



Odisha Menstrual Health and Hygiene Policy

PHFI-IIPHB in Collaboration with UNICEF and Govt. of Odisha

ODISHA MENSTRUAL HEALTH AND HYGIENE POLICY

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Draft copy (Dec 2022)

ACKNOWLEDGEMENT

At the very outset, the entire project team of PHFI-IIPHB and UNICEF thanks the Commissioner-cum-Secretary to Government of Odisha, Health and Family Welfare Department for approving the project proposal. The MD NHM has supported all the proposed objectives of the project for which we are grateful. The Director of Family Welfare, members of the Technical Committee of Directorate of Health Services and Nodal Officers of the Department of H&FW approved the study protocol and proposed methodology for data collection to analyze the situation of menstrual health and hygiene in the state - for which we are thankful to them. Officials from OSMCL, NHM, DFW, WCD and OSEPA all helped in strengthening the protocol and study process - we are thankful to them.

At the district level, the office of the Chief Medical Officer of the districts under study, officials of the School and mass education department, Panchayati Raj and Drinking Water Department and other line departments assisted in data collection, for which we are very thankful to them.

During the consultation workshops, officials from various departments, representatives from civil society organizations, research institutions (KIIMS, SOA, AIIMS, RMRC) and influential people from the community contributed significantly to review the policy and offered key recommendations - for which we are thankful to them.

Media organizations, the Odisha Menstrual Health Alliance and independent consultants have all contributed to strengthening the draft policy - we are thankful to them.

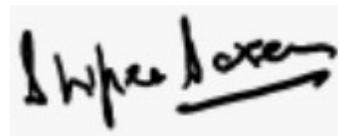
Last but not the least, the political leadership of the State, women leaders and the persons with special needs have supported the policy development process to the best of their ability. Colleagues from PHFI-IIPHB and UNICEF have given their technical support and guidance; their input has helped the team at IIPHB-UNICEF in shaping the prescriptions. We are really thankful to each one of them.

Warm regards,



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ACRONYMS

ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
FHW	Frontline Health Workers
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organization
NMHS	National Menstrual Hygiene Scheme
OSDMA	Odisha State Disaster Management Authority
RTI	Reproductive Tract Infections
SAP	Super Absorbent polymer
SDG	Sustainable Development Goals
SHG	Self Help Groups
SME	School and Mass Education
SPCB	State Pollution Control Board
UN	United Nations
VHSC	Village Health and Sanitation Committee
WASH	Water, Sanitation and Hygiene
WCD	Women and Child Development
WHO	World Health Organization

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Centre for Youth and Social Development (CYSD)

PANTISS Foundation

Kalinga Institute of Social Sciences (KISS)

Water Aid

Mahila Arogya Samiti (MAS) members

Public Health Students of IIPHB and SOA

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ODISHA MENSTRUAL HEALTH AND HYGIENE POLICY

INTRODUCTION

Menstruation, commonly known as ‘periods’, is a normal physiological process that almost every adolescent girl and woman in the reproductive age group experiences, but the subject is cloaked in silence due to numerous cultural norms and taboos which prevent the women and adolescent girls from expressing their unique hygiene and sanitation needs during this time. Since women account for about half of Odisha’s population (Census 2011), addressing their unique needs is crucial in attaining comprehensive and equitable sanitation outcomes at the community level. This will have long-term implications in terms of achieving several United Nations' Sustainable Development Goals (UN, 2018) including:

SDG3- To ensure healthy lives and promote well-being for all at all ages.

SDG4- To ensure inclusive and equitable quality education and promote life-long learning opportunities for all.

SDG5- To achieve gender equality and to empower all women and girls.

SDG 6- To improve accessibility to safe drinking water, sanitation, and hygiene, while SDG 6.2 emphasizes 'paying special attention to the needs of women and girls.

SDG 8- To promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

This also aligns with the goal of achieving basic human rights to Water and Sanitation by encouraging equitable water and sanitation access (WHO and UNICEF Joint Monitoring Programme for Drinking Water, Sanitation and Hygiene, 2015). The Swachh Bharat Mission also prioritizes meeting the unique sanitation needs of women and teenage girls (Govt. of India).

Menstrual health and hygiene (MHH) encompasses broader societal goals of linking menstruation with overall health, wellbeing, gender equality, education, equity, empowerment, and rights. Access to menstrual hygiene and products has multiple dimensions that require a comprehensive

strategy as well as involvement of key ministries of the state government and participation of the society at large.

Hence, working on MHH necessitates coordinated efforts from various stakeholders and line departments not only to eliminate the social stigma, myths, and misconceptions associated with menstrual hygiene practices, but also to address the supply side challenges and systemic bottlenecks.

The Indian Institute of Public Health, Bhubaneswar (IIPHB) in collaboration with UNICEF had conducted a cross-sectional study in Bhadrak, Balangir and Koraput districts (n=921) to assess the situation of MHH in the State. The study found that about 17% participants were below 15 years of age, 14% participants were in between 16-19 of age and 68% of women in 20-49 years of age. Majority of the participants were Hindu (96%) followed by Christian (2.2%) and then Muslims (1.6%). Majority of the respondents, 50.4% had completed secondary school (Grade 6- 10) followed by higher secondary and above, 27.8% and 6.8% were in primary standard (Grade 1-5), while 15% were illiterate. In this survey population, 24.6% of the participants were pursuing education, 17.3% were employed and 58.1% respondents were unemployed. Majority of the study participants were from Other Backward classes (OBC), 42.3%, followed by Scheduled tribes (21.8%), Scheduled caste (17.7%) and General (17%). 58.7% of the study population were married and 39.7% were unmarried. In our study, we tried to assess menstrual knowledge and practices, the availability and affordability of menstrual absorbents, WASH facilities in educational institutes and workplaces, and information about the KHUSHI scheme.

Information, knowledge and awareness of menstruation

About three-fourth of the participants (74.3%) knew that menstruation is a physiological process, while 14.4% were unaware of its etiology. About 6.7% participants said menstruation is a curse of God while 3.9% people said it is caused by a disease. Among 0.7% participants who mentioned as “others”, a few of them mentioned as blessing of God. With regards to the source of information, it was found that the primary source of information about menstruation for most participants was their mothers (74.3%), followed by other family members (8.9%), friends (7.8%), sisters (4.7%) and teachers (4.2%). 18.2% of sample population felt that even now menstruation is considered a

secret in our society and the reasons mentioned by most of them shyness (73.2%), menstruation being a personal concept (17.9%), stigma (7.1%) and religion (1.7%).

Almost half of the study population (46.9%) did not know about menstruation before menarche and the percentage was higher in rural population as compared to urban population. About 67.2% of the girls and women got scared when they experienced their first periods; 19.5% were embarrassed, 3.4% were guilty while 9.9% had no reaction at all. About 33.8% participants still feel that educating boys about menstruation is not needed.

Access to menstrual management products

About half (50.6%) of the participants stated that they faced difficulty in accessing sanitary products while 37% of the study sample said that they could not afford to buy sanitary products. Further, 47.2% participants mentioned that COVID-19 pandemic did affect the availability of sanitary products in the locality.

Practices related to menstruation

About 61% respondents used only sanitary pads at home as a menstrual absorbent material, while 31.6% used only cloth, and 7.2% used both cloth and sanitary pads. Due to cultural beliefs, clothes are not washed properly and are frequently dried away from sunlight to avoid being seen by others. Such unhygienic practices frequently result in vaginitis, pelvic infections, and urinary tract infections. Using clothes without washing and drying them properly can lead to genital infections. The pattern of use of absorbents was near about similar even when the respondents were travelling outside their homes (66% - sanitary pads, 28% - cloth, and 4.5% - both sanitary pads and cloth). Around 18% and 11% of the study population had to change their menstrual materials in the backyard or outside of their houses/bush. While 38.5% of girls would return to their homes for changing.

About 59.2% participants used to bury/throw into the bush in order to dispose of the menstrual materials while 7.8% of the participants still used to throw the absorbents into the toilet. From amongst those who were travelling outside during period, 32.8% would wait to come back home and then dispose the materials. Almost half of the sample population (49.6%) used a plastic bag/cover of pad to wrap the menstrual absorbent while disposing, and 34.5% didn't wrap them.

MHH in educational institutions and Workplace

Of the 921 respondents in the sample, 159 (17.3% respondents were employed, 227 (24.6%) respondents were still pursuing education and remaining 535 (58.1%) were unemployed. In order to examine the menstrual hygiene-related practices in educational settings and at workplace, specific questions were asked to the eligible respondents (n=386). About 38.6% respondents in educational institutes and Workplaces could not access toilet to manage their menstruation. Almost 45.1% respondents did not have access to separate room/space to change their menstrual materials in the educational setting and work environment. About 39.1% respondents didn't have privacy to change their sanitary products during menstruation. About 32.6% participants who were studying and were employed didn't have enough water supply in the washrooms. Almost 49% in schools/colleges and Workplaces could not avail soap or any other cleansing agent in the washroom. About 30.3% respondents didn't have a place to dispose of the soiled menstrual pad/cloth. Overall, 20.7% participants affirmatively mentioned that menstruation did affect their performance in educational setting/workplace.

In addition to the primary household survey, in-depth interviews were conducted with beneficiaries, service providers and managers. Several consultations were also held with key stakeholders and line departments to develop a strategic roadmap on MHH for Odisha. The recommendations in this document are based on review of scientific literature and existing guidelines/schemes, on-the-ground observations, and information obtained from key stakeholders. It lays forth a plan for achieving the desired goal of promoting safe and sound menstrual hygiene habits among adolescent girls and women, as well as improving institutional infrastructure to support it.

Despite the fact that data on menstrual-related morbidities was limited, 29.3% of participants reported mild symptoms such as lower abdominal pain and lower back pain. 6.3% of respondents reported that the symptoms mentioned, as well as nausea, menstrual cramps, breast tenderness and heavy bleeding were severe for them. 1.7% of the participants reported unusual vaginal discharge.

RATIONALE

In 2011, the Government of India (GoI) launched a national menstrual hygiene scheme (NMHS) to promote sexual and reproductive health among adolescents. This scheme envisaged provision of sanitary pads to adolescent girls in rural areas at subsidized rates, and required ASHAs to conduct social marketing and focus on the issue of menstrual hygiene across multiple platforms. In addition, the scheme proposed setting state steering committee to take decision regarding state specific modifications.

In 2015, the National Guidelines on Menstrual Hygiene Management proposed specific technical and action-oriented strategies for capacity building of key stakeholders at different levels on creating and implementing MHH policies/guidelines.

In 2016, The state of Odisha rolled out the Menstrual Hygiene Scheme under RKSK and initiated a sanitary napkin distribution program for rural adolescent girls at subsidized rates and free provision of sanitary napkins to institutional deliveries and MTP cases.

In 2017, the National Health Policy reaffirmed the government's commitment to promoting preventive care and emphasized addressing adolescent health needs through School health programs.

In 2018, acknowledging menstrual hygiene and related awareness as a crucial component of preventive health care, the State government launched the KHUSHI scheme to provide free sanitary napkins to school-going girls, as its primary objective was to reduce dropout rates and school absenteeism.

Global evidence indicates that mere access to appropriate absorbents does not resolve the menstrual hygiene management issues of girls. Odisha-specific studies also indicate that about one-third of girls could not attend school during their menstruation, and some of the key reasons for absenteeism in school was fear of getting stains on clothes and lack of provision for disposal of soiled pads/clothes. This signifies the provision of free sanitary pad distribution cannot be a complete solution to maintain MHM.

The Odisha Menstrual Health and Hygiene policy attempts to mainstream menstrual health within the field of health and development. It seeks to boost the menstrual health status of women and

girls so that they can contribute to the development of the State. The policy mandates integrating MHH into activities of all sectors considering its effects on the health and development of women and girls.

This document outlines the objective of the MHH policy, priority areas, and the action plan for attaining consistent, coordinated and equitable MHH goals for women and girls in the state. The roles and responsibilities of various sectors and stakeholders with regard to the provision of MHH services are laid out in the policy implementation framework.

The main goals of the policy are to equip the women and girls with the information and knowledge to make informed choices; to end the taboo surrounding menstruation; and to foster a conducive environment that allows all women and girls in the state to manage their periods with dignity.

SCOPE OF THE MHH POLICY

The MHH Policy suggests a set of complementary activities, including strategically designed IEC programs, for the entire population to break the myths and taboos surrounding menstruation and provide the necessary information and awareness about menstrual hygiene and its importance. In order to achieve the shared objective of MHH in Odisha, it also suggests creation of an integrated platform for civil society and representatives from the community. The policy also suggests continuous dialogue amongst government officials for creation of a state-level steering committee under the aegis of the Department of Health and Family Welfare to support, strengthen, and coordinate MHH interventions in the state.

POLICY DIRECTIONS

2.1. Vision of the policy

To remove all stigma and discrimination associated with menstruation in order to empower women and girls, and to uphold the highest level of personal dignity of women and girls in their pursuit of health, education, and employment.

The policy specifically envisions:

1. All adolescent girls and women in the reproductive age group have optimal level of knowledge and awareness about menstruation and menstrual hygiene management practices by 2030 in the state of Odisha.

2. All adolescent girls and women in the reproductive age group have access to affordable sanitary products by 2030 in the state of Odisha.
3. All schools, educational institutions and workplaces have operational toilets, changing rooms, 24/7 water supply and soaps/detergents for handwashing by 2030 in the state of Odisha.
4. The state develops and disseminates a feasible and context-specific guideline for packaging, distribution, usage and disposal of menstrual hygiene products/absorbents in full compliance with the environment friendly policies of the government by 2024 in the state of Odisha.

2.2. Mission of the policy

To ensure all women and girls manage menstruation freely, hygienically, without any stigma, and with highest level of dignity.

2.3. Policy principles

The following overarching principles will guide the Odisha MHH Policy for mainstreaming menstruating women and girls:

- i. **Human rights:** The Odisha MHH policy acknowledges that the ability to manage menstruation in a dignified manner is a basic human right of every girl and woman. Some of the main challenges experienced during menstruation include poor access to water and sanitation facilities insufficient education and inability to manage menstruation in a dignified and healthy manner. This affects their right to education, employment, and health. In order to ensure that women and girls fully exercise their rights, the state will partner with stakeholders to implement the best and most equitable policies/programmes related to MHH.
- ii. **Inclusiveness:** MHH policy will be based on the principle of inclusiveness. All women and adolescent girls, persons with disabilities, ethnic groups, minorities, non-binary population (who don't identify with the binary gender system), vulnerable population and specially identified groups will be specifically focused. The policy would also target the men and boys at family and community level through a range of awareness programs to build a conducive environment in the society.

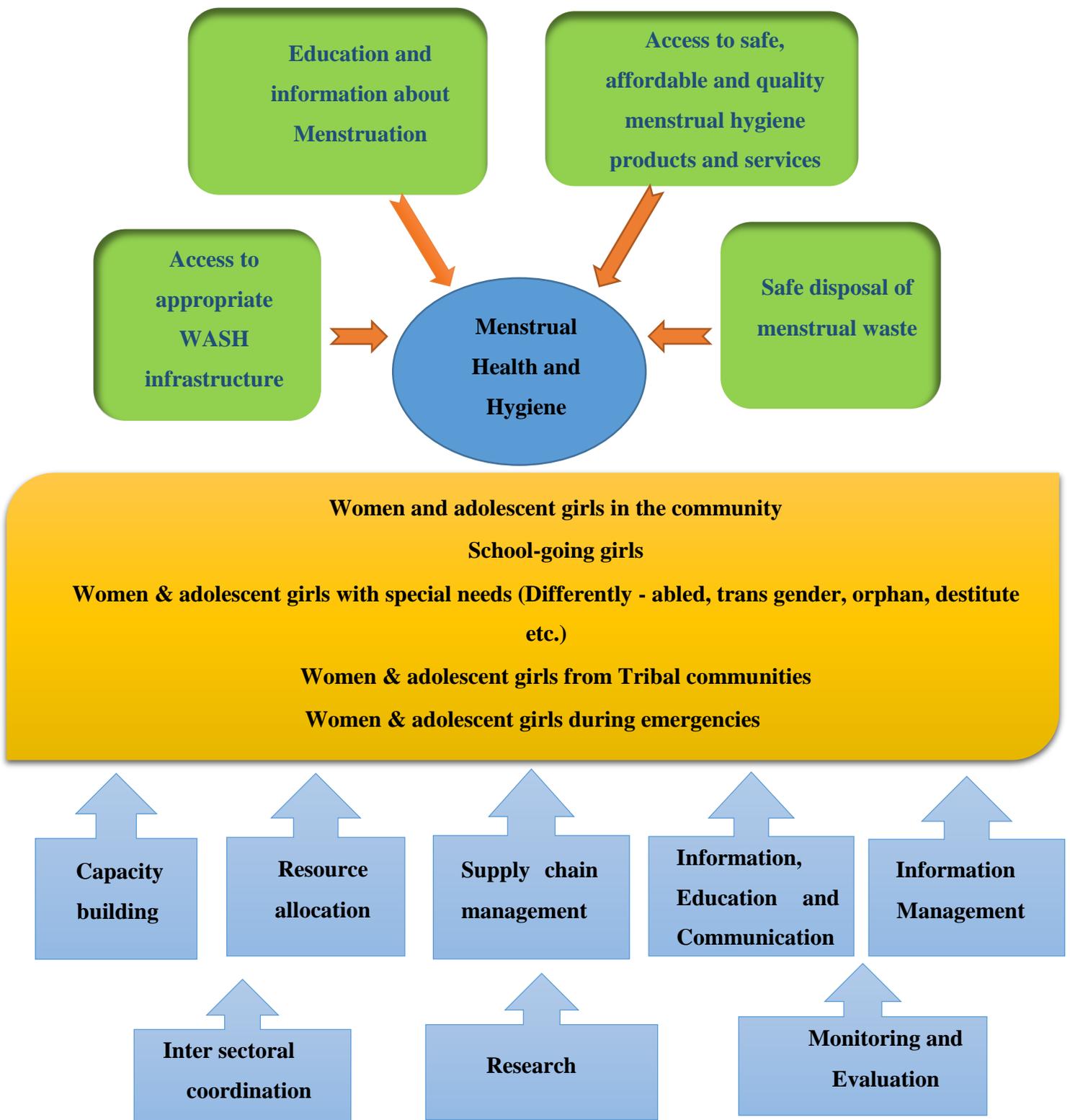
- iii. **Integration:** MHH policy emphasizes coordinated efforts from different stakeholders such as health, education, women and child development to achieve the goal of MHH for all. The policy considers key stakeholders of different departments to effectively deliver on various domains of MHH such as menstrual health education, access to water, sanitation and hygiene facilities and services, and proper disposal of the menstrual waste.
- iv. **Transparency-** Transparency is one of the fundamental tenants of good governance. Free information is a crucial component in fostering transparency. To be used effectively, information must be timely, pertinent, accurate, and comprehensive. To promote accountability, transparency would be maintained with respect to data and interventions/actions by various departments working on MHH.
- v. **Evidence-based-** The state recognizes the importance of data on MHH and also acknowledges the dearth of data on MHH practices and needs. Hence the state through its MHH policy would channelize efforts towards generating systematic evidence and also base the policy directions, goals and objectives and implementation strategies on research and evidence.

2.4. MHH Policy Framework

The multi-dimensional issues of menstruation require multi-sectoral collaboration to tackle the intersecting issues of inadequacy or poor access to WASH infrastructure, limited knowledge and information about menstruation and menstrual hygiene management, and limited access to low-cost, quality menstrual hygiene products. A conducive policy environment is crucial to effectively combine interventions to combat the negative effects of poor MHH.

Figure 1 delineates the overall components, the target audience and proposed strategies to implement MHH policies/ programmes in the state.

Figure 1: Menstrual Health and Hygiene Framework



2.5. MHH policy: Target Audience

2.5.1. MHH for Women and adolescent girls in the community

Women face challenges at individual, family, social and institutional levels in appropriately managing menstruation. Lack of knowledge and information about good menstrual hygiene management practices, lack of supportive environment due to the stigma and taboos associated with menstruation, lack of access to appropriate water, sanitation and hygiene facilities and lack of access to affordable and quality menstrual hygiene materials pose serious challenges in managing menstruation with dignity. Hence, the State MHH policy intends to address these barriers through a multi-pronged and synergized plan of action.

2.5.2. MHH for School-going girls

In order to empower women and achieve gender equality, they must have access to education as well as the capacity to perform to their full potential in educational settings. Girls' participation in education is impacted by menstrual hygiene hurdles in school. In order to give girls a supportive atmosphere for MHH in schools and to reduce absenteeism and dropouts, the Odisha MHH policy aims to overcome the hurdles of menstrual hygiene management at the school level through a series of concerted actions at local levels.

2.5.3. MHH for people with special needs

Certain sections of the menstruators (including disable population, trans population, orphans, destitute and prisoners) face additional challenges in managing their menstruation in a dignified manner. In addition to the existing barriers of MHH, they face discriminatory social behavior, and poor affordability. The MHH policy aims to cut through the barriers of MHH for these people through specially designed programmes.

2.5.4. MHH for tribal communities

The State of Odisha is known for its predominantly high concentration of ST and SC population, which together constitute nearly 40% of the State's total population (Census 2011). Ethnic groups have different needs and preferences in terms of menstruation because of many socio-cultural practices, poor knowledge and information on MHH, and poor access to MHH products, services and WASH facilities in the remote areas wherein they reside. In its quest to provide culturally

appropriate services to the tribal communities, the MHH policy aims to reduce these gaps in tribal pockets.

2.5.5. MHH for women and adolescent girls during emergencies

Odisha's unique geography and topography makes it vulnerable to natural calamities such as cyclones and floods of unprecedented scale almost every year. In such circumstances, women and adolescent girls struggle to manage their menstruation safely, comfortably and with dignity owing to inadequate access to safe and private WASH facilities, unavailability of culturally appropriate menstrual materials and supplies and timely access to menstrual health and hygiene related information. Hence, the State MHH policy aims to address the differential needs of menstruators in emergency situation by developing guidelines on how to manage MHH during emergencies. The State will prioritize on imparting knowledge to both, service recipients and service providers, about menstrual hygiene management during emergencies, making provision for sanitary material in relief kits, and offering MHH appropriate WASH and disposal facilities near relief camps.

2.6. Policy objectives

- i. To provide comprehensive education and information about menstruation and menstrual hygiene management to eligible population.
- ii. To ensure availability and access to safe, affordable and quality menstrual hygiene products and services for every woman and girl.
- iii. To create appropriate infrastructure for uninterrupted access to water, sanitation and hygiene facilities for women and girls to manage menstruation in privacy, and with dignity.
- iv. To develop and institutionalize standard operating procedures (SOP) on safe disposal of menstrual waste in an environment- friendly manner.
- v. To foster an environment of research and innovation for evidence generation, programme monitoring and service delivery.

2.7. MHH Policy: Key strategies

Key strategies for implementing MHH policy in the state encompass establishing a strong coordination platform, optimal resource allocation for MHH activities, strengthening supply chain systems, and developing a strong information management system on MHH. These strategies also

include structuring governance and leadership by establishing a state level steering committee to coordinate implementation of MHH activities in the state.

2.7.1. Building skills and capacities

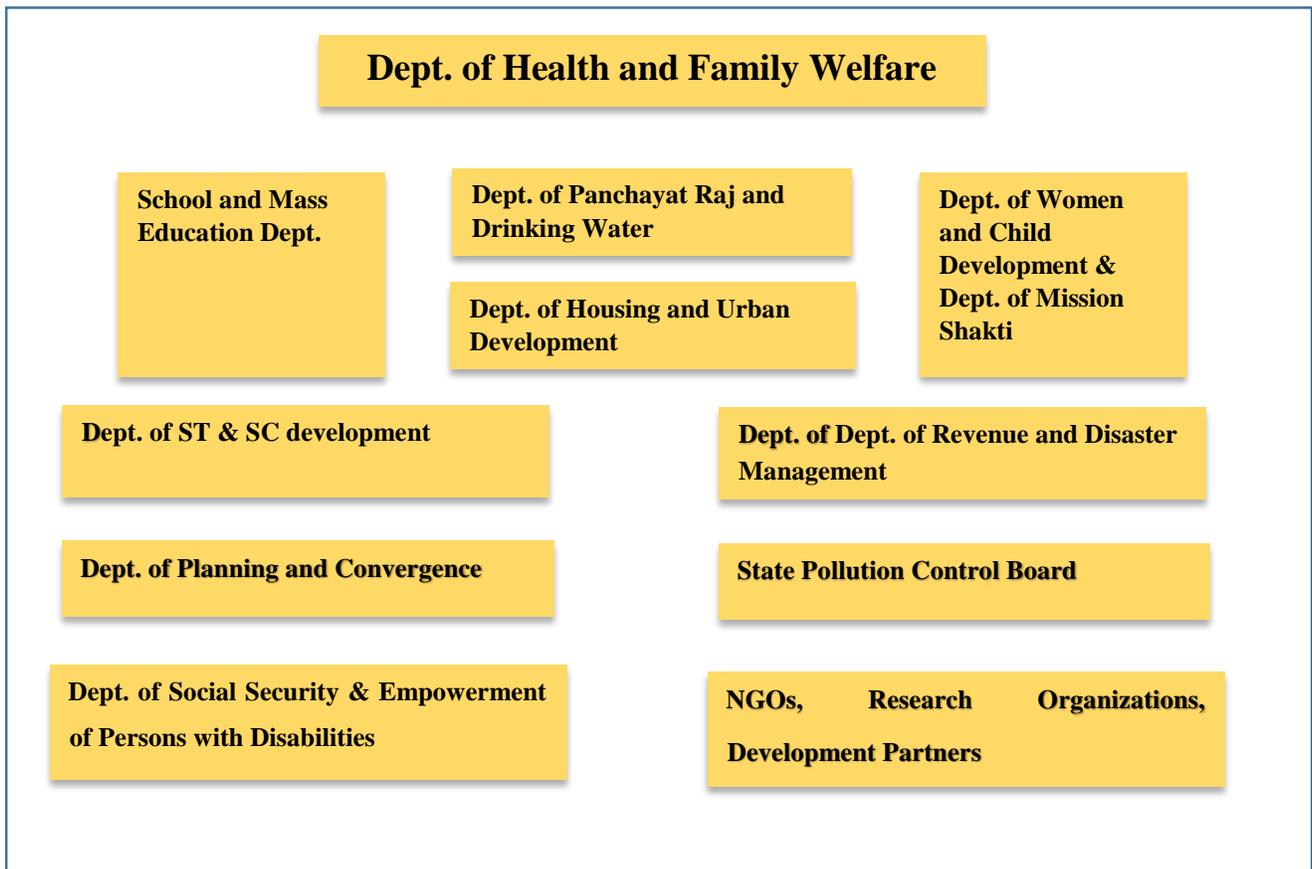
For effective implementation of the policy prescriptions and compliance monitoring, it is essential to invest in capacity building of important stakeholders from the departments of health and family welfare, school and mass education, higher education, women and child development, water and sanitation, panchayati raj, rural development and other related departments. The state will develop and provide customized training programmes for State, District, Block, and Gram Panchayat level functionaries (table 1).

Table 1: Target Participants and Objectives for Training on MHH

Level	Participants	Objective
State-level training/orientation program	Heads of various line departments such as Health, Education, WCD, Mission Shakti, Water and Sanitation, Panchayati Raj and Rural Development etc., District collectors and District officers of various line departments	Sensitization on menstruation and menstrual health and hygiene (MHH) to guidance needed to integrate MHH into various departmental activities.
District-level training/orientation program	Block Level officials from various line-departments	Sensitization on menstruation and menstrual health and hygiene (MHH), to develop skills and abilities to address MHH in communities and schools and plan effective implementation of MHH strategies.
Block-level training/orientation program	Block and Cluster Resource Coordinators, Teachers and residential staff of Ashram schools and Front line staff of health and WCD and Panchayat staff	Sensitization on menstruation and menstrual health and hygiene (MHH), MHH counselling and strengthening of monitoring and supervision support for the FHWs' to ensure effective delivery of MHH information.
GP/Community/Village level training/orientation program	SHG members, Adolescent girls, Adolescent boys, VHSC members, School Management Committee members	Sensitization on menstruation and menstrual health and hygiene, and building a supportive community based monitoring program

2.7.2. Partnering with others/Inter-sectoral coordination

MHH is a multi-faceted issue that requires multi-sectoral coordination. Because of its cross-cutting nature, a collaborative platform with experts from Health, Education, Water and Sanitation, Women and Child Development, Panchayati Raj and Rural Development is crucial to raise MHH awareness and have a positive impact on the programmes aimed at dignified menstruation. It is essential to build sustainable sanitation and disposal facilities in the community settings and schools. This requires a strong collaboration between Government Departments, communities, schools, and healthcare facilities. It is equally important to include development partners, UN agencies, civil society organizations, research institutions and grass root organizations to ensure community-based monitoring of programmes. Special focus needs to be made on vulnerable population such as differently-abled women or trans-women to have inclusivity in the program planning and intervention (figure 2).



2.7.2(a) Roles and responsibilities of key stakeholders

Role clarity and sharing of responsibilities amongst the departments will create synergy and reduce duplication of efforts. The primary roles and responsibilities of key stakeholders are enlisted in the subsequent sections (table 2).

Table 2: Key roles and responsibilities

Sl. No.	Activity	Lead Organization	Supporting Organization
1	Appropriate IEC about menstruation and menstrual health and hygiene	Dept. of Health & Family Welfare	School and Mass Education Department Dept. of Women and Child development Department of ST & SC development
2	Ensuring access to appropriate water, sanitation and hygiene facilities to manage menstruation in privacy, and with dignity.	Dept. of Panchayati Raj and Drinking Water Dept. of Housing and Urban Development	Dept. of Revenue and Disaster Management Dept. of Social Security and Empowerment of Persons with Disabilities
3	Ensuring women and girls have access to safe, affordable and quality menstrual hygiene products and services	Dept. of Women and Child Development	Department of Mission Shakti
4	Ensuring access to safe disposal of menstrual waste in an environment- friendly manner.	Dept. of Panchayati Raj and Drinking Water Dept. of Housing and Urban Development State Pollution Control Board	Dept. of Revenue and Disaster Management Dept. of Social Security and Empowerment of Persons with Disabilities

Sl. No.	Activity	Lead Organization	Supporting Organization
5	To ensure proper access to menstrual health and hygiene services during emergencies	Odisha State Disaster Management Authority (Dept. of Revenue and Disaster Management)	Dept. of Health & Family Welfare School and Mass Education Department Dept. of Women and Child development

2.7.2(b) Specific roles of key stakeholders

Department of Health and Family Welfare

Menstruation has direct and indirect health consequences. Therefore, the Department of Health and Family Welfare will lead and anchor the MHH programmes and convene inter-departmental meetings to ensure highest possible level of convergence; provide technical and monitoring support for successful implementation of the MHH policy. The Department of Health and family welfare would be responsible to become a knowledge hub around the issue of menstruation for other departments and also orient them about their respective roles and responsibilities in implementing the state MHH policy. It would be responsible for:

- Facilitating roll-out of the MHH policy through collaboration with other key departments
- Bolstering the health system's capacity to address MHH needs of the women and girls
- Organizing awareness/ sensitization programs at all levels
- Distribution and supply of sanitary napkins under National Menstrual Hygiene Scheme
- Conducting capacity building programmes of FHWs about menstruation and counselling
- Dissemination of information on menstruation and MHH
- Ensuring sufficient allocation of resources for MHH related activities
- Support in establishing mechanisms to manage menstrual waste of SAP based products through bio-medical incinerators

School and Mass Education Department

The school and mass education department could play a key role in breaking the information barriers of menstruation. Lack of proper knowledge and information on menstruation is the primary reason for the stigma around the issue. The Department of school and mass education will be instrumental in overcoming this barrier. The primary responsibilities of this department would be:

- Mainstreaming education on menstrual health and hygiene management early in school curriculum
- Capacity building of Nodal teachers to ensure a supportive school environment for menstrual health and hygiene management.
- Training teachers for providing support to girls and boys on puberty related issues; and supporting girls in schools, effectively and sensitively handling the chapter of reproductive health in the school curriculum
- Building a new cadre of skilled and trained life skill educators to impart life skill training to adolescents at school
- Ensuring operationalization and management of appropriate WASH facilities and waste management systems on menstrual health and hygiene in schools
- Facilitating information sharing with parents in the school set-up, using platforms like Parents Teachers Association (PTA), especially fathers, to build a supportive environment at home and in communities on menstruation
- Sensitizing School Management Committee members to enable gender sensitive decision-making related to schools
- Strengthening collaboration with health dept. to provide MHH information and services in schools, and for referral of menstruation related issues
- Improving access to absorbents and MHH materials such as soap, hand wash, emergency hygiene kit, pain-relief abdominal patches at the school level for emergency situations
- Supporting the Government in implementation of KHUSHI program
- Formation of school MHH committees comprising of active and vocal students, Lady nodal teacher, Headmaster and CRCCs to support and monitor implementation of KHUSHI

program in school. The committee would also be responsible for monitoring of MHH compliant WASH facilities in the schools

- Installing electric incinerators wherever feasible, or burning chambers for contained burning of menstrual wastes collected from schools
- Identifying beneficiaries who have reached the age of puberty to equip them with the required knowledge related to menstruation and also enlist them to avail benefits of free sanitary pad distribution initiative

Department of Panchayati Raj and Drinking Water and Department of Housing and Urban Development

Access to water and sanitation facilities is an integral aspect of Menstrual Health and Hygiene. Hence these departments are key stakeholders in implementation of MHH policy. The responsibilities of this department include:

- Integrating MHH into water sanitation and hygiene programs
- Disseminating guidelines on different categories of menstrual waste and steps of waste management
- Conducting capacity building programmes of key stakeholders engaged in waste management
- Supporting community awareness programmes on menstrual waste disposal
- Engaging with women in designing appropriate sanitary and waste management system so as to ensure that the menstrual waste-related needs for disposal, collection and treatment are taken into account
- Budgetary allocation for research and innovation on developing menstrual waste management solutions such as affordable reusable products, compostable disposable pads, and others
- Facilitating safe disposal of sanitary waste in institutions, homes and public spaces
- Clearly defining roles and responsibilities for operation and management of incinerators involved in institutions and community spaces and collection of ash from the incinerator.
- Supporting local authorities in development, operation and management of WASH facilities

- Engaging with private sector, CSOs, and start-ups in providing sustainable menstrual waste management solutions

Department of Women and Child Development

The WCD department will play a crucial role in promoting MHH as it has been working for the overall development of children and women through various schemes and programmes implemented through an elaborate field formation up to the village level. The responsibilities of this department would include:

- Conducting capacity building programmes for Anganwadi workers (AWWs) and ICDS supervisors to propagate the agenda of MHH through various community-based platforms
- Creating awareness about MHH among out-of-school girls using platforms like SABLA and ICDS services
- Implementing MHH initiatives such as promotional activities, supply of sanitary napkins, and capacity building of shelter home staff etc

Mission Shakti Department

Mission Shakti Department with the help of its vast network of SHG groups will support in various activities of MHH starting from demand generation for absorbents to producing affordable, quality, and eco-friendly absorbents. They will also be involved in creating awareness about the various aspects of MHH such as appropriate disposal techniques and community-based monitoring to ensure environment-friendly disposal of menstrual materials. They will participate in discourses on demystifying menstruation and developing participatory solutions for menstrual waste management in the community.

Department of ST & SC Development

The State of Odisha is known for its predominantly high concentration of ST and SC population, which together constitute nearly 40% of the State's total population (Census 2011). To cater to their differential needs and provide culturally-sensitive MHH services, involving this department would be crucial. The responsibilities of this department include:

- Sensitizing teachers and other staff of Ashram schools and Madrassas about MHH and its importance
- Incorporating the agenda of MHH in school and community based activities of the department

- Coordinating development, maintenance and operation of MHH appropriate WASH facilities in Ashram schools and madrassas, and in tribal dominated pockets
- Ensuring proper disposal of menstruation materials in tribal pockets, creating awareness about proper disposal techniques, and improving access to appropriate disposal facilities
- Developing culturally sensitive IEC materials on puberty and MHH and organizing targeted awareness campaigns for tribal communities
- Engaging with community heads such as tribal leaders, traditional healers etc. to generate awareness about menstruation and MHH related practices in the community
- Supporting research to understand specific beliefs, needs and practices related to MHH among ST and SC population

Department of Revenue and Disaster Management

Being the nodal department for managing calamities in the state, it will guide in developing effective MHH-inclusive relief activities, such as drafting guidelines on managing MHH during emergencies, provision of sanitary material in relief kits and building MHH appropriate WASH and disposal facilities near relief camps. OSDMA will play an over-arching role of MHH roll-out during emergencies.

Department of Planning and Convergence

This Department plays a significant role in framing effective short-term and long-term strategies for development of the State and is also responsible for coordinating the efforts of different Departments. Keeping in view the role envisaged to this department, it will be involved in undertaking regular monitoring and review of the implementation of MHH policy and effect necessary adjustments in resource allocation so as to ensure optimum realization of the policy objectives.

Department of Social Security and Empowerment of Persons with Disabilities

This department is actively involved in the overall development of vulnerable and marginalized populations such as Persons with Disability (PwD) and transgender population through various schemes and programmes. The persons with disability and transgender population face additional barriers to WASH facilities and services, particularly toilets. Hence, this department will be involved in designing inclusive solutions for conducting IEC/BCC on MHH for PwD, especially

in developing communication materials for PwD, and selecting specific communication approach for particular type of disability.

- Generating awareness about MHM for all, including persons with disabilities and gender diverse identities
- Sensitizing the primary caregivers of the PwD, and also those who are involved in imparting information to the PwD (Institutional caregivers, family caregivers, special educators etc.)
- Building a conducive environment for MHH for PwD, by engaging boys, men, community leaders and influencers to counter stereotypes associated with menstruation and disability
- Training of frontline workers to be sensitive to PwDs and their care givers, and to include them in their outreach efforts
- Mobilizing resources and advocate for free supply of sanitary pads to girls and women with disability at home through ASHAs and/ or Anganwadi workers

State Pollution Control Board

State Pollution Control Board's role is crucial in the discourse of menstrual waste management.

Some of the specific roles for the Board are given below:

- Finalizing clear and comprehensive guidelines with respect to the procurement of sanitary products, types of menstrual waste and their best disposable methods, and installation of incinerators
- Providing guidance to the State for procurement of sanitary napkins under KHUSHI program
- Creating guidelines on non-biodegradable sanitary napkins manufacturers and brand owners to provide financial assistance to panchayat and municipal authorities for establishment of waste management system
- Developing guidelines for Rural areas to have access to deep burial pits for pads without SAP, compostable pads and cloth based pads; and incinerators for institutions and community places where optimum level of waste is generated
- Regulating permits and clearances only to high temperature incinerators to be installed and design mechanisms for disposing residual ash produced from incinerators

- Liaising with health institutions and vendors working on biomedical waste management to manage the waste produced from commercial SAP based sanitary pads through biomedical incinerators
- Partnering with NGOs, start-ups, and research organizations having expertise on the subject for innovation in menstrual waste management

NGOs, Start-ups, Research Organizations and Development Partners

The policy recognizes that non-government organizations, development partners and research institutes can largely contribute to the development and implementation of MHH policy because of their expertise on the subject and their experience of working with the communities. They can take various responsibilities such as:

- Undertaking research on community MHH needs, beliefs and practices to guide policy formulation
- Increasing community participation and engagement by involving them in all stages of program from planning to implementation
- Generating awareness about MHH and related services among the women and girls in the community

2.7.3. Allocation of resources for MHH activities

It is important to optimally allocate resources for successful implementation of MHH activities in the state. Funds need to be specifically allocated towards following:

- Developing IEC materials, organizing orientation programs and awareness campaigns at the community level
- Developing gender-sensitive, properly equipped and functional WASH infrastructure in public and private places
- Developing infrastructure for menstrual waste management through procurement of high-temperature incinerators for institutions, composting pits for households and communities, for collection and transportation of SAP- based menstrual products waste to nearest bio-medical incinerator facility

- Supporting research on MHH in the state to generate evidence for decision making and policy development
- Supporting SHGs to increase local production of affordable and quality sanitary napkins to increase availability and accessibility of sanitary napkins at the village level
- Installing verified and licensed high-temperature incinerators at school and other institutions to encourage environment-friendly disposal of menstrual waste
- Establishing and nurturing start-ups for undertaking research and innovation

2.7.4. Supply Chain Management

One of the most important aspects of MHH is access to appropriate menstrual absorbent materials. The MHH policy envisages a robust supply chain of menstrual materials throughout the state, including in remote areas. The state is already implementing the Rashtriya Kishor Swasthya Karyakram (RKSK) for the health benefit of adolescents. Under this program, the rural adolescent girls are supplied with sanitary napkins at a subsidized rate through ASHA workers. In addition to this, the State Govt. is also supplying sanitary napkins at free of cost in schools for school going girls (Class VI-XII) under KHUSHI Program. The target group for both the schemes is adolescent girls. The State will ensure uninterrupted access to hygienic menstrual absorbent materials for reproductive age group women in the community (other than adolescent girls).

The Ministry of Drinking Water and Sanitation, Govt. of India, has classified the type of sanitary products into 2 categories: Disposable and Reusable. Disposable products are further classified into Compostable and Non-compostable, and the reusable category is further classified into cloth-based sanitary products and menstrual cups. The non-compostable category consists of two types of products, i.e., napkins with SAP (Super Absorbent Polymer) and napkins without SAP. Almost all the commercial napkins available in the market can be categorized as sanitary napkins with SAP, which needs Bio-medical incinerators or large-scale recycling to manage the menstrual waste. The waste from sanitary pads without SAP, the compostable sanitary pads and cloth-based sanitary pads can be managed by small scale incineration and composting. Thus, the last category of products are eco-friendly and comparatively feasible solutions can be readily implemented for their disposal. The policy aims to direct concerted efforts towards increased procurement of the sanitary products without SAP, the compostable and reusable products considering their benefits

on the health and environment. The key activities that will be undertaken to ensure effective supply chain at community and school level include-

- Organized sourcing of sanitary napkins by the State Nodal agency for uninterrupted supply of sanitary napkins to all the centers and distribution points.
- Organizing manufacturers' conclaves to assess the basket of products available, to standardize the quality of products and to identify the most environment-friendly, cost-effective and cost-efficient biodegradable, compostable and reusable sanitary napkins for procurement under KHUSHI scheme
- Conducting pilot studies to assess the acceptance of biodegradable, compostable or reusable sanitary napkins by school-going girls to reduce burden on the environment. Using technology to track, monitor and review the movement of stock up to the distribution point, and delegating nodal officers for maintaining inventories at various levels
- Operationalizing a special quality assurance cell at state level to ensure conformity to prescribed standard during procurement and also for conducting random checks at storage and distribution points
- Using IT for a robust information system as to facilitate reporting of monthly/quarterly consumption from distribution points, blocks and districts for planning, procurement and distribution
- Ensuring sufficient supply of reasonably priced high quality sanitary napkins to ASHA workers
- Strengthening supply chain of sanitary napkins to schools under KHUSHI scheme by identifying and addressing existing bottlenecks
- Capacity building of personnel responsible for managing the supply chain at Block levels and nodal teachers in schools on storage techniques (First In First Out principles), record keeping and indenting
- Ensuring sufficient supply of pain management materials and medications for MHH in health facilities. Additionally, pain relief patches can be provided to school-going girls along with KHUSHI packets

- Ensuring smooth supply of sanitary napkins through vending machines at community places or along with relief kits during emergencies
- Capacity building of SHGs to take up production of affordable, good quality and eco-friendly sanitary napkins

2.7.5. Research on MHH

Research on MHH is important to generate evidence on MHH to guide formulation of effective policies, optimal resource allocation through prioritization. Lack of contextual evidence is a major impediment to progress on achieving MHH goals and improve lives of women and girls. Considering the importance of research, the MHH policy envisions commissioned studies on critical areas of MHH to generate strong evidence. Scope of research may include:

- Exploring the needs, beliefs and practices related to MHH in the community
- Assessing the operational feasibility and cost-effectiveness of sanitary napkin production through SHGs
- Assessing existing WASH infrastructure at institutional and household levels, and understanding the utilization pattern of available WASH facilities to develop comprehensive solutions
- Producing inclusive, high- quality, eco-friendly and affordable MHH products
- Understanding the range of products available and the best possible waste management solution for each in different settings such as household, communities as well as institutions
- Studying operational feasibility and acceptance of menstrual cups in rural communities

2.7.6. Information, Education and Communication on MHH

- A significant part of funds would be earmarked for IEC, as vigorous IEC needs to be undertaken to build strong knowledge on MHH by countering myths and taboos around menstruation and providing appropriate information on MHH and menstrual hygiene practices.
- The MHH communication strategy would consider cultural and geographic differences among the target group for wider reach. The communication strategy would not only target women and adolescent girls, but also men and boys to build a conducive social environment for menstruation.

- Involving spiritual leaders to demystify the issue of menstruation in the community
- Introducing the concept of “Jan Sambaad” to take the MHH agenda forward and to initiate discourse on the physiological, moral, spiritual, and societal aspects of menstruation

2.7.7. Data and Information Management

Timely availability of accurate data is critical for decision making. The State will focus on development and integration of a database management system, using IT-enabled solutions. Innovative approaches such as mobile application based data collection will be undertaken to ensure data is collected in a desired format from the field and can be effectively used for program planning. The State will take the help of experts from within or outside the Government for creating a robust database management system in terms of indenting, procurement, supply, distribution and usage of various products/Services. The recently launched digital health mission also can provide guidance to the Health and Family Welfare department on MIS development.

2.7.8. Monitoring and Evaluation

The MHH policy implementation need to be monitored and followed-up using a set of financial and non-financial indicators, to measure progress and accordingly set short term and medium term goals. The collection and management of relevant data will be the responsibility of the Ministry of Health. The indicators will be collaboratively developed by all the stakeholders to monitor performance and measure changes at various levels. The strategies and interventions envisaged under this policy will therefore be continually monitored at fixed intervals and periodically evaluated externally (table 4).

This list is not exhaustive and contextually appropriate indicators can be incorporated as and where necessary. This MHH Policy review process shall involve mid-term and an end term review after a period of five years from the effective date. The State MHH Steering committee shall provide the guidelines and specify the procedures for reviewing the policy.

Table 4: Key Performance Indicators (KPI) suggested by National guidelines

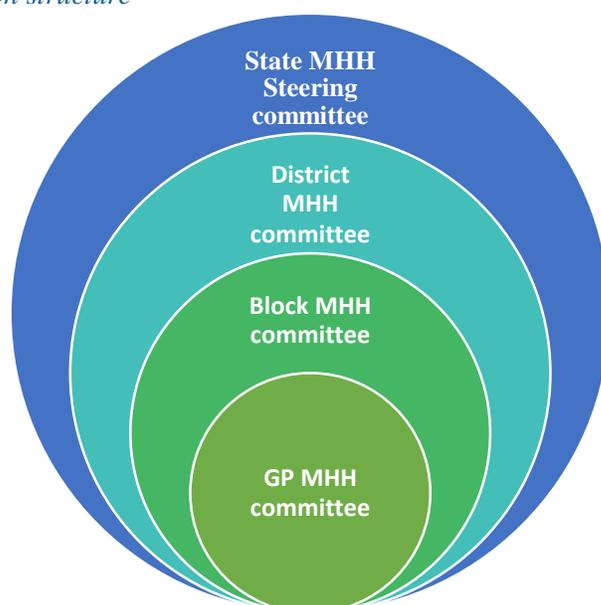
KPI suggested by National guidelines on MHH include:

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

2.8. Implementation structure

Attainment of every objective requires specific carefully-designed implementation strategy. The MHH policy/programmes will be planned and implemented through a robust 4-tier structure (figure 3).

Figure 3: Implementation structure



2.8.1. State MHH steering committee

An MHH **steering committee** is to be established by the Ministry of Health, under the chairmanship of Chief Secretary or the Development Commissioner which would include all other related departments (mentioned earlier), and representatives from Civil Society Organizations, development partners, UN agencies and research organizations. During emergencies, OSDMA will take a lead role in this committee. The steering committee meetings will be conducted every quarter and the minutes will be recorded and disseminated to the District MHH committees/other stakeholders.

The key activities of the state steering committee include:

- Formulating guidelines on MHH for the entire state in sync with the national guidelines on Menstrual Hygiene Management.
- Building strong collaborations with different ministries to ensure inclusion of MHH in their agendas
- Establishing strong linkages with non-government organizations and development partners to promote MHH in the community
- Conducting awareness programmes for key stakeholders.
- Organizing Mass media campaigns and awareness programs to generate awareness on menstrual hygiene practices and to demystify menstruation.
- Coordinating MHH situation analysis in the state and coordinate planning, evaluation, and scale up of MHH interventions
- Formulating strategies for advancing the MHH agenda through existing platforms such as school health
- Ensuring adequate budget for MHH activities in the State budget
- Leveraging funds to support the production of sanitary napkins through SHGs and creating appropriate standards for all domestically manufactured MHH products
- Supporting research to understand practices related to menstrual hygiene management, including community taboos, access and utilization of WASH facilities, development of

MHH compliant WASH designs, menstrual waste management and production of high-quality and affordable MHH products.

- Developing concrete M&E plan to ensure resources are reaching intended beneficiaries and to monitor progress
- Advocating for national policies that support easy access to affordable and safe menstrual hygiene management products for girls

2.8.2. District MHH Committee

The District MHH Committee would be formed under the chairmanship of District Collector and include nodal persons from all line departments (those part of State steering committee). Additionally, in disaster prone districts, the MHH committee would involve nodal person from the District Disaster Management Authority. The District MHH Committee meeting will be held every quarter, and minutes of the meeting will be recorded and disseminated to key stakeholders.

The primary responsibilities of the District MHH Committee would include:

- Disseminating MHH guidelines and information across the district
- Ensuring adequate budgeting for MHH activities in the district level plans, resources and services
- Assessing the current use and need for menstrual products in the districts, and procurement based on demand in compliance to the standards developed by the pollution control board and the state government
- Developing a district-specific plan for procurement of incinerators for institutions and community places and clearly define roles for operation and management of the same, in compliance with the guidelines of State Pollution Control Board/state government
- Planning and implementing mechanisms to link menstrual waste with bio-medical waste for bio-medical incineration of SAP based menstrual products.
- Conducting MHH orientation workshops and undertaking capacity building exercises for key personnel

- Monitoring implementation of the MHH interventions in the district and ensure timely reporting and feedback system to the State MHH steering committee

2.8.3. Block MHH Committee

The Block MHH Committee will be formed under the chairmanship of BDO and include block functionaries of different line departments. The Block committee meetings will be held every month and the minutes of the meeting will be recorded and apprised to District MHH committee and other stakeholders. The Block MHH committee will be responsible for:

- Building strong convergence to achieve shared goals of MHH in the block and GP level
- Implementing MHH activities planned by the District and monitoring the progress in the block and timely reporting to the district committee
- Capacity building with respect to indenting, record keeping and reporting on MHH materials in the community and schools and ensuring adequate and timely supply of required logistics
- Supervising IEC campaigns in communities and school health education programs on menstrual hygiene management
- Overseeing the construction of appropriate WASH facilities and menstrual waste management systems wherever required
- Channelizing efforts towards building strong WASH practices within the community
- Monitoring the operations and maintenance of existing WASH infrastructure and menstrual waste management systems

2.8.4. GP MHH Committee

The GP MHH Committee would be formed under the chairmanship of Sarpanch and would comprise of ANM, ASHA workers, AWWs, Teacher, SHG members and Village Health and Sanitation Committee members. The GP MHH committee meeting will be held every month, and the minutes of the meeting will be recorded and disseminated to the Block MHH committee. The responsibilities of this committee includes:

- Ensuring smooth collaboration with extension workers of involved departments
- Channelizing the support of SHG and MAS to deliver correct information on menstrual hygiene management and to support girls in adhering to appropriate MHH practices at home and school
- Generating awareness among men, women, girls and boys about menstruation and menstrual hygiene management and demystifying the taboos associated with menstruation in the community
- Supporting ASHA workers in organizing regular monthly meetings for adolescent girls, to address menstrual hygiene and other adolescent issues
- Overseeing the availability of sanitary napkins in the schools and with ASHAs and local traders
- Community-based monitoring of the distribution of Government supplied napkins in an equitable manner
- Community-based monitoring of maintenance of WASH facilities and menstrual waste management systems at the household and community levels



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