Menstrual Hygiene in Schools in South Asia:

2018-2020 update

Key Observations

- **Cross-sectoral collaboration amongst ministries** such as the Ministry of Jal Shakti, Ministry of Education with Department of Education, Ministry of Human Resource Development, Ministry of Health and Family Welfare, and Ministry of Women and Child Development contributed towards national policy and advocacy efforts to address school WASH needs with a special emphasis on MH.

- **The RedDotChallenge campaign on MH reached a million people** within 24 hours of its launch online with hundreds of individuals including influencers and celebrities endorsing it.

- **State-level, costed, menstrual hygiene management plans have been developed in Maharashtra, Gujarat, and Assam** which will contribute to MH-friendly schools for up to six million girls.

- **Campaigns and interventions are promoting increased attention to the use of more sustainable menstrual products** as well as investigating options related to the disposal of menstrual waste.

WASH in Schools (WinS) overview:

(https://washdata.org/monitoring/schools/dashboard)

**Drinking Water Availability**

- 73% of schools have basic water supply
- 3% of schools have limited water supply
- 24% of schools have no water supply

**Sanitation**

- 73% of schools have basic sanitation
- 3% of schools have limited sanitation
- 24% do not have sanitation facilities

**Hygiene**

- 54% of schools have basic facilities
- 5% of schools have limited facilities
- 41% of schools lack basic handwashing with soap and water

**Key Issues**

- Only 36% of schools in India had functional incinerators for the disposal of sanitary waste (JMP, 2018).

- Schools have improved their MH corners for girls to access information on MH (e.g. posters, pamphlets, booklets, information charts, and sanitary pads/absorbents and IEC) in Maharashtra, Uttar Pradesh, Jharkhand, and Gujarat.

- Pratishtha rooms/changing rooms have been set up in schools (including in residential schools for tribal children in Maharashtra).
# Country Snapshot: India

## MH Overview

### Policies
- The Consolidated Education Programme (2019) includes guidance on MH, O&M of facilities, and has an annual maintenance grant for school O&M.
- Guidance on menstrual waste, issued in 2018, has been updated by Swachh Bharat Mission-Phase 2 guidelines (Government of India, 2020); MH is included in state solid- and liquid-waste management strategies.
- The National Education Policy (2020) includes attention to MH and WASH.
- UNICEF and WaterAid India undertook three national consultations with civil society and line departments on MH to develop policies, standards, guidelines, or legal frameworks.
- State-level MH strategies were launched in Bihar, Madhya Pradesh, Jharkhand, West Bengal, and Chhattisgarh. State action plans were rolled out in Andhra Pradesh, Maharashtra, Gujarat, Madhya Pradesh, and Uttar Pradesh.
- The School Health Ambassador Initiative (SHAI) was launched in 2020. Every government school has two teachers selected as ‘health and wellness ambassadors’ to raise awareness about preventive health on 11 themes including MH. SHAI is a joint programme of the Ministries of Education and Health.
- UNICEF carried out a gap assessment (with US $10.7 million in funding leveraged) to inform national inter-ministerial coordination and support the development of state-level plans in Rajasthan, Gujarat, and Jharkhand for MH counselling (with a dedicated budget) as well as district plans in Uttar Pradesh and Maharashtra.
- A WASH package in residential schools for tribal children (Ashramshala) includes MH was supported by the National Stock Exchange Foundation in Maharashtra, Madhya Pradesh, and Rajasthan.

### Education materials
- The Maharashtra government made MH a mandatory part of school curricula for both girls and boys. In Gujarat the Department of Education started weekly MH classes in July 2019 for senior secondary female students. In Uttar Pradesh the Kishori Suraksha Yojana (Adolescent Girl Protection Scheme) delivers key MH messages to girls in classes 6 to 12. In Chhattisgarh and Bihar the Adolescent Life Skill Module includes MH.
- States have trained front line workers like Accredited Social Health Activists (ASHA), Auxiliary Nurse Midwives and anganwadi workers to provide information and support to adolescent girls on MH.
- In Mirzapur, Uttar Pradesh MH Learning Labs and e-learning modules have promoted awareness in upper primary schools. Students are encouraged to bring their parents to visit the lab to discuss issues around MH with counsellors.
- A number of initiatives promote peer-to-peer education and support on MH. Older with capital older sisters/brothers, adolescent boys, girls, and friends have been trained to support girls. In schools, child-led collectives like the Bal Sansad (Children's Cabinet), members of Meena Manch (a student platform in Bihar), and School Health Ambassadors also support outreach and allow for safe spaces to address gender myths and stigma around MH.
- Social media and films, such as Pad Man, have generated mass awareness on MH and made efforts to address widespread myths and misconceptions.
- The Sukhibhava Foundation launched a Period Fellowship in 2020 for graduate students designed to nurture future male and female leaders in MH. The Fellows receive a stipend of INR 25,000 per month.
- UNICEF supported communication campaigns to break the culture of silence on menstruation (e.g. Red Dot challenge, #LetsTalkAboutPeriods, FM radio broadcasts in West Bengal).
Adolescents and youth were engaged through U-Report India where chatbots were used to create awareness and build knowledge of MH. In collaboration with the Ministry of Youth Affairs and Sports, U-Report India has begun engaging India’s largest student volunteer organisation (the National Service Scheme, India) which has a network of 4.1 million student volunteers.

**Is MH in EMiS?**

MH is not included in EMiS. Progress on MH is monitored in government schools through Health Day Session Cards and Adolescent Health Club Cards in Gujarat. The new School Health Initiative, Rashtriya Kishor Swasthya Karyakram (RKSK), and other schemes also have MH indicators (such as access to pads as well as access to counsellors). Reporting on these indicators remains a shortcoming.

The MIS planned for the recently-launched SHAI will include indicators on MH (access to products for managing MH and correct information).

**Current evidence – key findings**

’Socio-Cultural Belief and Practices Related to Menarche and Menstruation among Tribals of Kargil, J&K’ (2020). Results found that mothers and grandmothers in the Purig and Balti tribes of Kargil hold and follow a number of restrictions related to menstruation including: cutting of hair/nails, bathing during their period, or the disposal of used sanitary materials by burning or burying.

‘Menstrual Hygiene Preparedness Among Schools in India: A Systematic Review and Meta-Analysis of System-and Policy-Level Actions’ (2020). Results found that less than half of girls were aware of menstruation before menarche. Teachers were a less-common source of information about menstruation for girls.

A UNICEF and NIUA study on adolescents in India (2020) indicates that adolescent girls living in poor urban settings are deprived of proper MH facilities, where one in every two girls is unable to use sanitary napkins or tampons during her menstrual period because she cannot afford it.

According to the 2018 ASER survey, 22.8 per cent of schools have a toilet that cannot be used, and 11.7 per cent have a separate toilet for girls that are unusable. Another 10.5 per cent have toilets for girls that can be used but remain locked. A lack of clean, functional sanitation facilities in schools is a key factor that dissuades girls from attending classes, especially during periods.

**Coordination platforms/mechanisms at national/sub-national levels**

A better convergence has been noted across various line departments (adolescent, nutrition, health and education, and rural development) with the Ministry of Health now leading on MH.

The Menstrual Health Alliance (MHAI) is a national-level platform of approximately 35 organisations. MHAI has been researching disposal methods of menstrual waste as part of a committee reviewing standards for reusable menstrual absorbents. MHAI has also been advocating for informed product choice.

**MH in schools practice**

### Materials

States, such as Rajasthan, Odisha, Gujarat and Maharashtra, have highly-subsidised, pad-distribution programmes. In Gujarat, the Department of Education provides sanitary pads and disposal units for government schoolgirls in middle and senior secondary classes. Pad banks have also been created in some schools to improve the supply of pads.

In Bihar the Mukhyamantri Kanya Uthan Yojana was launched in 2018, an online conditional cash-transfer programme. It transfers around INR 300 per year to enable school-going adolescents to buy sanitary pads.

The Bureau of Indian Standards has reviewed standards for disposable pads, is currently reviewing national standards for reusable menstrual products, and is considering the development of menstrual cups.

In 2018 the Government launched highly-subsidised (INR 2) oxy-biodegradable sanitary pads (‘Suvidha’). These are available from Janaushadi centres (pharmacies selling generic medicines). Some experts state that oxy-biodegradable plastics are not compostable, but break down into micro-plastics.
## Country Snapshot

**India**

### MH Journey in India

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<tr>
<th>Year</th>
<th>Key steps – India WinS MH</th>
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<td>2019</td>
<td>The MHM India Summit 2019 focused on an integrated approach to manage MH and increasing awareness in society.</td>
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<td>2020</td>
<td>Prime Minister Narendra Modi made the following statement in his Independence Day speech: ‘This government has also been persistently concerned about the better healthcare for poor sisters and daughters. We have done a huge job to providing sanitary pads at one rupee each in Janaushadhi Kendra. In a short span of time, more than five crore sanitary pads have been delivered to these poor women from 6,000 Janaushadhi Kendras’. The central government launched SHAI to spread awareness about preventive health (including MH). Under the initiative two teachers will be identified in every government school as ‘health and wellness ambassadors’.</td>
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### Equity and inclusion

Residential schools for girls from Scheduled Castes and Scheduled Tribes (Kasturba Gandhi Balika Vidyalayas (KGBVs)) and girls hostels. In Madhya Pradesh (with WaterAid), Chhattisgarh, and Maharashtra UNICEF has supported KGBVs with improved WASH; interactive AV sessions on MH; as well as orientations on MH for teachers, hostel wardens, anganwadi workers, and ASHAs. MH has been integrated into girls’ life skills activities. In Telangana hygiene kits have been provided in KGBVs. In Jharkhand MH Chachi Boxes (MH Auntie Boxes) have been provided in KGBVs. The boxes contain comic books, IEC material, other MH information as well as a stock of reusable sanitary pads. In Gujarat district-level MH programming is being supported in two tribal-dominated districts (Narmada and Sabarkantha) where funds have been leveraged from district authorities to cover ST girls and women with knowledge on MH and access to safe products.

Children who are visually impaired: Trainings and awareness sessions have been conducted for girls with visual impairments in schools in Uttar Pradesh as well as the Nakoda School for Deaf and Dumb by WSSCC and others.

Schools in the tea estate region/areas: As a part of UNICEF’s programmes in tea garden communities in Assam, MH is included in specific events such as Village Health and Nutrition Day and Rashtriya Bal Swasthya Karyakram (RBSK) Day; Anganwadi workers hold circle meetings with adolescent groups; and online workshops are held on making reusable cloth pads with Ecofemme, a pad company.

Out-of-school girls: Integrated Child Development Services (ICDS) cadres have been trained to reach out-of-school girls on MH through the Scheme for Adolescent Girls (SAG) in Bihar and Gujarat.

Under SBM-Gramin, school incinerators are being assessed against various parameters (including technology, O&M, emission, etc.). In Maharashtra a budget of INR 203.5 million has been leveraged from SBM-G for the provision of incinerators. Low-tech options, such as the Matka (earthen pot) incinerators, are promoted in Sangli, Maharashtra in association with the Lulla Foundation.

Campaigns are taking action against menstrual waste: #TheFreePeriod and the Green The Red promote awareness on the reusable/sustainable menstrual product options.

The National Environmental Engineering Research Institute (NEERI) has been investigating the effects of deep burial of pads on soil and water.

Low-tech options, such as the Matka (earthen pot) incinerators, are promoted in Sangli, Maharashtra in association with the Lulla Foundation.
What’s coming up? Opportunities for MH in WinS to 2024

- Greater attention on MH in safe sanitation management issues including solid and liquid waste.
- Continued advocacy and support to states to develop action plans and urban, solid-waste strategies.
- The Bureau of Indian Standards revised the quality standards for sanitary pads and are considering standards for reusable cloth pads. There are opportunities for promoting informed product choice for reusable products.
- Investigating disposal options for MH products in schools such as composting, deep burial, and vermicomposting.

References:


Reviewers:

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