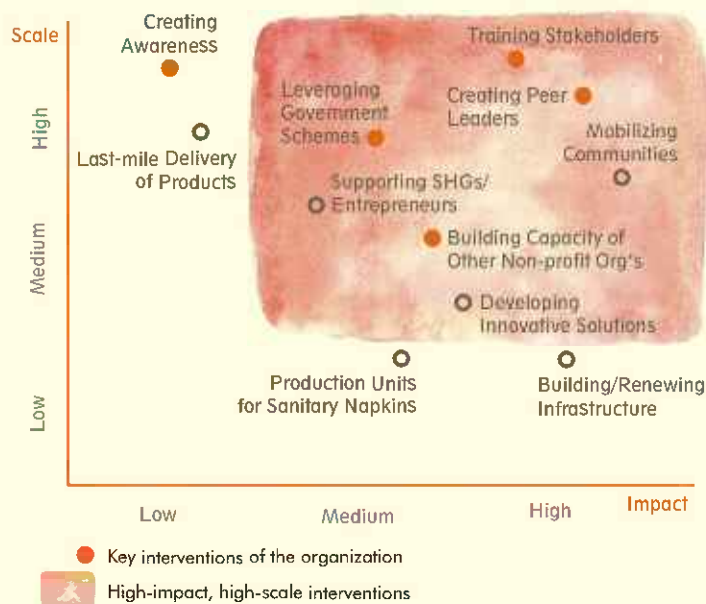
If adolescent girls are empowered and educated about menstrual hygiene issues, they are better positioned to educate other adolescent girls and women to adopt hygienic practices during menstruation and to reduce isolation faced by menstruating women within communities, leading to better health for girls and women.



What does it do?

CWS was founded with the mission to promote a rights-based, gendered and eco-sustainable approach to advance people-centered governance, livelihoods and management of natural resources. It works to achieve this by partnering with and nurturing grassroots non-profit organizations to implement sustainable programs. It works across three program areas - human dignity, governance and livelihoods - across five states.

Interventions:



Registrations:



For further explanation refer to Appendix II



What does it do in MHM?

CWSs MHM program aims at creating knowledge on the subject among adolescent girls and women, provision of free/affordable sanitary napkins, and access to toilets for women.

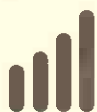
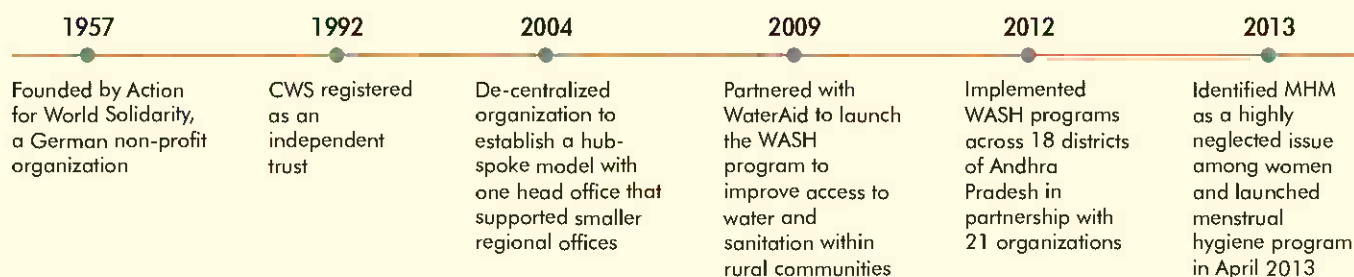
CWS has created a network of 10 'partner' community-based organizations (CBOs) across eight districts of Andhra Pradesh (AP), who are provided training, funding and capacity building support in order to train adolescent girls on menstrual hygiene aspects, conduct MHM workshops, advocate with local authorities, and make low cost sanitary napkins available within their communities. CWS also provides partner CBOs support on organizational aspects such as recruiting and talent management, establishing systems for accounting and financial management, and creating impact evaluation systems.

CWS' partner CBOs train community-elected adolescent girls as master trainers, over four trainings annually. These master trainers implement monthly MHM awareness workshops for women and girls from their communities. They also advocate with local government officials for delivery of services, such as sanitary napkins and toilets, within the community. CWS closely monitors its partners and visits them at least twice annually, to conduct half-yearly audits. In 2013, CWS' partner CBOs trained 100 adolescent girls (aged 13-16 years) as master trainers who have in turn educated 1,100 adolescent girls and 5,000 women through MHM workshops.

CWS also advocates directly with the state government to implement its schemes more effectively and has published several reports, such as 'Status on MHM in Andhra' and 'Strategies to support MHM', that provide guidance on effective policies and solutions to tackle the problem in AP. Under the Rajiv Vidya Mission, CWS has also been invited to implement MHM aspects in school curricula in AP.



How did the MHM focus evolve?



How scalable is this?

Through 15 CBO partners, CWS plans to train 1,800 girls as master trainers in the next three years to educate approximately 100,000 girls and women on menstrual hygiene. CWS' model of partnering with CBOs (upto 10 years), providing them not just programmatic but also institutional support, while closely monitoring implementation, helps to build sustainable organizations. These partner CBOs typically work in a chosen area for approximately three years following which they gradually withdraw their presence, enabling communities to take on ownership, which results in both scale and sustainability.

Endorsements:

- Selected by the Government of Andhra Pradesh to recommend and implement various programs to improve the condition of women in the state.

Leadership:

- Dr. Gnana Prakasam, PhD, Oxford University, has over 30 years of experience in working across education, advocacy and human rights.
- As an offshoot of Action for World Solidarity, CWS has a strong professional culture that remains embedded in its monitoring systems.
- Collaborative leadership culture with a well developed second-line of management.

Partnerships:

- Reputed institutional funders including European Union, Water Aid, UNICEF, Tata Trust, Welt Hunger Life.
- Strong strategic partners such as Oxfam, Action Aid, and Christian Aid for advocacy related initiatives.
- Partnership with the Department of Women and Child Development across all 5 states of presence.
- Strong set of 150 local implementation partners (e.g. SWARD, NEEDS, PEACE).



Real lives, real stories



Master trainer conducting MHM sessions



Girls ask me many questions regarding irregular periods, nutrition during menstruation and other MHM best practices. Post my training with NEEDS (CWS' partner organization) not only do I have all the answers, but I am also accepted as a credible source of information.

Sushma

Trained as a master trainer, Sushma has emerged as a strong leader within her community. She has successfully engaged in dialogue with community adults in order to recruit and train girls for MHM workshops. Sushma has also influenced other community women to adopt MHM best practices.

- **Directors:** Kathy Walking, Anbu Sironmani • **Website:** www.ecofemme.org • **Founded:** 2010 • **Location:** Auroville
- **Coverage:** Tamil Nadu • **Total Revenue:** INR 25 lakhs (\$41,700) • **MHM Budget:** INR 25 lakhs (\$41,700)



Theory of Change

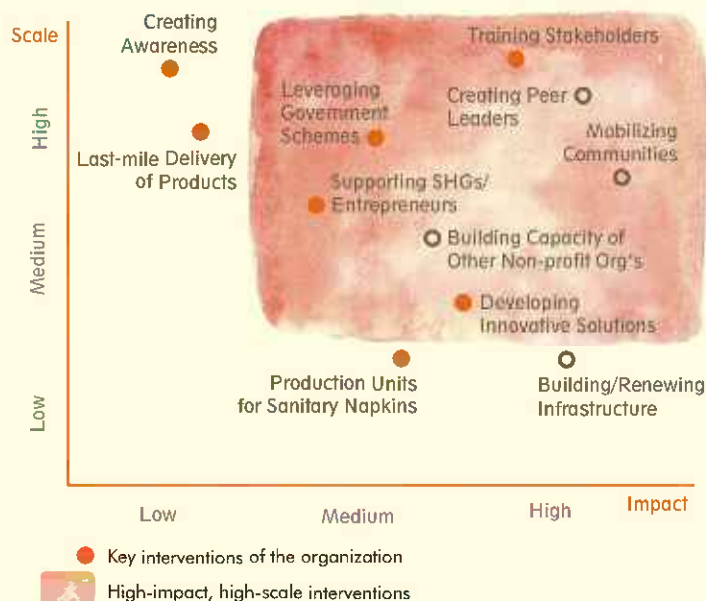
If women are provided with knowledge on healthy menstrual hygiene practices and access to economical, reusable, eco friendly, cloth based sanitary napkins, then there will be a change in the consumption behavior of women using disposal sanitary napkins (DSNs) as well as those using unsanitized cloth, in turn precluding health issues amongst women and preventing further degradation of the environment.



What does it do?

Eco Femme and AVAG are two units under the Auroville Foundation. Together they form a social enterprise model - Eco Femme Project - working in the area of menstrual hygiene management. In addition to promoting eco-positive menstrual practices, the project supports education for girls and livelihoods for women, with a particular focus on rural India.

Interventions:



Registrations:



For further explanation refer to Appendix II

These registrations are held in the name of Auroville Foundation which is the parent entity and is an autonomous body set up under an act of the Indian Parliament.



What does it do in MHM?

Eco Femme designs and manufactures premium cloth washable pads and promotes menstrual practices that are safe, clean and eco friendly. It has a "Pad for Pad" program, under which, for every Eco Femme pad purchased outside of India (wholesaled at INR 180/pad), a donation amount of INR 80 is added, which is used by Eco Femme towards providing girls from economically disadvantaged communities in India a washable cloth pad kit. Donations are summed up to create a 4-pad kit for each girl, to allow her to fully manage her menstrual cycle.

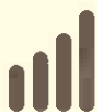
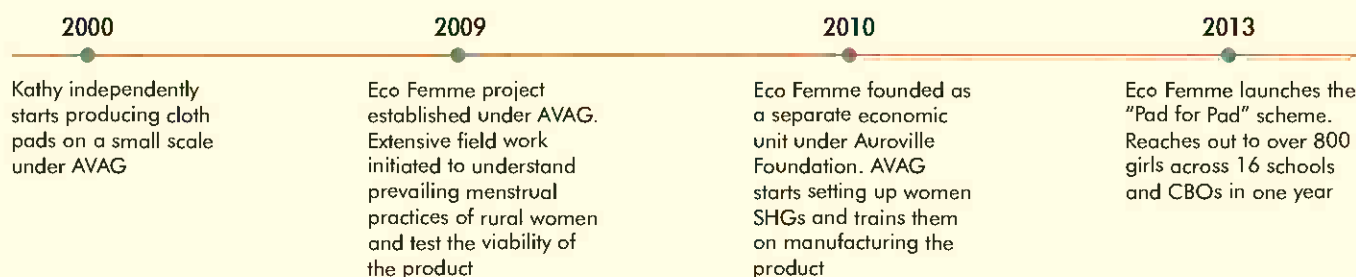
Eco femme also undertakes awareness and behavior change communication in government and affordable private schools in rural India in batches of up to 25 girls with 2 sessions of 1-1.5 hours each, to first introduce the issue and its products, and later, to receive feedback and understand usage.

As of March 2013, 874 girls were reached from a total of 16 schools and community based organizations (CBOs). The outreach has been targeted at 2,500 girls for the following year. The pads are designed to last for at least 75 washes and can thus be used for 2-3 years, equivalent to the usage of 600 disposable pads, resulting in significant savings (up to 75%) when compared to the cost of DSNs.

The project also enables livelihoods for women. AVAG has leveraged government support through SEDAB (Sustainable Enterprise Development in the Auroville Bio-region) to set up SHGs and train women in advanced tailoring to manufacture these cloth pads. Trainings are conducted 6 days a week over a period of 3 months, during which women are provided with a daily stipend. Following this, AVAG incubates these SHGs by providing support with enterprise development, quality control, and additional micro finance. So far AVAG has setup 4 SHGs comprising of about 35 women.



How did the MHM focus evolve?



How scalable is this?

By combining menstrual hygiene education with its unique cloth pads, Eco Femme ensures that girls are able to practice what they learn, resulting in sustainable behavior change. The "Pad for Pad" scheme has the potential to be highly scalable, as growing sales would result in more free pads, and partnerships with other NGOs would increase the outreach of the program. Eco Femme has conducted education sessions directly in Tamil Nadu, and partnered with CBOs in Lucknow, Chennai, and Mysore.

Endorsements:

- Eco Femme and its work have been featured by several national and global news sources - The Hindu, Responsible Business India, The New Indian Express, and Crimson Campaign to name a few.

Leadership:

- Kathy Walking is co-founder of Eco Femme, and is part of the Dasra Social Impact Leadership Program (DSILP). Recipient of Women Pacesetter Award by SRM University, Tamil Nadu for "genuinely creating a transforming impact on the lives of Indian women".
- Anbu Sironmani, Director of the Women Power Program at AVAG has been responsible for social development programs of nearly 4,500 girls and women as beneficiaries.

Partnerships:

- UnLtd Tamil Nadu, an incubator for social entrepreneurs, has been supporting Eco Femme.
- AVAG partnered with WASH India to observe the MHM Day in its region.



Real lives, real stories



A range of washable cloth pads made by Eco Femme

In 2013, Eco Femme tested its washable cloth pads among 749 women and adolescent girls in rural districts of Tamil Nadu to gauge acceptability of the product.

- Prior to the pilot study, 43% of the respondents used DSNs, 39% used cloth, 9% used a combination of cloth and DSN, and the remaining provided no response.
- After the study, 82.3% of the respondents said they would continue to use the washable cloth pad, and 84% of participants reported no challenges in washing and drying the pad.
- Most respondents stated that they would willingly recommend Eco-Femme products to others.

- **Managing Trustee:** M.R. Rajagopalan • **Website:** www.gandhigram.org • **Founded:** 1947 • **Location:** Gandhigram
- **Coverage:** Tamil Nadu • **Total Budget:** INR 13.7 crores (\$2,200,000) • **MHM Budget:** INR 50 lakhs (\$83,000)



Theory of Change

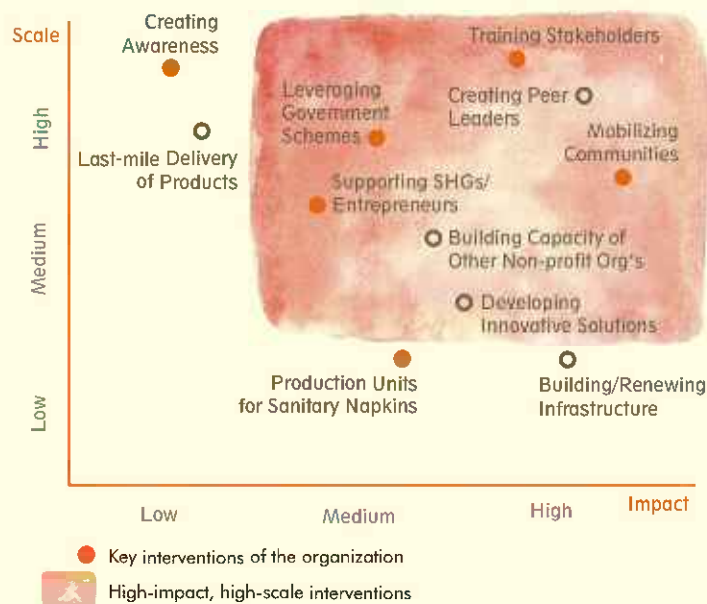
If women and adolescent girls are informed about their body, along with good health and hygiene practices, and if they are able to access government schemes for sanitation infrastructure, then they will be able to follow safe menstruation practices which will help them lead healthier lives and aid in improving their socioeconomic status.



What does it do?

Gandhigram Trust works towards holistic village development, with activities in 7 districts in Tamil Nadu. It runs quality schools, hospitals, and welfare homes, and develops village industries for employment opportunities. Gandhigram works closely with over 1,200 self help groups (SHGs) for training and awareness programs, and also conducts outreach activities directly in villages.

Interventions:



Registrations:



For further explanation refer to Appendix II



What does it do in MHM?

Gandhigram's menstrual hygiene interventions are integrated across its water and sanitation programs and rural development activities. Its outreach team has strong ties with the community, SHGs, government agencies and local panchayats, and works across projects as well as independently to implement these interventions.

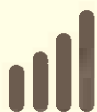
Awareness sessions are carried out in schools for adolescent girls on issues of body and health, with a dedicated session on menstrual hygiene. Mothers in the community are reached through SHGs; Gandhigram trains SHG federation leaders to mobilize community women to manage their own hygiene, and additionally ensure that their daughters adopt hygienic practices. In 2012-2013, Gandhigram reached out to 1,440 girls in schools, and 7,800 women through SHGs.

Leveraging government schemes has been a core strategy for Gandhigram. It leverages MNREGA to improve village sanitation infrastructure; under one project, it not only mobilized 82% of households in five panchayats to build one toilet per household, but also increased toilet usage to 85% and improved water and sanitation practices, including menstrual hygiene, over three years. Gandhigram has also mobilized the community to use and maintain government-installed incinerators in 13 public women's sanitary complexes, used by 3,000 women.

In the past, Gandhigram has also developed its own machine, for the production of sanitary napkins. It trains women's groups to use these machines and set up local production units.



How did the MHM focus evolve?



How scalable is this?

Gandhigram's approach of working with SHGs to mobilize local communities and leveraging government schemes by partnering with various government departments for funding, allows it to implement its activities at scale in the communities it is present in. It currently works closely with 1,225 active SHGs, grouped under 37 SHG Federations, with whom it can scale its menstrual hygiene interventions. It can also leverage its presence across 7 districts in Tamil Nadu, and expand its outreach team to these areas.

Endorsements:

- Best Rural Industries Award from the Prime Minister of India in 2003.
- World Bank's Development Marketplace Award from the President of India in 2004
- Department of Posts released a stamp in the honor of Dr. T.S. Soundram (founder).

Leadership:

- M.R. Rajagopalan is an ex IAS officer with over 20 years of service and is a recipient of several awards including SFRUTI Cluster Award, 2009 from the Minister for MSME.

Partnerships:

- Key funders include Department of Education, Tamil Nadu and the Department of Science and Technology, GOI.
- Non-government funders include ARGHYAM, a foundation founded by Rohini Nilekani focused on water and sanitation.



Real lives, real stories



Gandhigram conducting a reproductive health and menstrual hygiene workshop in a school, educating scheduled caste adolescent girls



While the Tamil Nadu state government provides free supply of sanitary napkins to rural adolescent girls, critical issues such as reproductive health education, quality of napkins and disposal mechanisms still need to be addressed. Gandhigram addresses these issues at all levels, by increasing awareness of women and girls, training organizations in sanitary napkin production and by being a part of the Menstrual Hygiene Management Consortium (MHMC) at the state level. We would like to build awareness on menstrual issues among men and boys, and expand all our activities related to menstrual hygiene management in the future.

Revathy Rajaperumal
Director, Village Extension Team.



- **Founder:** Anshu Gupta • **Website:** www.goonj.org • **Founded:** 1998 • **Location:** Delhi
- **Coverage:** Pan India • **Total Budget:** INR 4 crores (\$667,000) • **MMH Budget:** INR 1 crore (\$167,000)



Theory of Change

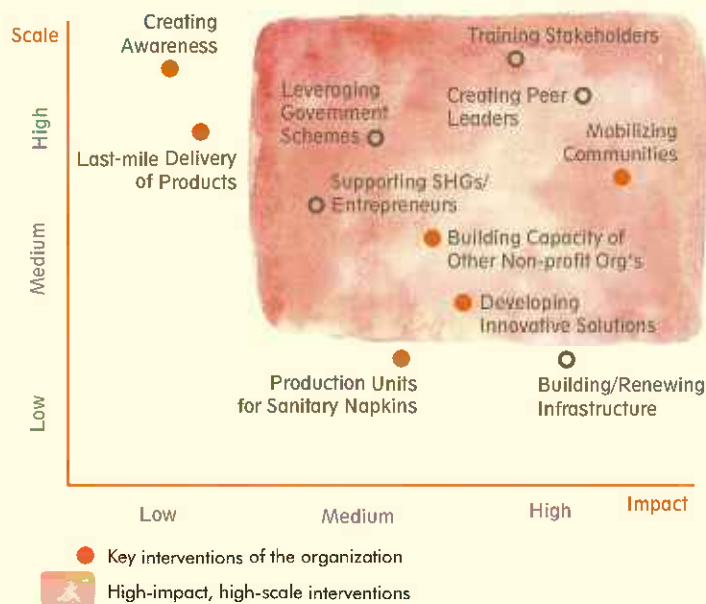
If economical, cloth based sanitary pads are used as a medium to generate awareness around healthy menstrual hygiene practices, then women and young girls who cannot afford to buy or use any other safe and hygienic alternatives will become self sufficient in identifying and sourcing the right material and using it appropriately for their menses, leading to healthier and empowered lives.



What does it do?

Goonj's work is based on the fundamental principle of dignifying the act of giving to drive social change. It has created a mass movement for recycling and reuse of tons of waste material, such as old clothes, by channelizing it from cities to villages, as a resource for rural development. Goonj has been successful in creating a strong 'parallel economy' that is 'trash based' and not 'cash based'.

Interventions:



Registrations:



For further explanation refer to Appendix II



What does it do in MMH?

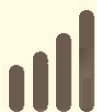
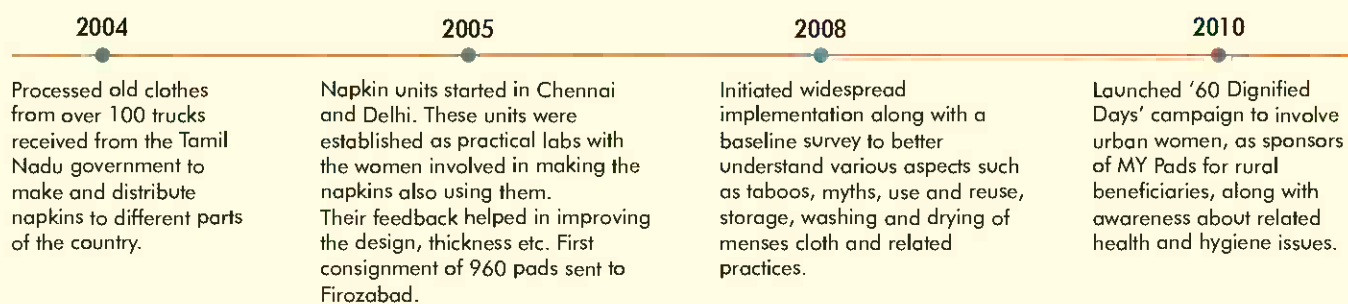
Goonj uses 'under utilised' cloth and other old material (such as used school books, stationary ware, old doors, windows and computers) as a powerful and proven tool for social change, a resource for rural/ slum development, and a valuable asset for income generation.

In 2004, Goonj started using recycled, processed, and cleaned cotton cloth to produce sanitary pads called 'MY Pad' at its production centre in Delhi, eventually culminating into the program 'Not Just a Piece of Cloth' (NJPC). The pads are distributed in mostly rural and remote parts of India where menstruation is still a taboo, and to young girls and women who can't afford to buy or use any other safe and hygienic alternative. MY Pad consist of layers of clean cloth pieces (in the shape of a sanitary pad) wrapped around smaller cloth shreds. MY Pads are sold in packs of 15 costing Rs. 2 per piece. Over the last few years, Goonj has created and distributed over 2.5 million environment friendly, re-usable, economic cloth sanitary pads. In the year 2012-13, more than 260,000 napkins were dispatched. Annually, Goonj processes over 1,000 tons of old recyclable material.

The primary channels of distribution are through Goonj's existing ground partners and through its 'Cloth for Work' program in which beneficiaries are given the napkins as a reward in lieu of contributing time and labor to their community's development work, such as building village wells, bamboo bridges, small irrigation canals etc. Goonj's field staff along with the local partners travel across villages to counsel women and adolescent girls in schools and communities on MMH best practices, on how to wash and dry their sanitary pads in the sun, right material usage, and address issues around superstitions, suppression, and lack of a viable solution. This grassroots network has helped Goonj reach the deepest pockets of the country with cloth sanitary pads.



How did the MHM focus evolve?



How scalable is this?

Goonj's approach to address the issue of menstrual hygiene has always been to go beyond the distribution of the product and use it as a tool to spread awareness and knowledge around the need for good MHM practices and break the taboo surrounding the issue. The objective is that girls and women recognize the importance of healthy MHM practices and find hygienic, locally suitable methods to deal with their monthly needs. As a sector leader in efficient supply chain management, Goonj has leveraged its strengths to deliver over 2.5 million sanitary pads to girls and women in some of the remotest regions of India.

Endorsements:

- Ashoka Changemaker's Innovation Award, 2009 and World Bank's Global Development Market Place Award, 2007 for 'Not Just a Piece of Cloth'.
- GOONJ chosen as 'Game Changing Innovation' by NASA and US State Dept, 2012.

Leadership:

- Anshu Gupta is an Ashoka Fellow and recipient of several awards including Social Entrepreneur of the Year by Schwab Foundation, 2012.
- Listed in international 'Forbes' magazine as one of India's most powerful rural entrepreneurs, 2010.

Partnerships:

- Goonj has a strong network spread over 21 states. It works in partnership with over 250 grassroots organizations, Ashoka Fellows, social activists, units of Indian army and social movements.



Real lives, real stories



'MY Pad' packets contain pads made from recycled, processed, and cleaned cotton cloth

"It is a matter of shame, a matter of dignity; who will speak about it? The entire village knows that she died of tetanus.. because of the hook." - A villager

It was these words, almost a decade ago, that exposed team members at Goonj to the shocking reality of a woman who died of tetanus due to a rusted hook in a piece of blouse, which she used during her menses; this fueled the organization's need to go deeper into the "non-issues" of sanitary pads and menstruation.

Goonj has recently initiated 'NJPC- A Million Voices', a global campaign to bring together a million voices to address the widespread silence and shame that surrounds the issue of menstrual hygiene and generate dialogue and awareness around it.

Healing Fields Foundation (HFF)

non-profit

- Co-founder & CEO: Mukti Bosco • Website: www.healing-fields.org • Founded: 2000 • Location: Hyderabad
- Coverage: Pan-India • Total Budget: INR 2.15 crores (\$347,000) • MHM Budget: INR 1.4 crores (\$226,000)



Theory of Change

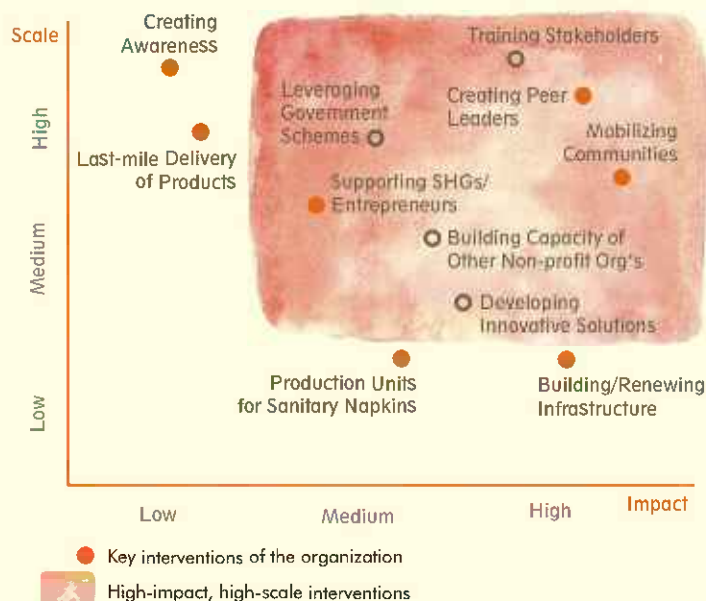
If women at the grassroots are provided with relevant health education coupled with an accessible platform for health products and services, then they will be empowered to take responsibility for their own as well as their community's health and well-being, thereby arresting the downward spiral of poverty.



What does it do?

Healing Fields Foundation, a pioneer in the areas of health financing and community education, is dedicated to making healthcare affordable and accessible to all underprivileged and marginalized people across India. In order to realize this vision, HFF works across seven states in four program areas, which includes health education, field research, health financing and livelihoods.

Interventions:



What does it do in MHM?

In 2009, HFF launched its Community Health Facilitator (CHFs) program in order to build the capacity of rural women in the area of health.

With the help of partner microfinance institutions (MFI), the organization uses a defined set of criteria to select women who are MFI clients and provides them with practical and structured trainings for six months on issues related to health and disease, nutrition, menstrual hygiene, prevention of illnesses, first aid, government programs and health financing. During these contact sessions, the training takes the form of role play, group work, presentations and workshops.

Following the training period, the CHFs undertake a paid internship for six months where they are expected to go out into their local communities and conduct 10 health education sessions a month and two community mobilization programs over six months. Repeated health education sessions serve the purpose of reinforcing health seeking behavior which helps with improving the health status of the community.

As sustainability of the CHFs beyond training is an important focus of the program, HFF supports graduated CHFs with economic empowerment opportunities such as manufacturing and distributing sanitary napkins, facilitating toilet construction, acting as doctor-patient facilitators, undertaking healthcare surveys amongst others.

Currently several CHFs who have graduated from the program, are engaged in sanitary napkin production and distribution in two units across Bihar and Andhra Pradesh, which enables over 200,000 women to have access to sanitary napkins.

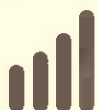
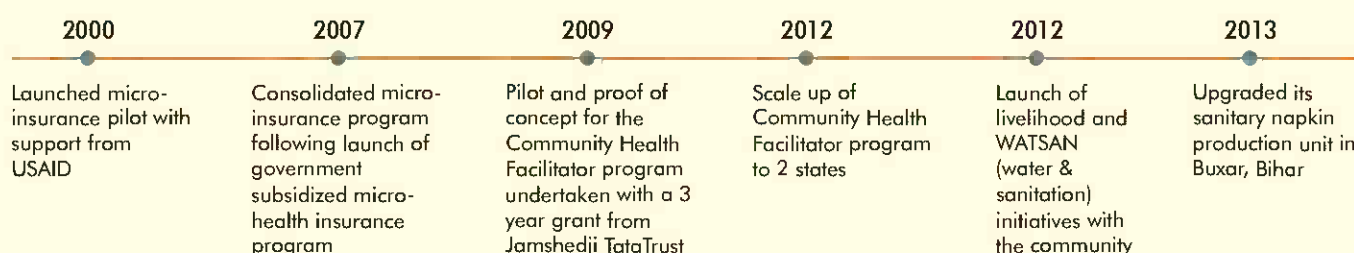
Registrations:



For further explanation refer to Appendix II



How did the MHM focus evolve?



How scalable is this?

The CHF model lends itself to geographic expansion as HFF partners with local MFIs in order to recruit its health facilitators. This saves HFF time and energy as they can leverage the relationships and goodwill of the local MFIs in various communities. In turn, each CHF is able to educate and provide referrals and healthcare services to almost 250 families in their vicinity. With 1,504 CHFs trained to date, 376,000 families have been impacted. By 2017, HFF plans to train approximately 3,200 CHFs which would magnify the impact in their communities.

Endorsements:

- HFF is a four time participant at the Clinton Global Initiative annual meetings where it has showcased its innovative health related work.

Leadership:

- Mukti Bosco is an Ashoka Fellow and was conferred the Women Social Entrepreneur of the Year Award in 2009.
- She has over 20 years of experience in health insurance, health education and health financing sectors.

Partnerships:

- HFFs funding partners have included Sir Dorabji Tata Trust, USAID, Axis Bank Foundation and Micronutrient Initiative.
- It has partnerships with strong research institutions such as Indian Council of Medical Research and National Institute of Nutrition.
- Its MFI partner include CASHPOR, GoFinance, Sambandh, ESAF etc.



Real lives, real stories



Munni with her two children

Late one night, Munni was called to attend to a critically ill relative for whom she applied first-aid learned during her CHF training. Doctors later said her quick action saved his life, earning her praise from the community. Now, Munni provides education on menstrual hygiene and promotes the use of sanitary napkins which she sells at a discounted rate, earning a 20% commission. Her work has eliminated many obstetrical problems that women in her community were suffering, making her a role model for young girls and a respected change agent.

- **Founder & CEO:** A. Muruganantham • **Website:** www.newinventions.in • **Founded:** 2006
- **Location:** Coimbatore • **Coverage:** Pan India • **Total Revenue:** INR 1 crore (\$161,000)



Theory of Change

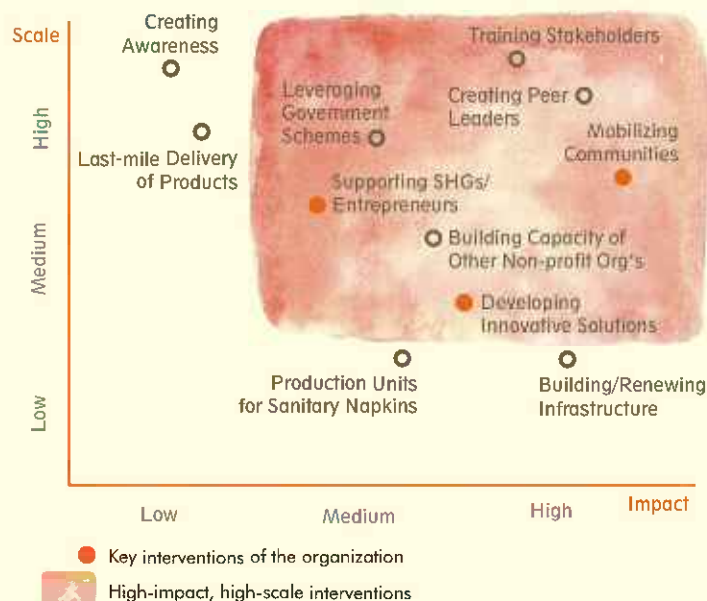
If women and adolescent girls are supported, trained and empowered to establish sanitary napkin production units and conduct door-to-door sales of their products, then they will earn livelihoods and also act as change-agents in their respective communities, building awareness and improving MHM practices, thus effecting positive attitudinal and behavioral shifts in their communities.



What does it do?

A. Muruganantham's curiosity about his wife's unhygienic and unsafe menstrual hygiene practices led him to develop a low-cost sanitary napkin solution to the issue, and later start Jayaashree Industries to disseminate the technology worldwide. Jayaashree's business model is focused on the issues of affordability and availability of sanitary napkins, and on building community awareness towards effective MHM practices.

Interventions:



Registrations:

Registrations not relevant as Jayaashree Industries is not a non-profit organization.



What does it do in MHM?

Jayaashree manufactures sanitary napkin machines and supports local community groups in setting up low-cost sanitary napkin production units using these machines. By decentralizing the manufacture of sanitary napkins to local units, and localizing distribution and sales, Jayaashree makes menstrual hygiene management more affordable, and also creates local 'change-agents', committed to developing their communities.

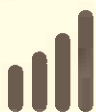
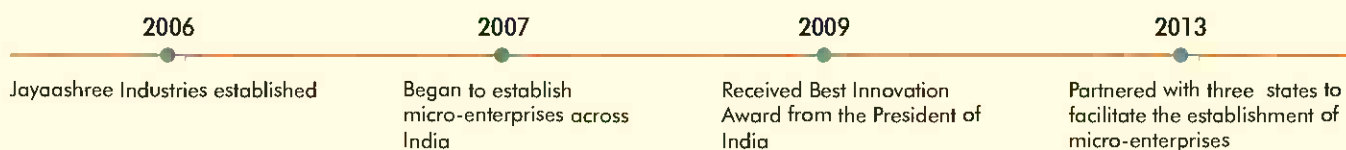
Community Mobilization: Jayaashree identifies communities that have poor MHM practices and engages them, educates them about the importance of MHM, and encourages them to set up production units.

Innovative Solution: Jayaashree's machine costs USD 2,500, which allows self-help groups and other women's interest groups to leverage government schemes to procure funding to establish low-cost sanitary napkin manufacturing units. Jayaashree's machines are currently operational in 14 states across India.

Entrepreneurial Support: Jayaashree trains entrepreneurs on how to effectively conduct operations. It provides raw materials for the first two months of operation, and links entrepreneurs with raw material suppliers for future requirements. It also assists them, if required, in procuring capital, by linking them with banks and to other government schemes.



How did the MHM focus evolve?



How scalable is this?

Jayaashree supplies production units to women and encourages them to be entrepreneurs by providing initial hand-holding support and facilitating access to capital and raw materials. Government health departments and funders focused on improving MHM practices often approach Jayaashree to assist in establishing micro-enterprises in communities of their interest. Demand creation through community mobilization and the subsequent establishment of micro-enterprises for sanitary napkin production makes the Jayaashree business model highly scalable.

Endorsements:

- Jayaashree Industries is used in international B-Schools as a case study to teach social entrepreneurship.
- Has featured on the BBC and TED talks.

Leadership:

- A. Muruganantham has been recognized by Time magazine in 2014 as one of 100 most influential people in the world.

Partnerships:

- Jayaashree has fostered partnerships with state and municipal health departments of Maharashtra, Gujarat and Chattisgarh.
- Its footprint extends across ten developing countries.
- Corporates such as Jindal Steel, Essar Steel Moser Baer and Bosch have partnered with Jayaashree to promote micro-entrepreneurship.



Real lives, real stories



Founder operating a sanitary napkin machine

In 1998 as a newly married man, Muruganantham noticed his wife, Shanthi, hiding the rags she used as menstrual cloths. Like most men he had no idea about the reality of menstruation and was horrified that the rags were his wife's solution. When he asked why she didn't buy sanitary pads, she told him that the expense would prevent her from buying staples like milk for the family. This was the catalyst for years of study about menstruation, sanitary materials for pads and machine development, much to the shock of his wife, family and village.

Today the machines are readily available and easy to use. Women in India now have the freedom to make sanitary napkins for themselves, however Muruganantham encourages them to produce the pads to sell and provide employment for women in poor communities.

- **Secretary:** Padmavathi Pamorthy • **Website:** www.kgnmthyd.org • **Founded:** 1945 • **Location:** Hyderabad
- **Coverage:** Andhra Pradesh • **Total Budget:** INR 60 lakhs (\$97,000) • **MHM Budget:** INR 32 lakhs (\$52,000)



Theory of Change

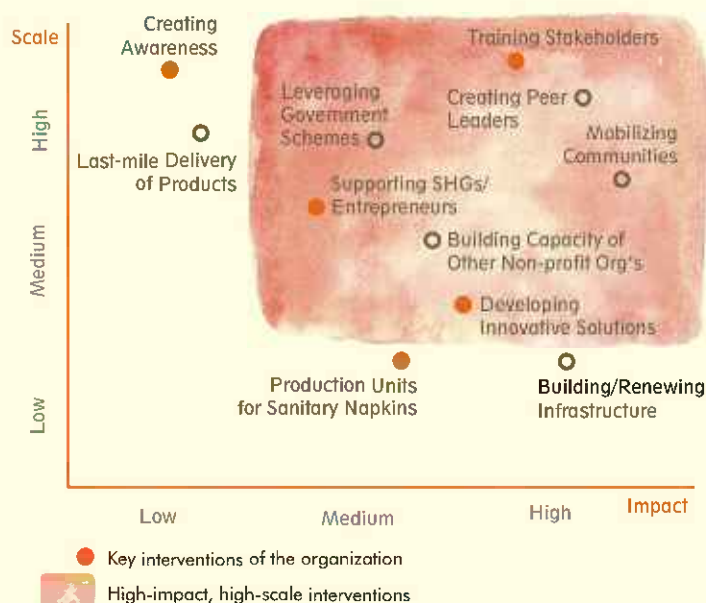
If women and girls are provided with information about their body, health and hygienic menstrual practices, along with access to low-cost sanitary napkins, then they will be able to adopt safe menstruation practices and lead healthier lives.



What does it do?

Kasturba Gandhi National Memorial Trust (KGNMT) was started on the principles of Mahatma Gandhi for the welfare of women and children in India. It currently has 22 state branches across India with each being run as an independent organization to address local issues and concerns. KGNMT Hyderabad, works in the areas of education, livelihoods and health across three districts of Andhra Pradesh.

Interventions:



Registrations:



For further explanation refer to Appendix II



What does it do in MHM?

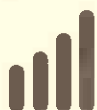
The cost of providing for the menstruation needs of 150 girls who are part of KGNMT's Swadhar shelter home was a huge burden on the organization, and hence the urgent need to find an alternative low cost sanitary napkin resulted in the launch of its menstrual hygiene program which comprises of two main components:

Awareness Generation: In order to address low usage of sanitary napkins in rural and poor urban communities, awareness sessions about the body, menstrual hygiene related health issues and safe menstrual practices are held in low-income schools and slums for girls aged 12-18 years, and in self-help groups (SHGs) for women above 20 years. KGNMT also works with *anganwadi* workers, supervisors and child development protection officers (CDPOs) to impact hard to reach rural areas and promote the use of sanitary napkins. Till date KGNMT has reached out to 900 school going girls and 375 girls in urban slum communities. 1500 Integrated Child Development Scheme (ICDS) workers have received one-day trainings from across 4 blocks of Rangareddy district, Andhra Pradesh.

Access: Due to the lack of availability of low cost sanitary napkins, KGNMT is in the process of developing a manufacturing unit that will produce quality napkins at a reasonable cost. With a capacity of producing approximately 1,400 napkins per hour, KGNMT's machines will significantly reduce the price of each napkin and also be able to meet a greater demand. These napkins will be sold to women in urban and rural communities through local health workers at a highly subsidized cost, and additional production machines will be sold to local self-help groups (SHGs), women's groups and school communities to enable them to meet local needs.



How did the MHM focus evolve?



How scalable is this?

The model delivers menstrual hygiene awareness through a modularized training curriculum, and leverages government health workers and existing community groups for production and distribution of napkins. Furthermore the napkin production machine also serves as a means to earn a livelihood for those employed by the production units. These components make the KGNMT model scalable and self-sufficient. In the coming three years KGNMT aims to set up an independent production unit which will sell the napkins for a minimal cost and is in the processing of completing the unit.

Endorsements:

- KGNMT won the Mahindra Spark the Rise competition for its Menstrual Hygiene program in the year 2012.

Leadership:

- KGNMT's Hyderabad chapter is led by Mrs Padmavathi, an M.A., M.Ed., M.Phil with 25 years experience.
- The menstrual hygiene program is managed by Mr. Babji who brings strong grassroots experience having worked with CARE India, Plan India and DFID among others.

Partnerships:

- Works closely with the government of Andhra Pradesh, partnering with the ICDS for various health related initiatives, such as SABLA scheme.
- Receives funding from the government of Andhra Pradesh, and Ministry of Women and Child Development, Government of India
- Corporates such as Alliance Global Services, Hyderabad support KGNMT's work.
- Partnerships with other NGOs such as MITHRA for technical expertise on menstrual hygiene, and youth organizations such as Youth for Seva for health related work.



Real lives, real stories



Menstrual hygiene management at a training workshop



We worked as a team of doctor, nurses, health supervisors and teachers, addressing 5th to 7th classes, where girls who did not attain menarche were also included, to prepare them for puberty. We did a comparative study on awareness levels in adolescent girls on health and hygiene practices and recorded marked improvement in knowledge levels concerning menstrual health, immediately after the session and also after two months. This gave us hope that this can be a replicable model in schools.

Dr. Nalini, a doctor who assists KGNMT in conducting awareness sessions with girls



• **Founder Director:** Prema Gopalan • **Website:** www.sspindia.org • **Founded:** 1993 • **Location:** Mumbai •
Coverage: Multiple states • **Total Budget:** INR 2.66 crores (\$444,333) • **MHM Budget:** INR 35 lakhs (\$58,333)



Theory of Change

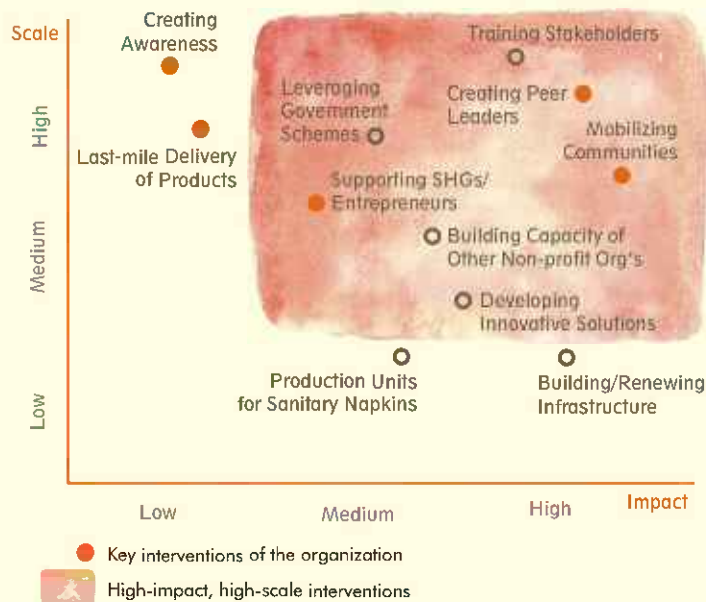
If rural women are empowered as leaders and entrepreneurs to join the mainstream and become self-sufficient, and grassroots women's groups are strengthened, then there will be positive and sustainable social and economic change in marginalized communities.



What does it do?

SSP focuses on empowering rural women to drive sustainable community development in disaster prone areas. Its activities include training women entrepreneurs, helping them build viable business models, providing them with financing and access to rural markets through partnerships and its women's networks. It also supports them by increasing awareness and enabling access to affordable health services.

Interventions:



Registrations:



For further explanation refer to Appendix II



What does it do in MHM?

SSP establishes an *arogya sakhi* (health friend) per village, who provides basic health services and access to products such as sanitary napkins. Its network of *arogya sakhis* is complemented by a cadre of local women and adolescent girl leaders in each village, who are trained comprehensively on issues of nutrition, health and hygiene. These leaders hold monthly group meetings with community women and girls to increase awareness around these issues, including menstrual hygiene, and connect them with health products such as sanitary napkins and services provided by the *sakhis*.

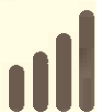
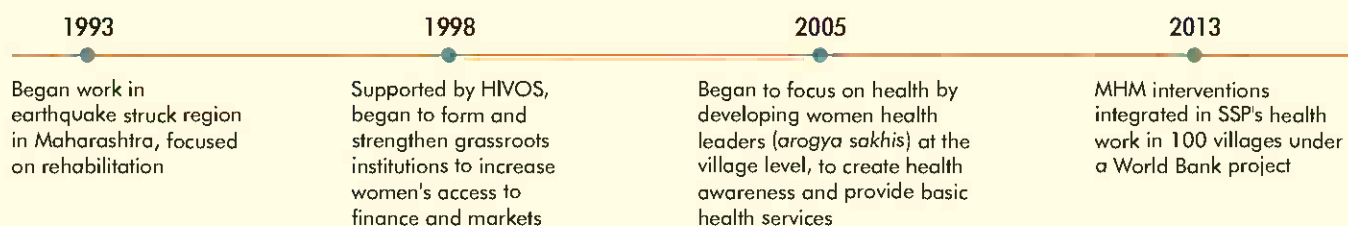
A support system for health issues is thereby created in the communities, ensuring identification and follow-up on issues as well as creating demand for health products. Both health leaders and *sakhis* are overseen by SSP's facilitators, who also conduct home visits and organize regular health camps with the help of these grassroots leaders.

SSP has a network of 350 *arogya sakhis* across 400 villages in Maharashtra. In the past year, it has sensitized over 3,000 girls on nutrition and MHM across 100 villages, under a project with the World Bank.

As part of its other programs, SSP empowers women entrepreneurs to launch businesses for affordable products for rural markets. In the past year, it helped women entrepreneurs set up two sanitary napkin production units, which supplied pads to over 100 villages through *arogya sakhis*. In this manner, SSP increases accessibility to pads for women and girls in rural areas, increases livelihood opportunities for *sakhis* who sell these pads, and provides its women entrepreneurs with access to rural markets.



How did the MHM focus evolve?



How scalable is this?

SSP's model involves one SSP facilitator for every 10 villages, overseeing an *arogya sakhi* and a few health leaders in each village, who in turn conduct outreach with women and girls in these communities. This gives it the leverage to reach out to a wider beneficiary base, and it plans to integrate menstrual hygiene in the work of its existing 350 *arogya sakhis* and other health leaders present in three districts of Maharashtra. SSP's overall reach is to over 5 lakh households in 13 districts of four states, which gives scope to scale its health programs to more areas in the long-term.

Endorsements:

- Recipient of Spirit of Humanity Awards in 2012 in the Women's Health category.

Leadership:

- Prema Gopalan is an Ashoka fellow, received the Changemakers Award in 2008 and was a finalist for the Khemka Social Entrepreneur of the Year Award.
- She was also a founding member of SPARC, a prominent NGO working with urban poor on housing and sanitation.

Partnerships:

- Long term partnerships with international funding agencies like USAID, MISEREOR, World Bank and Huairou Commission.
- Corporates that have partnered with SSP on its other programs include Godrej, Eureka Forbes, ANZ Bank.



Real lives, real stories



An arogya sakhi conducting an awareness session with young girls



For the last three years, I have been struggling during my period to attend school and keep my concentration on learning. After attending SSP's training and awareness meeting, I came to know about sanitary napkins. I am very shy so I did not discuss this with my mother, but in the same month, my mother went to an SSP group meeting, brought back a sanitary napkin and said "this is for you." Now when I go to school, I feel more comfortable. "East or west, Sanitary Napkin is best!"

*Rohini Parkate of Bhandarwadi village,
10th class student*



- **Founder & President:** Gayatri Parihar • **Website:** www.vasudhavikassansthan.org • **Founded:** 2000 • **Location:** Dhar
- **Coverage:** Madhya Pradesh • **Total Budget:** INR 197 lakhs (\$317,000) • **MHM Budget:** INR 62 lakhs (\$100,000)



Theory of Change

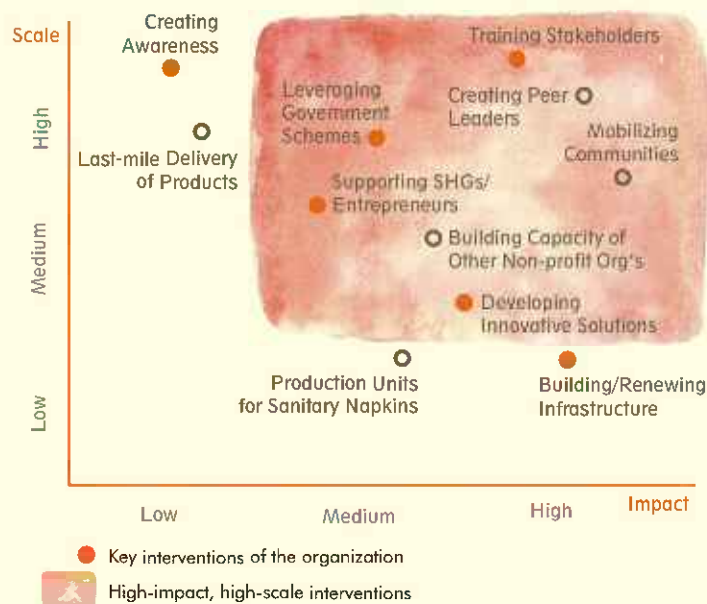
If women and adolescent girls in tribal regions are better informed about health and hygiene best practices, especially during menstruation; and if adequate infrastructure, which includes toilets, clean water services and incinerators, and access to sanitary napkins is provided; then these women and girls will lead healthier lives, and share this knowledge, leading to healthier, empowered communities.



What does it do?

Vasudha Vikas Sansthan (VVS) strives to promote sustainable rural development in 22 districts in Madhya Pradesh, with special focus towards tribal girls and women. Its expertise lies in water and sanitation, health and nutrition, and the promotion of rural livelihoods. To achieve this, it mobilizes the community, leverages relevant government schemes, and organizes vocational training courses for women.

Interventions:



What does it do in MHM?

VVS addresses the issue of menstrual hygiene management (MHM) by providing training and capacity building to women and adolescent girls and enabling access to adequate infrastructure.

Training Camps: VVS has developed a training curriculum on MHM that is imparted to adolescent girls and women over three days in batches of 50 participants. This training is designed to:

- Create awareness on reproductive health and better MHM practices, and debunk the myths around menstruation.
- Ensure access to sanitary napkins, teaching the attendees to make their own pads using a small, low-cost machine developed by VVS.

Water and Sanitation: Using a community participatory approach, VVS ensures that clean water and toilet facilities are available at the household level. Till date, it has ensured that 78 panchayats are fully sanitized and open defecation-free, ensuring access to clean water and private spaces during menstruation.

VVS has also trained 50 self-help groups in 2012-13 on setting up outlets and marketing pads that serves as a livelihood option for the women. Furthermore, VVS has trained local health workers (ASHAs) to impart MHM knowledge to adolescent girls groups, called *kishori mandals*, who they work in close proximity with.

Till date, VVS has directly reached out to over 8,500 girls and 5,000 women through MHM workshops; and enabled the construction of 2,700 toilets and 1,100 incinerators.

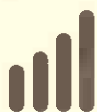
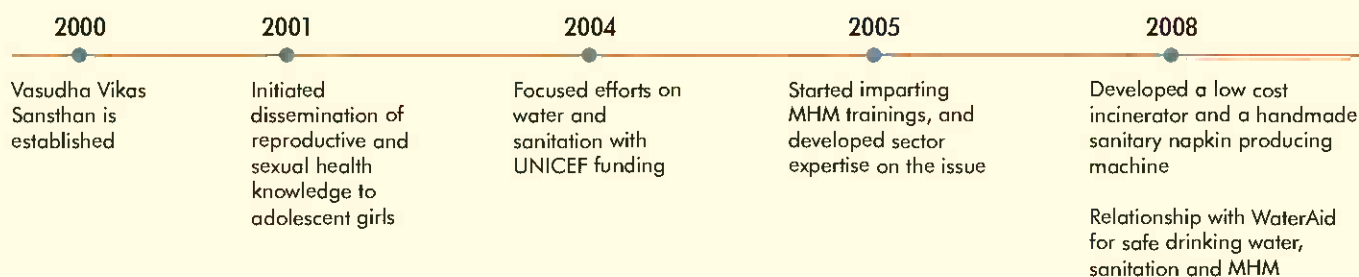
Registrations:



For further explanation refer to Appendix II



How did the MHM focus evolve?



How scalable is this?

The menstrual hygiene interventions are highly scalable since VVS plays the role of a training resource agency and has partnered with the state tribal department to deliver the program in hostels. It also drives the MHM agenda as part of existing health and sanitation programs commissioned by donor agencies like UNICEF. Going forward, VVS aims to make the associated self-help groups economically independent by imparting marketing skills during the course of their training, so that they are able to promote awareness on the MHM issue and also serve local demand by establishing 100 service outlets to sell sanitary pads.

Endorsements:

- National Award for its work in the field of water and sanitation (UNICEF & WaterAid India).
- Award for Total Sanitation campaign by the Government of India.
- Best organization in the country for training and capacity building of tribal girls (UNICEF Denmark).

Leadership:

- Gayatri Parihar has a Master's degree in sociology, a post graduate degree in rural development and over 17 years of experience in women's empowerment and livelihoods issues.
- Dedicated MHM Manager Deepmala Malhotra has been associated with the organization since 2003.

Partnerships:

- Partnership with tribal department of Madhya Pradesh to provide MHM training.
- Long-standing relationships with UNICEF and WaterAid.



Real lives, real stories



Tribal women belonging to a self-help group in Madhya Pradesh learn to make sanitary napkins in a training session conducted by Vasudha

VVS faced resistance from the community when installing sustainable water management infrastructure in the Dhar district in Madhya Pradesh. People considered used water to be 'dirty,' having been used by women and adolescent girls during menstruation. Moreover, when working in hostels, VVS found the toilets in a miserable condition. The vents were blocked with stained cloth, which had remained there for months. Also, the curtains and bed sheets in the dorm rooms had all disappeared. This unhygienic cloth material was being used by the girls during menstruation and it often caused reproductive tract infections. It was in this context that Gayatri Parihar decided to actively take up the issue of menstrual hygiene to debunk the prevailing myths and cultural norms in the community.

- **Director:** Neelam Singh • **Website:** www.vatsalya.org.in • **Founded:** 1995 • **Location:** Lucknow
- **Coverage:** Uttar Pradesh • **Total Budget:** INR 3.15 crores (\$508,000) • **MHM Budget:** INR 39 lakhs (\$65,000)



Theory of Change

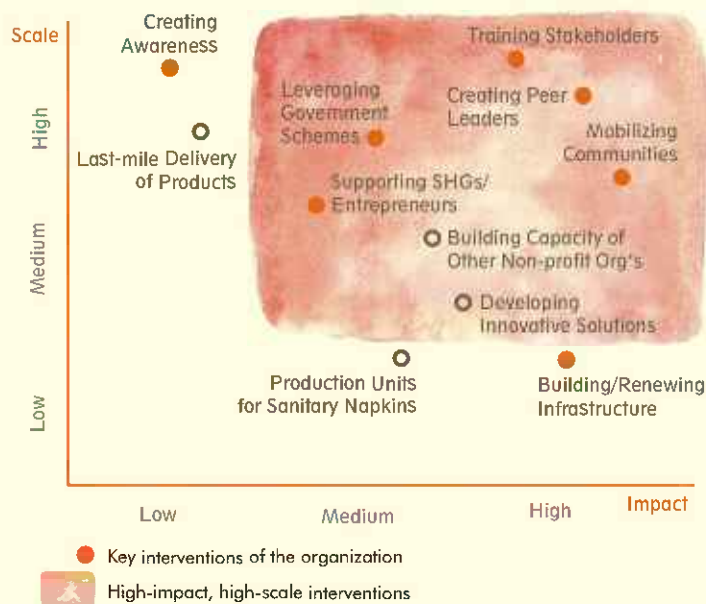
If communities are empowered with knowledge about menstrual hygiene management (MHM), are provided access to tools that help manage MHM effectively, and if leaders are developed within communities to further this process, then members of these communities will effectively adopt and internalize better MHM practices, leading to better health outcomes and an overall increase in welfare.



What does it do?

In Sanskrit, *vatsalya* is the special bond that is shared between a mother and a child. Vatsalya envisions achieving lasting improvements in social and health-based development indices, through an emphasis on the upliftment of women and children. It works to realize these goals through research, advocacy, program implementation, and the capacity building of community-based organizations.

Interventions:



Registrations:



For further explanation refer to Appendix II



What does it do in MHM?

Currently in 66 villages in 2 blocks of Lucknow district in Uttar Pradesh, the 'Breaking Silence' program approaches MHM through the lens of water, sanitation, hygiene and awareness (WASH).

The program sensitizes groups of adolescent girls, women, and also men, about MHM and sanitation issues, through interactive, hands-on engagement and awareness-building by Vatsalya staff ('community mobilizers') and local volunteers ('panchayati mobilizers'). It enhances access to sanitary napkins by encouraging women shopkeepers ('outlet holders') to sell sanitary napkins, and assists in coordinating supply channels for these products.

These outlet holders are trained, alongside government health workers (ASHAs), to serve as experts in MHM within their respective communities. The outlet holders maintain records of sales to measure and track usage of safe sanitary practices amongst sensitized adolescent girls and women, and share best practices on how to manage menstruation hygienically and effectively, even for those who cannot afford sanitary napkins.

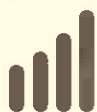
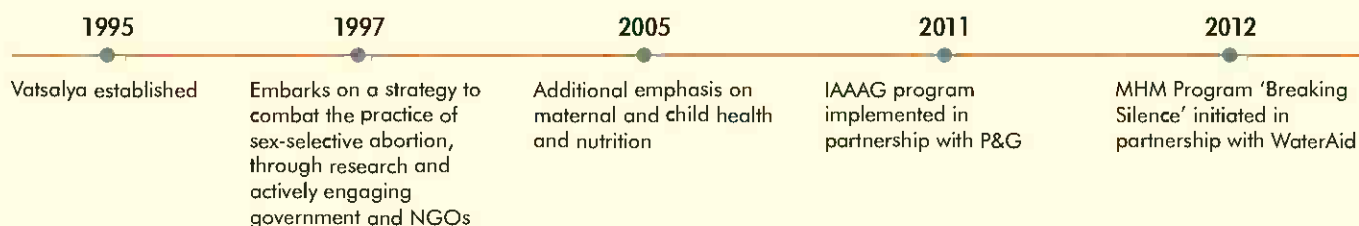
Additionally, the program also encourages the construction and refurbishment of private toilets and incinerators, which are key requirements for managing menstrual hygiene effectively, through leveraging government schemes such as *Nirmal Bharat Abhiyan*.

41% of girls who were absent from school during their menstruation in 2012, at the beginning of the 'Breaking Silence' program, have now started attending classes through the year.

Prior to the launch of 'Breaking Silence' in 2012, Vatsalya trained 3 lakh girls on MHM over 6 months through the Increasing Awareness and Safe Sanitary Practices among Adolescent Girls (IAAAG) program implemented in partnership with P&G.



How did the MHM focus evolve?



How scalable is this?

Vatsalya believes that to effectively scale programs and to ensure widespread impact, their ownership must be transferred to the government and to the people. It has successfully scaled initiatives in other domains in this manner. In this instance, it plans to be actively engaged in communities for 2-3 years; following this timeframe, it expects outlet holders and volunteers to be empowered to champion the cause, ensuring sustainability. It plans to bring widespread awareness to effective MHM by training ASHAs and anganwadi workers, and by advocating for the institutionalization of MHM training of workers within government health programs.

Endorsements:

- Extensive coverage of Vatsalya's work in controlling pre-natal sex determination and feticide across national publications such as Times of India, Hindustan Times as well as news channels including NDTV and IBN7.
- Awarded a certificate of appreciation by the HSBC Water Program in 2014.

Leadership:

- Neelam Singh is a gynecologist and recipient of several awards including Women Achievers Award 2013.
- Recently appointed to the National Commission for Protection of Child Rights.

Partnerships:

- Key funders include WaterAid, UNICEF and Plan India.
- Leading member of the Uttar Pradesh Voluntary Action Network (UPVAN), a state-level network consisting of 316 organizations, working on various social themes through advocacy and research.



Real lives, real stories



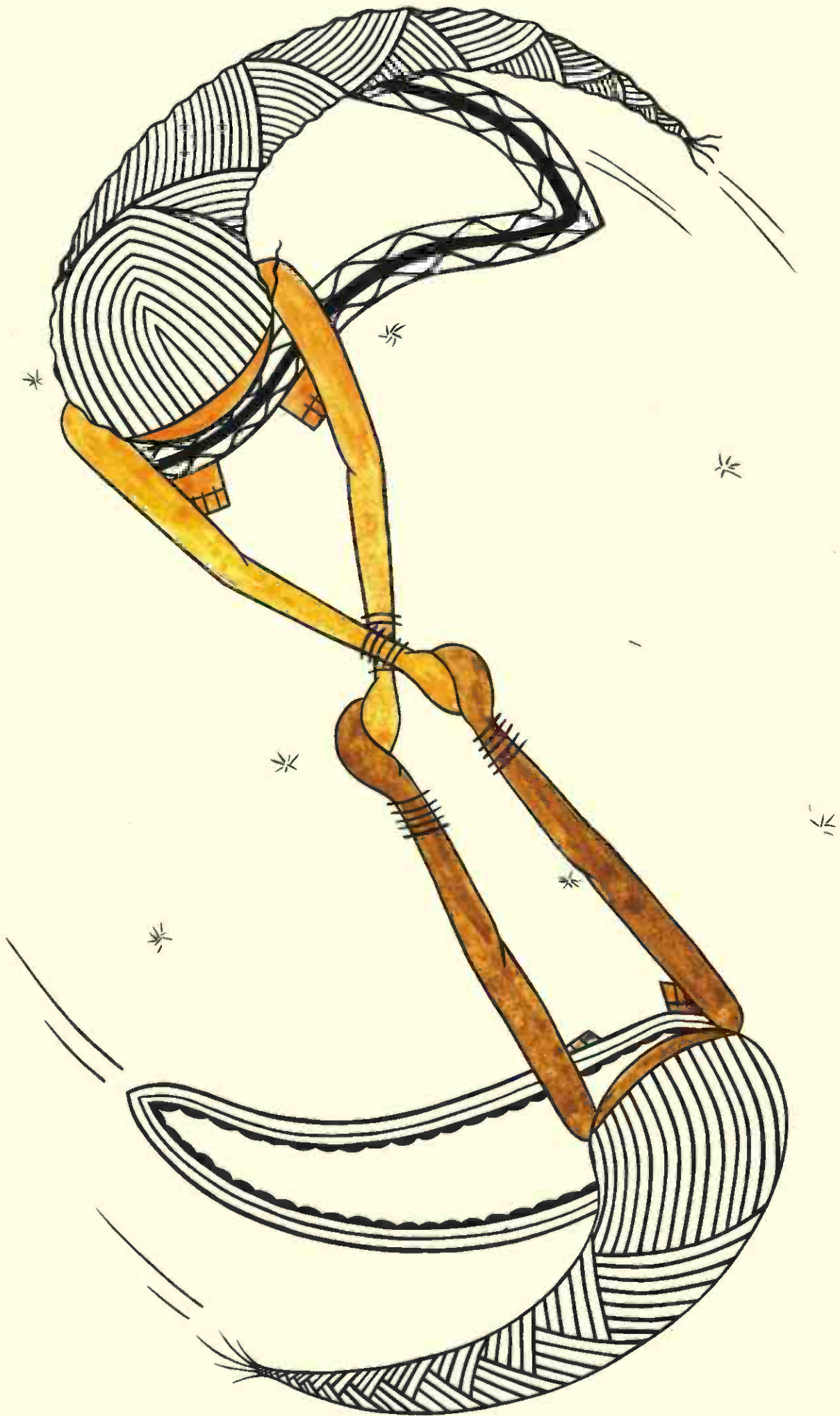
Community mobilizer engaging and educating women on menstrual hygiene management



After the first community meeting, we men were confused and embarrassed. This is a women's issue...why are men being addressed? But after joining this program I understood that this is just a normal physiological process, nothing to be hesitant or ashamed of.

Panchyati mobilizer







Recommendations and Conclusion

Improving menstrual health and hygiene is often equated with girls having access to a sanitary napkin. The issue however, runs far deeper. Girls and women – adolescents, mothers, teachers – are typically unaware of the process of menstruation, its impact on reproductive health and best practices to manage it hygienically. Solving this issue is possible, but the solution needs to go far beyond just handing them a sanitary napkin.

Funding and support need to go towards educating mothers and teachers, ensuring basic functional infrastructure at schools and home, offering low-cost, easily available material, and promoting early medical intervention among adolescent girls. The good news is that progress is underway. A small, but committed group of social organizations and funders has been undertaking efforts to implement effective programs on the ground. Following are Dasra's recommendations to both these stakeholder groups to enable greater success:

Define success for the sector


Since menstrual health and hygiene is a relatively recent focus, it is crucial for funders, researchers and non-profit organizations, to reflect on what success in this sector will look like. Is it the number of sanitary pads distributed, number of girls interacted with, and number of group discussions held? Or is it improved health and increased retention of girls in schools? Currently, most organizations are measuring the former. There is however, a need to establish the link between these activities and the ultimate goal of improved health and education outcomes for girls. As champions of the issue, development agencies and foundations such as PHFI, WaterAid and UNICEF have the resources and expertise to create common frameworks for the sector which will define key outcomes, enable organizations on the field to understand the link between activities and outcomes, and report towards common goals.

Identify what is working, now

After nearly a decade of on-ground activities within communities, it is an opportune time to take stock of what is working, and more importantly, what isn't. In the course of this research, Dasra conducted a capacity building workshop for 20 leading organizations in this sector. 95% of these organizations were undertaking activities, but not tracking progress towards outcomes, due to financial and knowledge constraints. It is crucial for both funders and social organizations to ensure that adequate resources are allocated to monitoring and evaluation in grant agreements. On the one hand, this will enable funders to identify, fund and scale effective solutions, and on the other, it will help social organizations improve their programs, demonstrate deeper impact and build a stronger case for funding.

Do not re-invent the wheel

Over the years, organizations and agencies working to improve the health outcomes for adolescent girls have developed excellent information and communication material that would be relevant and useful to promote menstrual hygiene and health. However, Dasra's capacity building workshop for organizations working to improve menstrual hygiene revealed that:



97% of the organizations did not know where to look for tools and material, and had to develop their own

Only **10%** of them were exploring related sectors for relevant resources

100% said that it would be useful to have an open source platform that could provide access to existing resources and allow for peer learning

It takes significant time, effort and resources for social organizations on the ground to develop tools, techniques and material. There is a need to fund platforms, online or otherwise, that will enable organizations from related sectors to learn from each other and leverage existing resources. This will not only save precious resources, but also ensure uniform communication to communities.

Social businesses are also an important part of the equation

While non-profit organizations are facilitating behavior change, social businesses in this sector are filling the critical gap of availability of material to manage menstruation. They are undertaking research to either develop low-cost, good quality and bio-degradable material, or develop machines that can be used by self-help groups to manufacture sanitary napkins locally. Most of them partner with non-profit organizations to complement their efforts of demand generation within communities. They are currently at an early stage and require funding and capacity building support to develop their models and business strategy as well as procure grants for research and innovation. Supporting social businesses and non-profit organizations to complement each others' work will result in a more comprehensive and scalable solution that capitalizes on the strengths of both entities.

Unlock capital and scale from related sectors

Improving menstrual hygiene, while an end in itself, is also a critical tool to achieving positive outcomes in education and health. Establishing and demonstrating that link will enable organizations working on menstrual hygiene to unlock capital from funders invested in retaining girls in school, improving the health of adolescent girls and ensuring dignified lives for women. Similarly, it is important to involve existing non-profit organizations working in these related areas in this movement. Mainstreaming menstrual health and hygiene within their wider established programs will ensure faster and greater scale, with deeper impact.



We must speak out for those who cannot.

Only when girls and women hear our voices and see our commitment to restoring their dignity and health, will we change attitudes, and by doing so, change lives.



Appendix I

Criteria used to define 'impact' and 'scale'

Defining 'impact'

- **Proximity to end beneficiary:** Measures that involve direct contact with adolescent girls and women, such as creating peer leaders, more deeply impact individuals than indirect activities, such as advocating with the government.
- **Duration of engagement:** Interventions that involve engagement with beneficiaries over a longer period may potentially have a greater impact on their lives and situations than a one-off session for creating awareness.
- **Evidence for effectiveness:** Interventions may be effective on paper, but the ground reality may be quite different. For example, ensuring last mile-delivery of sanitary napkins in remote rural areas may seem to be the solution for unavailability of sanitary material. However, if this is not accompanied with awareness building and access to sanitation facilities, the effectiveness of this intervention will be limited and not lead to the desired behavior change.

Defining 'scale'

- **Resource intensity:** This includes both human and financial resources. For example, the need for capital for establishing sanitary napkin manufacturing units becomes a factor limiting scale. On the other hand, since fewer resources are required to train stakeholders to create awareness, it is a more scalable intervention.
- **Gestation period:** This refers to the time required to realize impact once a program has started. For example, it takes longer for advocacy efforts to materialize and impact beneficiaries (owing to the need for gathering data, analyzing information, advocating for change by the government and securing acceptance of change) than, leveraging existing government schemes and policies.
- **Partnerships leveraged:** This refers to the use of partnerships and other organizations to reach out to more people. For example, interventions that train or build the capacity of other organizations have potential to benefit more people in a shorter period. They are also less expensive to deliver and will therefore be more scalable.

Appendix II

Non-profit mapping methodology

Dasra's non-profit mapping included site visits to view programs on the ground and interact with beneficiaries, detailed interviews with managers of non-profit organizations, phone interviews, and desk research. Operationally, the following due diligence procedures were followed:

Initial Mapping: Firstly, Dasra mapped the sector by collating a comprehensive list of non-profit organizations working within it, based on internet research, interviews with participants in Dasra Social Impact (Dasra's Executive Education Program) and referrals from sector experts. Initial mapping yielded a list of 203 non-profit organizations and social businesses throughout India.

On-Call Interviews: Secondly, Dasra identified non-profit organizations that allocate significant resources to programs addressing MHM. A total of 59 were selected for on-call interviews, based on telephone conversations with the heads or program heads of these organizations.

The interviews discussed:

- Activities, direct and indirect, related to menstrual management
- Proportion of total non-profit budget allocated to improving menstrual management
- Outreach of menstrual management programs since their inception and over the previous year (2012–13)
- Extent of diversification by program area
- Organizational and MHM program team size

Additional information gathered included when the non-profit organizations and menstrual management programs were established, their theories of change, geographical coverage, operational models, and interventions implemented. Based on the information provided, Dasra selected 15 non-profit organizations and social businesses to visit.

Site Visits: Thirdly, Dasra met with managers and field staff of the non-profit organizations short-listed, viewing their operational models first hand, and securing a clear understanding of how effectively their theories of change translated into effective action on the ground. Dasra staff spent 2-3 days with each non-profit organization acquiring detailed information concerning the organization in general and its menstrual management program in particular, including the evolution of the program, its model, management structure, program financials, outreach and outcomes achieved. This stage was used to identify the non-profit organizations to be highlighted in this report and recommended for funding.

The criteria used to compile the final shortlist were as follows:

- Program structure and documentation
- Management team
- Growth over the previous three years (2011-13)
- Future scaling plans
- Proven outcomes/impact
- Current partnerships (government, academia, international non-profit organizations, and other non-profit organizations)
- External endorsements (historical and current funders, and prestigious awards)

After evaluating these criteria, Dasra identified and profiled 12 established non-profit organizations and social businesses that implement high impact MHM programs in India.

Non-profit registration/certification

- **12A:** Enables a non-profit organization in India to avail income tax exemption on its income
- **80G:** Enables donors with a taxable income in India to get a tax deduction of 50% of the donated amount
- **FCRA:** Makes a non-profit organization in India eligible to receive contribution in kind or currency from foreign sources

Appendix III

Acknowledgements and organization database

Anshu Gupta.....	Goonj
Archana Patkar.....	WSSCC
Arundati Muralidharan.....	Public Health Foundation of India
Belen Torondel.....	London School of Hygiene and Tropical Medicine
Jaydeep Mandal.....	Aakar Innovations
Lakshmi Murthy.....	Vikalp Design
Mamita Bora Thakkar.....	UNICEF
Maria Fernandez.....	WASH United
Meera Singh.....	Aakar Innovations
Neelam Singh.....	Vatsalya
R. Sujatha.....	Shree Cheema Foundation-CSR of TVS
Rokeya Ahmed.....	World Bank
Sarah House.....	Independent Researcher
Satya Narayan Ghosh.....	Water for People
Shantha Sheela Nair.....	Tamil Nadu State Planning Commission
Sneha Siddham.....	Plan India
Sombodhi Ghosh.....	Aakar Innovations
Sweta Patnaik.....	WaterAid India
Theresa Mahon.....	WaterAid South Asia
Vinod Mishra.....	WSSCC

Non-profit organizations and social businesses visited

As part of its research, Dasra invited all organizations visited to participate in a capacity building workshop. This was attended by 20 non-profit organizations and social businesses. Using a curriculum and a facilitation methodology from Dasra's globally recognized Dasra Social Impact Executive Education program, the workshop helped to strengthen these organizations' strategic thinking, supporting improvements in their assessment methodology and operational planning and communications with donors and stakeholders. The workshop also provided an opportunity for Dasra to present its research findings and framework to the leading non-profit experts in the menstrual management sector. Their input has been included in this report.

Aaina.....	www.aaina.org.in
Aakar Innovations.....	www.aakarinnovations.com
Centre for World Solidarity.....	www.cwsy.org
Eco Femme & Auroville Village Action Group (AVAG).....	www.ecofemme.org
Gandhigram Trust.....	www.gandhigramtrust.org
Goonj.....	www.goonj.org
Healing Fields Foundation.....	www.healing-fields.org
Jagori Grameen.....	www.jagorigrameen.org
Jayaashree Industries.....	www.newinventions.in
Kasturba Gandhi National Memorial Trust (Hyderabad).....	www.kgnmthyd.org
SHARP.....	www.schoolindia.org
Sulabh School Sanitation Club (SSSC).....	www.sulabhschoolsanitationclub.org
Swayam Shikshan Prayog (SSP).....	www.sspindia.org
Vasudha Vikas Sansthan.....	www.vvs.org.in
Vatsalya.....	www.vatsalya.org.in

Other non-profit organizations at Dasra workshop on menstrual health and hygiene in India

Azadi.....	www.azadi.co.in
Bhartiya Grameen Mahila Sangh (BGMS).....	www.bgms.in
Doosra Dashak.....	www.doosradashak.in
Jatan Sansthan.....	www.jatansansthan.org
Multiple Initiatives Towards Upliftment (MITU).....	www.mitufoundation.org
Parhit Samaj Sevi Sanstha.....	www.parhit.org
PROTSAHAN India Foundation.....	www.protsahan.co.in
Sahayog.....	www.sahayogindia.org
Sankalp Sanskritik Samiti.....	www.sankalpss.com
Shramik Bharti.....	www.shramikbharti.org.in
Youth For Seva.....	www.youthforseva.org

Appendix IV

Acronyms

ASHA = Accredited Social Health Activist
ANM = Auxiliary Nurse Midwife
CBO = Community-Based Organizations
CSR = Corporate Social Responsibility
GOI = Government of India
ICDS = Integrated Child Development Services
IDA = International Development Agency
IEC = Information, Education and Communication
MDG = Millennium Development Goals
MHM = Menstrual Hygiene Management
MNC = Multi-National Corporation
MWCD = Ministry of Health and Family Welfare
MoHFW = Ministry of Health and Family Welfare
NRHM = National Rural Health Mission
RKSK = Rashtriya Kishor Swasthya Karyakram
RMNCH+A = Reproductive, Maternal, Newborn and Child Health+ Adolescents
R&D = Research and Development
RTI = Reproductive Tract Infection
SHG = Self-help Group
SRH = Sexual and Reproductive Health
UN = United Nations
UNFPA = United Nations Population Fund
UNICEF = United Nations Children's Fund

Glossary

1. **Accredited Social Health Activists (ASHAs)** are community health workers instituted by the government of India's Ministry of Health and Family Welfare as part of the National Rural Health Mission.
2. **Anganwadi Worker (AWW)** is a health worker chosen from the community and given four months training in health, nutrition and child-care. She is in-charge of an *anganwadi* or daycare centre for children which covers a population of 1000.
3. **Millennium Development Goals (MDGs)** are eight international development goals to be achieved by 2015, by each of the 193 countries that committed to these goals.
4. **National Rural Health Mission (NRHM)** is an initiative undertaken by the Government of India to address the health needs of underserved rural areas in the country.
5. **Panchayat** is a self-government at the village or small-town level in India.
6. **Rashtriya Kishor Swasthya Karyakram (RKSK)** is a policy of the Ministry of Health and Family Welfare for comprehensively addressing the health needs of all adolescents in India.
7. **SABLA** is a centrally-sponsored scheme for the empowerment and health of adolescent girls in India.

Appendix V

End Notes

- ¹ A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)
- ² Mohite RV et al. (2013). Common Menstrual Problems among Slum Adolescent Girls of Western. Krishna Institute of Medical Sciences. <http://www.jkimsu.com/jkims vol2no1/jkimsu,%20vol%202,%20no%201,%20jan%20-%20june%202013,%2089-97.pdf>
- ³ WASH United, WSSCC. (2012). Celebrating Womanhood: How better menstrual hygiene management is the path to better health, dignity and business http://www.wsscc.org/sites/default/files/publications/wsscc_celebrating_womanhood_report_final_lowres_2_june_version.pdf
- ⁴ UNICEF. (2013). A UNICEF survey which covered 4,500 people in Gumla and East Singhbhum districts of Jharkhand. <http://timesofindia.indiatimes.com/city/ranchi/Post-puberty-girls-stay-away-from-schools/articleshow/26172690.cms>
- ⁵ A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)
- ⁶ A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)
- ⁷ UNICEF (2012). WASH in Schools Empowers Girls' Education - Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012: [http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference\(2\).pdf](http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference(2).pdf)
- ⁸ UNICEF (2012). WASH in Schools Empowers Girls' Education - Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012: [http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference\(2\).pdf](http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference(2).pdf)
- ⁹ WaterAid (2011). Menstrual Hygiene Matters: www.wateraid.org/~media/Files/Global/.../Compiled_LR.pdf
- ¹⁰ UNICEF. (2012) Water, Sanitation, Hygiene (WASH) program: <http://indiatoday.intoday.in/story/30mn-indian-school-children-have-no-access-to-toilets/1/185950.html>
- ¹¹ UNICEF. (2012) Water, Sanitation, Hygiene (WASH) program: <http://indiatoday.intoday.in/story/30mn-indian-school-children-have-no-access-to-toilets/1/185950.html>
- ¹² UNICEF. (2012) Water, Sanitation, Hygiene (WASH) program: <http://indiatoday.intoday.in/story/30mn-indian-school-children-have-no-access-to-toilets/1/185950.html>
- ¹³ Stockholm Environment Institute (2011). Global Review of Sanitation System Trends and Interactions with Menstrual Management Practices: Report for the Menstrual Management and Sanitation Systems Project: http://www.sswm.info/sites/default/files/reference_attachments/KJELLEN%20et%20al.%202012%20Global%20Review%20of%20Sanitation%20System%20Trends%20And%20Interactions%20With%20Menstrual%20Management%20Practices.pdf
- ¹⁴ Omidvar S, Begum K. (2011). Menstrual pattern among unmarried women from south India. J Nat Sci Biol Med: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276009/>

- ¹⁵ A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)
- ¹⁶ WHO
- ¹⁷ A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)
- ¹⁸ Mohite RV et al. (2013). Common Menstrual Problems among Slum Adolescent Girls of Western. Krishna Institute of Medical Sciences. <http://www.jkimsu.com/jkimsu-vol2no1/jkimsu,%20vol%202,%20no%201,%20jan%20-%20june%202013,%2089-97.pdf>
- ¹⁹ Civil Society Water, Sanitation And Hygiene Learning Fund. (2011). Menstrual Hygiene Management. http://www.wsscc.org/sites/default/files/publications/civilsocietywashlearningfund_menstrual-hygiene_2011.pdf
- ²⁰ UNICEF (2013). A UNICEF survey which covered 4,500 people in Gumla and East Singhbhum districts of Jharkhand: <http://timesofindia.indiatimes.com/city/ranchi/Post-puberty-girls-stay-away-from-schools/articleshow/26172690.cms>
- ²¹ A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)
- ²² A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)
- ²³ A.C. Nielsen and Plan India (2010). Sanitation protection: Every Women's Health Right (In the study, the researchers questioned 1,033 women of menstrual age and 151 gynecologists)
- ²⁴ Ten, V. T. A. (2007). Menstrual hygiene: A neglected condition for the achievement of several millennium development goals. Europe external policy advisors. <http://www.irwash.org/sites/default/files/Tjon-A-Ten-2007-Menstrual.pdf>
- ²⁵ The Indian Textile Journal. (2008). Manufacturing & market potential of sanitary napkins. <http://www.indiantextilejournal.com/articles/FAdetails.asp?id=1567>
- ²⁶ Ecofemme (2011). Report on Rural Menstrual Hygiene Management in Villipuram District, Tamil Nadu, India: <http://ecofemme.org/about/why/>
- ²⁷ Centre for Strategic & International Studies (2012). India's Economy : The Other Half: http://csis.org/files/publication/120222_WadhvaniChair_USIndiaInsight.pdf
- ²⁸ Live Mint (2011): <http://www.livemint.com/Politics/ML08DBi698AzYnGoFv3ORP/Breaking-a-cultural-taboo.html>
- ²⁹ The Economic Times (2011): http://articles.economictimes.indiatimes.com/2011-02-05/news/28424516_1_excise-duty-medium-and-large-scale-napkins
- ³⁰ The Economic Times(2011): http://articles.economictimes.indiatimes.com/2011-03-17/news/29138766_1_sanitary-napkins-diapers-whisper
- ³¹ Water Supply and Sanitation Collaborative Council (WSSCC). Celebrating Womanhood: Menstrual Hygiene Management: http://www.wsscc.org/sites/default/files/wsscc_mhm_handout_4pp_2.pdf_final_23082013.pdf
- ³² The Hindustan Time (2012): <http://www.hindustantimes.com/business-news/market-whisper-ghari-maker-eyes-sanitary-pad-game/article1-939945.aspx>
- ³³ Procter & Gamble - Social Responsibility Programs in India. http://www.pg.com/en_IN/sustainability/social_responsibility/social-responsibility-programs-in-india.shtml
- ³⁴ The Hindu (2013): <http://www.thehindu.com/news/cities/Tiruchirapalli/bhel-sanctions-rs-55-lakh-to-give-incinerators-to-institutions/article4504533.ece>
- ³⁵ Early Childhood Association (ECA) and the Podar Institute of Education (2014): <http://timesofindia.indiatimes.com/city/mumbai/TV-ads-on-condoms-sanitary-napkins-embarrass-parents/articleshow/35857642.cms>
- ³⁶ George,R. (2012). The Taboo of Menstruation. http://www.nytimes.com/2012/12/29/opinion/the-taboo-of-menstruation.html?_r=0
- ³⁷ The Water, Sanitation, and Hygiene Sub-Consultation Week 2 (2013). <http://www.worldwewant2015.org/node/302085>
- ³⁸ The Water, Sanitation, and Hygiene Sub-Consultation Week 2 (2013). <http://www.worldwewant2015.org/node/302085>
- ³⁹ UNICEF (2012). WASH in Schools Empowers Girls' Education - Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012. [http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference\(2\).pdf](http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference(2).pdf)
- ⁴⁰ UNICEF (2011). Menstrual Hygiene Key to Keeping Girls in School. http://www.unicef.org/india/reallives_7579.htm
- ⁴¹ Dasra expert interviews and non-profit site visits
- ⁴² UNICEF and WaterAid MHM guidelines
- ⁴³ Greenyour. <http://www.greenyour.com/body/personal-care/feminine-hygiene/tips/choose-cloth-menstrual-pads>
- ⁴⁴ Greenyour. <http://www.greenyour.com/body/personal-care/feminine-hygiene/tips/choose-cloth-menstrual-pads>
- ⁴⁵ Pakistan Journal of Medical Sciences (2014). Relationship of menstrual irregularities to BMI and nutritional status in adolescent girls. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3955559/#!po=5.00000>



www.dasra.org
info@dasra.org

 /company/dasra
 /dasra
 @dasraindia