MENSTRUAL HYGIENE MANAGEMENT PLAN- A TEMPLATE FOR STATE GOVERNMENTS

OBJECTIVE OF THE STATE MHM PLAN

The overall objective of the state MHM plan is to assess the gaps in Menstrual Health Management in the state in terms of awareness, access, usage and disposal, and to suggest interventions for improvement in each of these buckets. The plan will assess the current and projected demand for menstrual hygiene products, map local and large-scale suppliers operating in the state, study penetration of relevant distribution networks including retail channels, analyse performance of existing MHM schemes/interventions and identify opportunities for further improving MHM over a five-year period. Given the vast disparity of MHM practices within the state due to various socio-economic factors (such as urban/rural split, beliefs in different communities, etc.), the State MHM plan is envisaged to be based on a district level analysis. This will help in tailoring interventions to each region to ensure better allocation of resources and maximum impact. States are also recommended to set quantifiable targets for improvement in MHM with an aim to enhance their performance in the subsequent rounds of National Family Health Survey (NFHS) on this metric. The following template of the state MHM plan may be used:

OVERVIEW OF MHM IN THE STATE

This section will provide an overall summary of MHM in the state, including the current overall levels of adoption of MH products and associated issues. It will provide data and statistics from existing reports and surveys, including research studies, academic papers and information from independent organisations, and make a case for the need of intervention in the area of MHM.

COMPARISON OF MHM ADOPTION IN DIFFERENT AREAS

Continuing from the previous section, this section will briefly touch upon the variations observed in the state with respect to the hygienic methods of menstrual protection followed, including the differences in rural and urban areas, broad regional disparities (for large states) and so on. These variations will be bucketed into the following issue areas:

- Awareness: Having access to adequate information on the biology behind menstruation and knowledge of different menstrual hygiene products available
- Access: Having easy, affordable and dignified access to different varieties of feminine hygiene products to absorb or collect menstrual blood.
- Usage: Having gender-friendly sanitation facilities affording privacy and dignity to change materials used for menstrual hygiene protection.
- Disposal: Having access to facilities to dispose of used menstrual materials discretely.

The purpose of this section is to explain to the reader the need for tailoring the proposed solutions according to the requirements of different locations.

MENSTRUAL HYGIENE PRODUCTS USED IN THE STATE

This section will briefly summarise the menstrual health practices observed by women throughout the state with respect to the type of menstrual hygiene products used. While the focus will be on the hygienic methods practiced, brief mentions of other methods/products/materials used can also be presented. The reach of popular MHM products through various touch points will also be a part of this section.

The information in this section may be useful while planning the solutions, especially with what products to push in which areas. For instance, if a brand is prevalent in a certain area, it may be easier to promote that very product as opposed to introducing an entirely new one.

BARRIERS TO MHM IN THE STATE - SOCIAL & PERSONAL

Apart from high price and lack of physical access, women face various barriers in accessing and using hygienic menstrual products, and this section will focus on MHM related behavioural issues both social (pushback from family and communities) and personal (resistance to using previously unknown products or spending money on such products). Further, given how menstrual practices among different communities in a state may also vary due to associated religious and/or cultural beliefs, these too will be specifically included in this section.

This section will help the state understand behaviours and beliefs related to menstrual health that need to be addressed through state interventions.

EXISTING INTERVENTIONS/SCHEMES IN MHM IN THE STATE

A snapshot of existing interventions being implemented in the state will be provided in this section. This will include those by the central government,[1] the state government's own interventions (if any) and any major intervention by private sector/international aid bodies, NGOs at scale. The section will provide details on each of the interventions including, but not limited to, the target beneficiary group, what the intervention aims to achieve, the implementing mechanism being adopted, an organisation chart mapping devolution of responsibility and funds, geographical reach of the intervention and the results of any evaluations or reports (if available). The mapping of existing policies will be useful in deciding the future course of action. A suggested mapping template is provided below:

Scheme	State/Central Scheme	Years of operation	Aim/Objective	Target Group	Budget Allocation	Geographical Reach (Number/name of districts covered)	Number of Beneficiaries	Impact Achieved
Scheme1								
Scheme2								
Scheme3								

[1] These are likely to be implemented by the State Government, with funds flowing from the Centre.

DISTRICT-WISE SITUATION ANALYSIS

Following the above state level overview, a district-wise analysis is recommended. As described above, different barriers may exist across different regions, and a district wise analysis will allow to account for these. While it may be argued that variations will be observed within a district as well, this approach is also preferred due to the role of the district administrative set-up in ensuring last-mile implementation of schemes and policy interventions, including any on MHM. Further, proposed solutions can be tailored at the district level in line with local administrative capacity through this approach.

For each district, information on the following metrics needs to be collected. *(Please note that not all information is quantitative, some of the information is qualitative, for example, taboos prevalent in the district around menstruation)*:

Information to be collected:

- ***Number of girls/women in their menstrual years***
  - Split total numbers between rural and urban
  - Projections for next 5 years for the district

- ***Awareness of menstrual hygiene practices among stakeholders***
  - Percentage of women aware about safe/hygienic usage of menstrual products (Split data by different groups of women- adolescent girls/young women, lactating women, older women)
  - Awareness among influencers (SHG heads, teachers, community elders, male family members etc.)
  - Taboos around menstruation among different communities in the district (if any)

- ***Access to and/or availability of materials***
  - Percentage of women using menstrual hygiene products
  - Available access points (where are MHM products physically available including retail, schools, etc.)
  - Average distance to the nearest place for buying/accessing menstrual hygiene products
  - Options/ types of menstrual hygiene products available
  - The various price points at which products are available
  - Type of menstrual hygiene products used (locally produced or commercial brands)
  - Who procures the products at the last mile? (male members of family, etc.)
  - Number of local producers operating in the district

- ***Usage practices among different target age groups***
  - Availability of women friendly sanitation (WFS) facilities at different locations (home, school, place of work etc), their usage and maintenance.
  - Awareness of safe usage (for example, frequency of napkin change)
  - Number and type of menstrual hygiene product consumed during a menstrual cycle.

- ***Disposal***
  - Availability of discrete methods of disposal. If available, type of method and frequency of usage.
  - Methods by which menstrual products are disposed at a personal level.

- Disposal methods adopted at the community/village/town/city level.

MHM ROADMAP FOR THE NEXT FIVE YEARS

Based on the above analysis, a roadmap will be finalised for a five-year period. This section will include:

1) **Targets for MHM improvement in the state over a five-year period**
   Based on past performance of programmes (if any), and on the current status of menstrual hygiene management in the state, targets for improvement must be set with defined timelines.

2) **Budget allocations**
   Prioritising MHM in the state will require commitment of financial resources from the government for outreach and implementation of the planned interventions. The state MHM plan should indicate a consolidated budget for MHM for the next five years with a breakup of intervention-wise allocations.

3) **Identification of a nodal agency/department to coordinate MHM initiatives in the state**
   Due to the nature of interventions in MHM, it is likely that their implementation will fall across multiple departments/ministries within the state government. For example, Department of Health will have to coordinate with Department of Livelihoods for production of napkins through SHGs and for distribution of napkins with the Department of Education. Therefore, the state government must consider designating a nodal agency to coordinate all efforts taken within the state to improve the MHM ecosystem. Further, roles and responsibilities for each department must be clearly identified within the plan.

4) **Proposed solutions mapped to each district and with timelines:**
   This will be the main body of the state MHM plan and interventions will be clubbed into the following four buckets to match with the assessment:
   a. Awareness
   b. Access
   c. Usage
   d. Disposal

   The solutions will be tailored according to the needs and requirements of every district due to the diverse set of issues which may be witnessed across a state. An overview of all activities planned across the state may take the following shape:

Intervention Bucket	Activity	Timeline	Budget Allocated	District1	District2	District3
Awareness	Activity1	XX months	INR XX	✓		
	Activity2	XX months	INR XX		✓	
Access	Activity1	XX months	INR XX		✓	
	Activity2	XX months	INR XX			
Usage	Activity1	XX months	INR XX			✓
	Activity2	XX months	INR XX			✓
Disposal	Activity1	XX months	INR XX			
	Activity2	XX months	INR XX	✓		

Further for each district, a list of activities to be conducted can be summarised as the following:

District Name: XX								
Intervention Bucket	**Name of Interventions**	**Brief description of activity**	**Funds Released**	**Timeline**	**Target Group**	**Focus Blocks**	**Number of beneficiaries**	**Stakeholders involved in implementation**
Awareness	Activity 1		INR XX	XX months				
	Activity 2		INR XX	XX months				
Access	Activity 1		INR XX	XX months				
	Activity 2		INR XX	XX months				
Usage	Activity 1		INR XX	XX months				
	Activity 2		INR XX	XX months				
Disposal	Activity 1		INR XX	XX months				
	Activity 2		INR XX	XX months				

5) Plan for Monitoring and Evaluation (M&E)

The state MHM plan should plan for monitoring and evaluation of interventions, through an MIS system recording data periodically. This data should be made available in the public domain. This will enable third party evaluations using the MIS which may be used to modify activities/interventions according to the insights gained.

APPENDIX: GUIDELINES FOR THE STATE MHM STUDY AND PLAN[2]

Before assessment begins:

- A review of existing data for the district must be conducted. This is vital since available relevant data will be used to inform possible channels for implementing solutions. For instance, if the penetration of SHGs in a district is high, they can be leveraged to act as channels to produce and/or distribute sanitary napkins. However, if SHG penetration is low, then other solutions will have to be devised in order to reach the village level. Some datasets which should be investigated include:
    - NHM MIS
    - SHG penetration in district/block (NRLM MIS), if available
    - Number of public schools and hospitals
    - Number of ASHA workers/anganwadis
    - Number of colleges
    - CBOs working in the district on the issue/related issues, if available/applicable
- For primary data collection, the government must identify relevant government officials to conduct the exercise, or alternatively, decide the 'Terms of Reference; and the process for selecting a private organisation to conduct the exercise. Such an exercise, however, will most likely be anchored at the state level since a single uniform process will have to be followed across districts.

During assessment exercise:

- Things to keep in mind:
    - Due to the nature of the issue, consider including appropriate local persons for data collection
    - Qualitative methods/questions may collect more insights regarding practices/beliefs as compared to quantitative methods. The following information must be collected during qualitative and quantitative survey methodologies:
        - *Qualitative*:
            - Understanding of behaviours and events
            - Understanding of reasons, perspectives and motivations
            - Understanding cultural norms and social practices
        - *Quantitative*:
            - Prevalence or incidence of a habit or practice
            - Generalising results from sample to the larger region (block)
- Implementation principles:
    - Facilitators interacting with girls must be women, and those interacting with men/boys may be men/women
    - Facilitators need to be trained to interact with children about sensitive topics
    - Use local language and terminologies must be the norm as much as possible
    - Questionnaires must begin with generic questions, and ease into MHM issues
- Ethical considerations:
    - Ensure consent of parents/guardians is obtained in case of interacting with minors
    - Ensure privacy in interactions to build confidence among respondents, particularly women/girls
    - Confirm anonymity of respondents before every interaction

[2] Prepared based on using information in the MHM toolkits prepared by Save the Children (available here: https://www.savethechildren.org/content/dam/global/reports/health-and-nutrition/mens-hyg-mgmt-guide.pdf) and the strategy document for improving menstrual hygiene in Pakistan (available here: http://www.wins4girls.org/resources/2017%20Pakistan%20Menstruation%20Hygiene%20C4D%20Strategy%20and%20Action%20Plan.pdf)

- Data collection exercises can be done at the block level, if the state capacity allows.
- The data collection exercise will be done through the following methods:
    - Focus Group Discussions (FGDs)
    - In-depth Interviews/Surveys (IDIs)
    - Key Informants Interviews (beneficiaries, teachers, headmaster/headmistress, AWW, ASHA, doctors, nurses)
- Standardise answers to enable easy analysis

Post data collection analysis:

- All information and data gathered must be synthesised into a readable fashion and summarised into a report with key findings.
- The secondary data collected (if any) in the pre-data collection stage must be combined to produce insights in the report. However, care must be taken to identify the relevance and applicability of the secondary data (say, by the geographical coverage, time of survey etc).
- Identify repetitive findings which are likely to emerge, especially during FGDs and IDIs. These could include:
    - Taboo practices and/or community practices which influence habits in the region
    - Highlight examples of positive deviants (for example, a good practice implemented at a school level, or an awareness program targeted at adolescent boys and girls)
    - Access to, usage of or a preference for a particular menstrual hygiene product.
- Post the collation of data and based on the proposed solutions to be implemented in the district, buy-in of the relevant stakeholders will be required. These may include government and non-government bodies/groups/collectives who will be influencers at the community level or can potentially be implementation partners. Strategic alignment of stakeholders is important for successful implementation of any plan of action, and to ensure that efforts made yield measurable impact.