

POLICY BRIEF: A MENSTRUAL HEALTH MANAGEMENT ACTION PLAN FOR STATES

The 2015-16 National Family Health Survey-4 (NFHS) reports that overall, only 57.6% Indian females aged between 15-24 years use hygienic methods of protection during menstruation. Of this, only ~48% rural women use a hygienic method of menstrual protection, as compared to ~78% of their urban peers. Lack of safe menstrual practices not only takes away a woman's right to a dignified life, it also impacts her health, educational opportunities and ability to participate in the workforce. In absence of hygienic methods, women are forced to use ash, mud, used cloth etc. which are dangerous for their health and further perpetuate and magnify already existing taboos against menstruation. Given that India has over 355 million menstruating women and girls today, this is an urgent challenge that we as a country must address. India's dream of a 'Swacch Bharat' would be incomplete without every woman in India having access to safe methods of menstrual health management and by the nature of its scope, this is an issue that can be solved through concerted effort by policymakers.

OVERVIEW

This brief is a quick guide for policymakers on achieving success in Menstrual Health Management. It is based on a thorough study of MHM practices in Tamil Nadu as well as a pan India analysis of menstrual waste disposal methods.

Tamil Nadu was chosen for this study as it is one of the few large populous states that have high levels of penetration of hygienic methods (91%) of menstrual protection in women between the ages of 15-24. According to the NFHS 4, in Tamil Nadu, 65% women use commercial sanitary napkins, 32 % use locally prepared napkins, 16% use cloth, and 1% use tampons. The rural-urban divide in Tamil Nadu is also among the lowest in the country with 93.5% women in urban areas & 89.5% women in rural areas following hygienic menstrual practices. This feat in Tamil Nadu has been achieved through a strong commitment by the state government to improve awareness and access of sanitary napkins through various interventions. The efforts of the state government have been complimented by civil society organisations and private sector to achieve the MHM goals. Since, a similar example of best practice is harder to establish for menstrual waste disposal, we have studied various methods that exist across the country in an attempt to identify policy actions that can improve the existing situation.

Through the above analysis, we have attempted to arrive at a blueprint for states to improve the entire MHM ecosystem. Further, we have also prescribed a template for states to draft a 5-year plan for MHM, which can be used to evaluate existing conditions and plan specific interventions.

Quick guide to improving MHM in states:

- 1) *Identify gaps and strategies through district wise evaluation of current MHM adoption in the state*
- 2) *Set quantifiable targets for awareness and adoption of hygienic methods for the next five years.*
- 3) *Identify a nodal department to coordinate all MHM initiatives and facilitate inter-departmental coordination*
- 4) *Commit budget for free distribution of sanitary napkins through all possible govt. distribution channels- schools, colleges, anganwadis, etc.*
- 5) *Continue awareness efforts on MHM through mass media and school curriculum*
- 6) *Create local capacity for production, distribution of sanitary products and collection of menstrual waste through women SHG networks, by leveraging the livelihood schemes*
- 7) *Create infrastructure and awareness for proper menstrual waste disposal*
- 8) *Promote informed choice among women and develop relevant disposal practices for alternative products*

ISSUES IN MENSTRUAL HEALTH MANAGEMENT

Menstrual Hygiene Management (MHM) is about creating an ecosystem that allows for women and girls experiencing menstruation, to do so in a safe and dignified way. This includes looking at the following stages of MHM:

- ❖ **Awareness-** Having adequate information on the biological process, the need to practice safe and hygienic menstruation and on the products available;
- ❖ **Access-** Having easy physical access to safe hygienic products at affordable prices
- ❖ **Usage-** Having access to gender friendly sanitation facilities affording privacy to change the materials for protection; and engaging in correct usage of products
- ❖ **Disposal-** Having facilities to dispose of used menstrual materials in a dignified and environmentally safe manner.

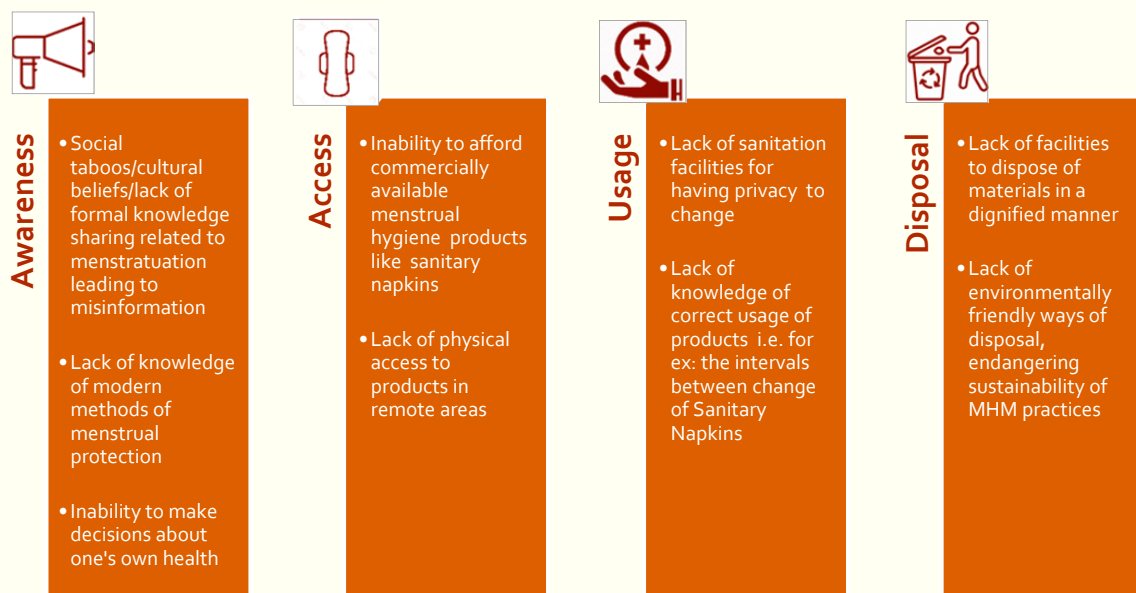


Figure 1: Components of an MHM ecosystem

While the aforementioned buckets are applicable to all geographies in India, currently different states are at different levels of menstrual health ecosystems. For example, states like Bihar, Madhya Pradesh and Assam have performed very poorly on adoption, with average sanitary napkin usage being 31%, 37.6%, and 44.8% respectively, while others such as Mizoram (93%), Tamil Nadu (91%), Kerala (90%), Goa (89%) and Sikkim (85%) are seen to have performed well. Within most states, the rural-urban divide is more telling. For instance, 70.8% women in urban areas of Assam use hygienic methods of menstrual protection, whereas in rural areas the usage is only 40.9%. Similarly, in Bihar, 55.6% women in urban areas use hygienic methods of menstrual protection, but usage in rural areas is only 27.3%. This wide disparity is indicative of the different kind of challenges that exist among different states and within states themselves.

Further, when it comes to disposal, it is estimated that around 1 billion sanitary napkins are disposed of in India per month.¹ Most of this waste finds its way to open drains, flushed down toilets and eventually in landfills. Under ideal circumstances, centralised incineration of segregated menstrual waste should be practiced to destroy pathogens, maintain health and hygiene while causing the least harm to the environment. However, the same has not taken

¹Ministry of Drinking Water and Sanitation, Government of India, 'Menstrual Waste Management: A Simple Guide' Pg. 1 (https://jalshakti-ddws.gov.in/sites/default/files/MGISC_Menstrual_Waste_Management_WASH_Network.pdf)

root in Indian cities, towns and villages due to lack of segregation at source in practice. Therefore, some states have started experimenting with decentralised incinerators as a solution which are placed in school/public toilets etc. even though they are yet to be standardised in terms of quality and tested at scale. Since used sanitary napkins contain blood and body fluids that hold harmful pathogens and consist of plastic components that take up to 500 to 800 years to decompose.², safe menstrual waste disposal becomes an important component of the overall MHM ecosystem.

Given the disparity in the practices above, it is useful to think about the barriers that need to be addressed in each of the MHM buckets and then decide a course of action for each local context.

EXISTING POLICIES IN INDIA

1) ACCESS, ADOPTION AND USAGE

Over the last decade, the Central Government has attempted to address low penetration of menstrual health products through various policies, however, the efforts have largely been piece-meal without necessarily addressing the entire MHM ecosystem. To begin with, in 2009, the Right of Children to Free and Compulsory Education Act (RTE) was passed, which mandated standards for gender-separated sanitation facilities in schools in recognition of the unique needs of female students³. Two years down the line, the central government launched the Menstrual Hygiene Scheme through which sanitary napkins “Freedays” were provided to rural adolescent girls for Rs. 6 per pack of six napkins. In 2014, the scheme was restructured and decentralized, and brought under Rashtriya Kishor Swasthya Karyakram (RKSK), the Adolescent Health component of the National Health Mission. The same year, Swachh Bharat Mission, India’s premier sanitation program was launched. As part of this, the Government issued comprehensive guidelines on Gender & Sanitation, and permitted awareness activities about MHM to be conducted from Information, Education and Communication (IEC) funds under it.⁴ In 2015-16, the NFHS for the first time, included the metric of menstrual hygiene products adoption by Indian women.⁵ The following year, the government, under the aegis of the Ministry of Drinking Water & Sanitation issued guidelines for Gender Issues in Sanitation, which yet again emphasized menstrual health.⁶ Most recently, in August 2019 the government announced its intention to sell sanitary napkins at Re. 1 through its Jan Aushadhi Centres⁷, however currently there are only ~5000 centres across the country, resulting in limited reach of these subsidised products.

While the policies discussed above attempt to address individual prongs of MHM, the main intervention of the central government towards adoption of hygienic menstrual health methods remains the RKSK which seeks to solve the ‘access’ aspect of MHM. However, as of 2018-19, the RKSK only covers 15 states by way of a select number of districts, with a total budget of a little over 42 crore⁸. Given that it focuses on the most distressed districts, RKSK leaves a large number of beneficiaries outside its net. Many states, therefore, including current recipients under the RKSK, have chosen to launch their own schemes, given the magnitude of the MHM crisis as highlighted by the 2015-16 NFHS data.

Starting 2017, these states have launched schemes to offer sanitary napkins to beneficiaries for free or at very nominal rates. Some examples include the Andhra Pradesh state government’s scheme, ‘Sanitary Napkin for Girl Students’ which seeks to distribute free sanitary napkins to school going adolescent girls, as well as Uttar Pradesh’s

² Anisha Bhatia, ‘An Urgent Challenge: Why India needs to tackle its menstrual waste’ NDTV on 28th February 2018 (<https://swachhindia.ndtv.com/urgent-challenge-india-needs-tackle-menstrual-waste-6665/>)

³ Menstrual Hygiene Management in schools in South Asia, UNICEF, 2018, https://washmatters.wateraid.org/sites/g/files/jkxooof256/files/WA_MHM_SNAPSHOT_INDIA.pdf;

⁴ Dev, Sushmita, Unstarred Question no. 3251 to Minister of Drinking Water and Sanitation, Government of India, 15 March 2018, [http://loksabhaph.nic.in/Questions/QResult15.aspx?qref=65026&lsno=16](http://loksabhaph.nic.in/Questions/QResult15.aspx?qref=65026&lsno=16;);

⁵ Ibid.

⁶ Ibid.

⁷ Swapna Raghu Sanand, Sanitary napkins for just Re 1! Suvidha biodegradable pads now available at Jan Aushadhi stores, Financial Express, 29 August, 2019, <https://www.financialexpress.com/lifestyle/health/sanitary-napkins-for-just-re-1-suvidha-biodegradable-pads-now-available-at-jan-aushadhi-stores/1690455/>

scheme 'Kishori Suraksha Yojana', also structured similarly. The Odisha state government too has announced distribution of free sanitary napkins to school going girls in government and non-government aided schools under the scheme of 'Khushi Yojana', as did the state of Maharashtra by virtue of its 'Asmita Yojana'. Likewise, Rajasthan too had made announcements of such a scheme in 2018. While well-intentioned, many of these schemes are too new (having been enacted post 2017) and yet to take off in a big way. As of now there is little information available on fund utilization and reach of the schemes beyond preliminary budget allocations/announcements.

2) MENSTRUAL WASTE DISPOSAL

Disposal of menstrual waste, due to its recent inclusion within the policy framework, is discussed under multiple laws and guidelines (covering both solid waste management and MHM).

The primary legal framework for the same under the sanitation ecosystem, is the Solid Waste Management Rules, 2016 (SWM Rules) issued by the Ministry of Environment, Forests and Climate Change (MoEF&CC), which state that menstrual waste should be disposed in wrappers provided by manufacturers, placed with other non-biodegradable waste and disposed of either in a sanitary landfill, through pit burning, composting or incineration.⁹ From an MHM perspective, the treatment of menstrual waste is also covered under the MHM Guidelines issued by the erstwhile Ministry of Drinking Water & Sanitation (MDW&S) in 2015 in conjunction with UNICEF India. The MHM Guidelines state that menstrual waste disposal should be done in an environmentally sustainable manner with limited human interaction using either composting, deep burial or incineration.¹⁰ Finally, menstrual waste disposal has also been indirectly addressed through various frameworks including the SBM Guidelines (both Urban and Gramin) along with the ODF+ and ODF++ protocols issued over the last few years. Under each of these programs/ frameworks, there is a thrust towards menstrual waste disposal and more specifically the use of incinerators.

A cumulative impact of these frameworks on disposal is that: (i) most of them are not enforceable; (ii) the inconsistency in the law, makes it difficult to implement the right disposal method; and (iii) there is a clear thrust towards the use of decentralised incineration as the mode of disposal in the absence of other scalable alternatives.

MOVING THE NEEDLE FOR MHM IN STATES

Given the limited coverage of the central RKSK scheme and the wide variations in MHM across states, it is important for the state governments to take leadership on this issue. We propose that all states make a 5-year MHM plan based on a district wise evaluation of the current status of adoption of hygienic methods. This is important as the governance and administrative set-up at the district levels is a critical link in ensuring last-mile implementation of schemes and policy interventions, including any on MHM. Further, apart from accounting for different adoption barriers in different regions, such an approach also ensures a more efficient allocation of resources and tailoring of the proposed solutions at the district level in line with the local levers of change and administrative capacity. The following blueprint is an exhaustive list of activities/interventions that need to be undertaken for improving the MHM ecosystem. Although these are listed as steps, all activities may not be relevant to all states and regions within the state. Policymakers can pick and choose solutions according to their own assessments. Also, the reader may notice that we have prescribed government schemes for free distribution of napkins ahead of awareness initiatives. This is because of the measurable and long-term impact of facilitating trial of products. While equally important, awareness programs alone are not able to achieve the same level of adoption unless accompanied by an incentive for new users to try new methods of menstrual protection. When it comes to disposal, the ideal solution is centralised incineration of menstrual waste that is segregated at source. However, since that would require a huge behaviour change component and strict enforcement, we have also suggested an

⁹ Solid Waste Management Rules, 2016 (<http://bbmp.gov.in/documents/10180/1920333/SWM-Rules-2016.pdf/27c6b5e4-5265-4aee-bff6-451f28202cc8>)

¹⁰ Ministry of Drinking Water and Sanitation and UNICEF India, 'Menstrual Hygiene Management Guidelines, 2015' 22nd December 2015 (<http://unicef.in/Story/1177/The-National-Guidelines-on-Menstrual-Hygiene-Management->)

evaluation of decentralised incinerators and determining their viability as a solution for disposal at scale. The ultimate objective of any MHM intervention needs to be promotion of informed choices among girls and women with the least disruptive consequences for the environment and overall health of the society.

TABLE 1: A BLUEPRINT FOR STATES TO IMPROVE MENSTRUAL HEALTH MANAGEMENT

Steps/Stages	Intervention	Impact
<p>Step 1: Identify gaps and strategies for menstrual hygiene management</p>	<ul style="list-style-type: none"> • Build state level 5-year implementation plan for MHM laying out interventions by district to tailor solutions to specific local needs. • Identify challenges faced by women with regards to MHM bucketed under 4 following categories: <ul style="list-style-type: none"> ○ Awareness ○ Access ○ Usage ○ Disposal • Scrutinise existing schemes for MHM if any, and gaps thereof. • Map different groups of beneficiaries and their unique challenges. 	<ul style="list-style-type: none"> • Creates a clear roadmap for all stakeholders in the MHM ecosystem • Leads to targeted interventions to increase effectiveness of the MHM program • Effective allocation of resources for maximisation of impact • Better identification of partners required for MHM implementation on ground
<p>Step 2: Make MHM a government priority</p>	<ul style="list-style-type: none"> • Lend political goodwill to MHM in the state citing linkages to education and employment. • Create visibility of the issue through election promises/public health announcements. • Identify a nodal department to coordinate MHM initiatives. This department (in many instance Department of Rural Development) should have the ability to coordinate with state’s livelihood missions, health mission, education and urban development department. • Create local champions and capacity building at the district level. These champions could be officers at district level, SHGs, NGOs and special staff (through fellowships/contracting, etc.) to lead the MHM work locally. • Set bold quantifiable targets for awareness, penetration and disposal for a period of five years. 	<ul style="list-style-type: none"> • Leads to a shift in the public narrative around the importance of MHM and breaking social stigma around the issue • Brings action and accountability in bureaucracy w.r.t MHM initiatives • Builds capacity at the grassroots level to champion MHM initiatives • Attracts private sector/NGO partners for collaborations on MHM projects
<p>Step 3: Commit budget for free distribution of sanitary napkins</p>	<ul style="list-style-type: none"> • Undertake distribution of free sanitary napkins (~9-10 napkins per woman per month), using existing government distribution networks such as schools, anganwadi centres, hospitals, district health centres, etc. • Procure napkins for distribution through an open competitive tendering process. Commercial companies, SHGs, small scale industries should be allowed to compete till the time they meet the quality standards. 	<ul style="list-style-type: none"> • Increases access to sanitary napkins for those who cannot afford/have not tried napkins before • Induces behavioural changes in beneficiaries towards using hygienic methods of menstrual protection by facilitating

	<ul style="list-style-type: none"> As far as the budget allows, try to cover as many groups of women as possible including school going girls, college going girls, lactating mothers, older women in that order to drive adoption. 	<p>trials</p> <ul style="list-style-type: none"> Ready market for sanitary napkins by government leads to competition in turn leading to a decrease in prices, product innovation and development of a local ecosystem of producers.
<p>Step 4: Leverage all possible government touchpoints to increase access to products</p>	<ul style="list-style-type: none"> Leverage as many govt. distribution networks as possible for making sanitary napkins available. For ex. at Primary Health Centres, Sub hospitals, Anganwadi centres, schools, colleges, through SHG networks under livelihood missions, etc. Can also be done through vending machines in urban areas in places of high footfall. 	<ul style="list-style-type: none"> Ensures deeper penetration of menstrual hygiene products where usual retail shops may not otherwise sell commercial products.
<p>Step 5: Continue awareness efforts on menstrual hygiene management</p>	<ul style="list-style-type: none"> Use vernacular media and local community networks to increase awareness on menstruation as a biological process, choices of products for menstrual protection, correct usage of products and segregation of used products for disposal. Include MHM awareness in school curriculum through state board guidelines. Train teachers in public schools to build their capacity to engage in conversations related to MHM at school. Partner with CSOs/NGOs and private sector to conduct workshops in schools/colleges to increase awareness and education on menstruation. 	<ul style="list-style-type: none"> Increased awareness on menstruation as a bodily function leads to a decrease in misconceptions, taboos and myths surrounding it Leads to an increase in demand for hygienic menstrual protection products from ground up and can help inculcate the practice of segregation of menstrual waste among new users
<p>Step 6: Leverage SHG networks to increase production/distribution and waste segregation</p>	<ul style="list-style-type: none"> Tap funds from rural and urban livelihood missions to setup SHGs for production of sanitary napkins (<i>SHGs as manufacturers</i>) or distribution of commercially available sanitary napkins (<i>SHGs as retailers</i>) or collection of segregated menstrual waste depending on their capabilities. Organise SHGs into a collective to enable them to scale their operations. Aid the collective with capacity building, access to capital and market linkages. If SHGs are producing napkins, give them an opportunity to win government tenders to create a ready market for them. If SHGs are helping with waste disposal, connect them with Urban Local Bodies (ULBs) that can pay them for their services of collection of segregated menstrual waste, a prerequisite for centralised incineration of menstrual waste at city's/town's bio medical facilities. 	<ul style="list-style-type: none"> Presents an opportunity for alignment with state livelihoods missions Local production of napkins leads to higher involvement of women in MHM initiatives Leads to better penetration of products in otherwise remote areas Creates awareness among the community

<p>Step 7: Creation of gender friendly infrastructure</p>	<ul style="list-style-type: none"> • Create gender friendly infrastructure such as washrooms in public spaces, such as schools, hospitals, government buildings and community centres to enable dignified usage. • Ensure cleanliness and maintenance of washrooms to increase usability. 	<ul style="list-style-type: none"> • Comfort in using menstrual hygiene products due to privacy • Safe usage of products preventing infections and long-term health hazards
<p>Step 8: Invest in Menstrual Waste Hygiene Disposal Mechanisms</p>	<ul style="list-style-type: none"> • Incentivize ULBs to improve the segregation processes and infrastructure such that centralised incineration of menstrual waste can be achieved. • Introduce and pilot decentralised incinerators that meet with device standards including emission control guidelines issued by the CPCB. They can be installed in schools/ colleges or other areas such as office complexes that have a higher footfall. • Contract an agency for monitoring and evaluation of the use of decentralised incinerators that have already been installed under various schemes by central govt./state govts/ ULBs and under the pilot program referred to above. • Such monitoring and evaluation exercise should be done for a period of at least 1 year from installation. It should include evaluation based on different types of demographic profiles- rural/urban, in schools/offices, etc. and the results should be recorded around user experience, frequency of usage, ease of maintenance, initial and recurring expenditure incurred. • Basis the above study, determine the scalability of decentralised incinerators as a solution for menstrual waste disposal in the absence of centralised solutions • If local incinerators come out to be viable and scalable, undertake mass installation and user education. 	<ul style="list-style-type: none"> • Ascertain the viability of using decentralised incinerators prior to assigning public funds towards procurement at a large scale.
<p>Step 9: Promote informed choice among women and develop relevant disposal practices for alternative products</p>	<ul style="list-style-type: none"> • Increase awareness of and access to more environmentally sustainable alternate products for MHM such as menstrual cups, compostable sanitary pads, cloth pads etc. 	<ul style="list-style-type: none"> • Help women and girls make an informed choice not just about the products they use for menstruation but also the correct disposal of each of these choices

Based on the Tamil Nadu experience, we have further suggested the following framework for states to decide on focused interventions that will be most effective for them, depending on where they find themselves in terms of current status of adoption of safe menstrual hygiene practices.

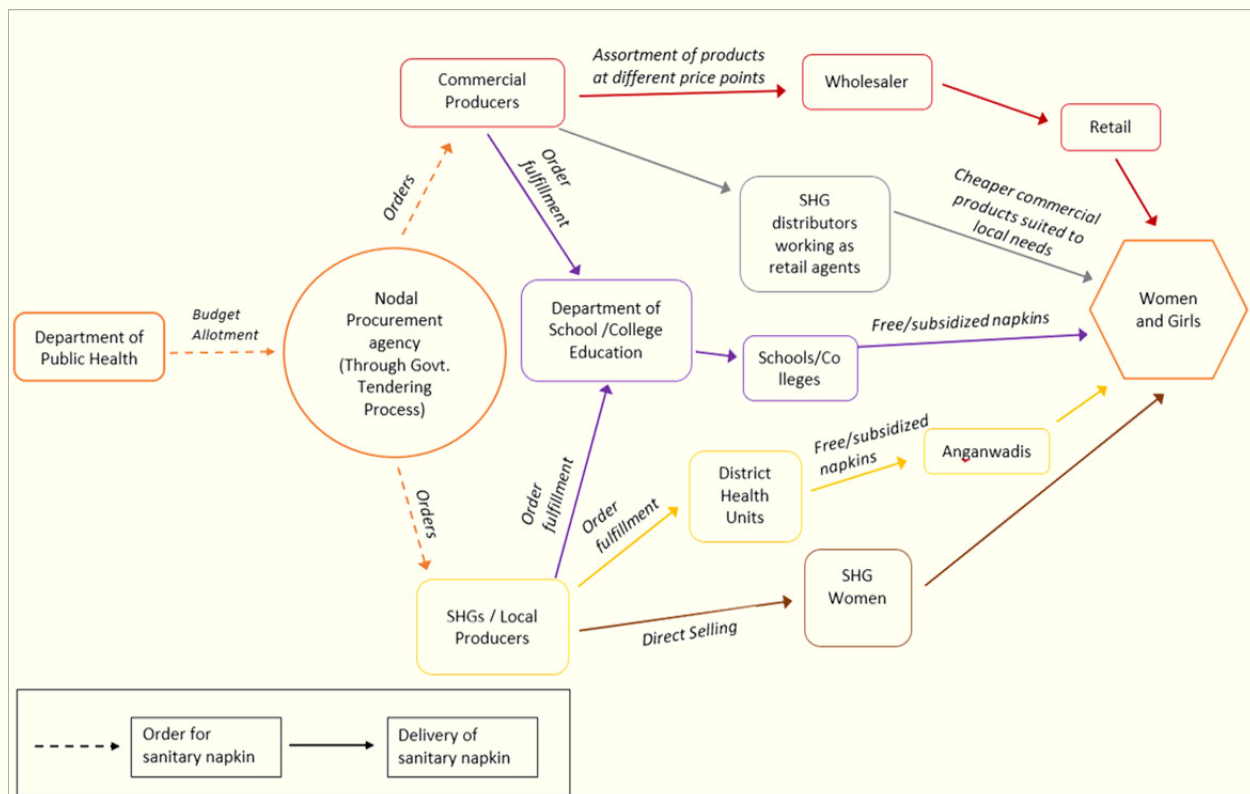
TABLE 2: FRAMEWORK FOR STATES TO IDENTIFY FOCUS AREAS

Current Status	Awareness	Access	Usage	Disposal
Low Adoption (<50%)	States with very low adoption should invest in mass media (tv/radio) vernacular campaigns to increase awareness	Must facilitate access to free sanitary napkins, especially for school going girls at the minimum to aid habit formation. This has the most impact on MHM adoption as evidenced by TN experience	To complement free distribution of napkins in schools, state should facilitate construction of girls toilets in schools	Focus on dignified disposal of napkins in schools to complement the free distribution program
Medium Adoption (50%-80%)	State should identify pockets of population, where awareness is still an issue. These regions should be targeted through focused programs run through NGO partners and through information dissemination in those schools/communities, etc.	States should endeavour to improve access by focusing on both aspects: 1) Reach- Improve distribution through tapping all govt. networks- PHCs, anganwadis, SHGs etc. 2) Price – Bring down the cost to customer by increasing government procurement for free/subsidised distribution and encouraging local manufacturing of products	Identify pockets where lack of sanitation facilities is a hindrance in areas where awareness and access are not a problem Educate women on correct usage of products	Install dustbins/incinerators in public toilets/ schools/ colleges for dignified disposal
High Adoption (>80%)	Continue with awareness efforts in still unpenetrated areas through hyperlocal targeted campaigns through local govt. bodies and door to door campaigns	Undertake free provision of menstrual products especially for the remaining women. Continue improving distribution networks for sanitary napkins in remote parts of the state	Educate women on correct usage of products	Given large scale usage, work with local communities to ensure proper disposal facilities. Undertake behaviour change campaigns to encourage segregation of menstrual waste at source. Encourage local bodies to incinerate this waste in central incineration facilities.

GETTING THE SANITARY NAPKINS IN THE HANDS OF WOMEN

As noted above, while all stages of MHM are extremely important, the first step to adoption is ensuring access. Once women have access to napkins (free or otherwise), it is observed that it often leads to a push for supportive infrastructure for usage and disposal. Further, once one generation adopts hygienic methods, this information is passed on to the next generation almost automatically. Therefore, with a focus on improving access, we have mapped the various distribution channels through which sanitary napkins may reach their intended users.

Figure 2: Distribution Channels for Sanitary Napkins



CASE STUDY: LEVERAGING SHGS FOR LOCAL PRODUCTION AND DISTRIBUTION

One of the major factors of success of Tamil Nadu's MHM program is attributable to a strong network of self-help groups (SHGs) in the state. They have been instrumental in increasing availability of low-cost sanitary napkins (SNs) in rural areas. In 2002, SHGs started producing SNs at the community level and spread awareness on menstrual hygiene in the community under the umbrella of State Livelihood Programmes. Over time, the SHG network has come together and formed a federation by the name of SanFed, setup by the Tamil Nadu Corporation of Development for Women (TNCDW) under the Department of Rural Development and Panchayati Raj, to coordinate the activities of SHGs and increase their contribution towards the supply of sanitary napkins for girls and women under the state's Menstrual Health Program (MHP) through which Tamil Nadu undertakes free distribution of napkins.

Established in 2017 with a seed amount of Rs. 20 lakhs, SanFed is a federation of over 60 SHGs spread across 32 districts in Tamil Nadu, largely in rural areas, with a minor presence in certain urban parts of Tamil Nadu. Each SHG comprises of 6-12 women members coming from low-income families.

It is now the nodal agency for receiving procurement orders for production of SNs from the Tamil Nadu Medical Services Corporation (TNMSC) and supplies beltless SNs for the Menstrual Hygiene Programme (MHP), free sanitary napkin distribution program, in the state. Once orders are received, SanFed allocates them amongst districts based on the production capacity of SHGs, who then directly supply sanitary napkins to the District Health Centres under the Department of Public Health and Preventive Medicine (DPH). SanFed ensures that SHGs meet the quality standards set by the gov. in their tenders through capacity building and rigorous quality testing and leverages its bargaining power to access working capital funds and enables bulk procurement at cheap rates for SHGs.

The SHGs incur a cost of Rs. 2.5 per SN and sell it to the government at Rs. 3.5, making a profit of Re.1 per SN. The average income of an SHG from government procurement lies between Rs. 30,000 to 40,000 per month, with additional income if they are also supplying sanitary napkins commercially. Given their reach they have been instrumental in driving both awareness and access to sanitary napkins, especially in those areas where regular commercial products do not reach through retail channels.

ENSURING SUSTAINABILITY THROUGH EFFECTIVE WASTE DISPOSAL

The desired outcomes for MHM will require state governments to focus adequately on effective and environmentally sustainable disposal of menstrual waste in parallel with adoption and access of menstrual products. While centralised incineration is an ideal solution towards effective and sustainable disposal, sufficient infrastructure and segregation processes towards achieving this are not presently forthcoming. In such a scenario, decentralised incinerators have emerged as an alternative solution and have seen an increasingly wide scale adoption. It has also been promoted through various protocols and programs both under the Swachh Bharat Mission and otherwise. Despite these developments, there are no standards and protocols in place currently to ensure that the incinerators that are installed are in fact compliant with emission control guidelines and are environmentally sustainable. Further, on-ground experiences seem to suggest lack of usage even after installation in many areas. Therefore, there is a need to verify, monitor and evaluate whether decentralised incinerators can serve the purpose of sustainable and effective disposal before scaling. Wherever possible, the government should also work towards building systems and inculcating behavioural change that make centralised incineration of menstrual waste viable in the long term.

CONCLUSION

Indian women have a right to safe and dignified means of menstrual health protection. State governments need to take leadership on this issue given the disparity in local needs w.r.t adoption of hygienic practices. Creating an effective MHM ecosystem is a challenge that can be solved through coordinated and concerted efforts by different departments such as Department of Health, Department of Education, State Livelihood Programs and Urban Local Bodies. Gains in MHM translate to better health, lower school dropout rates, more labour force participation for women and benefits are carried down the generations. As compared to the quantum of intergenerational gains to be made, MHM programs are low investment for state governments. It is imperative that policymakers make MHM an urgent public health priority and implement suitable interventions based on the above blueprint after undertaking a thorough review of current challenges in the MHM ecosystem in their states.