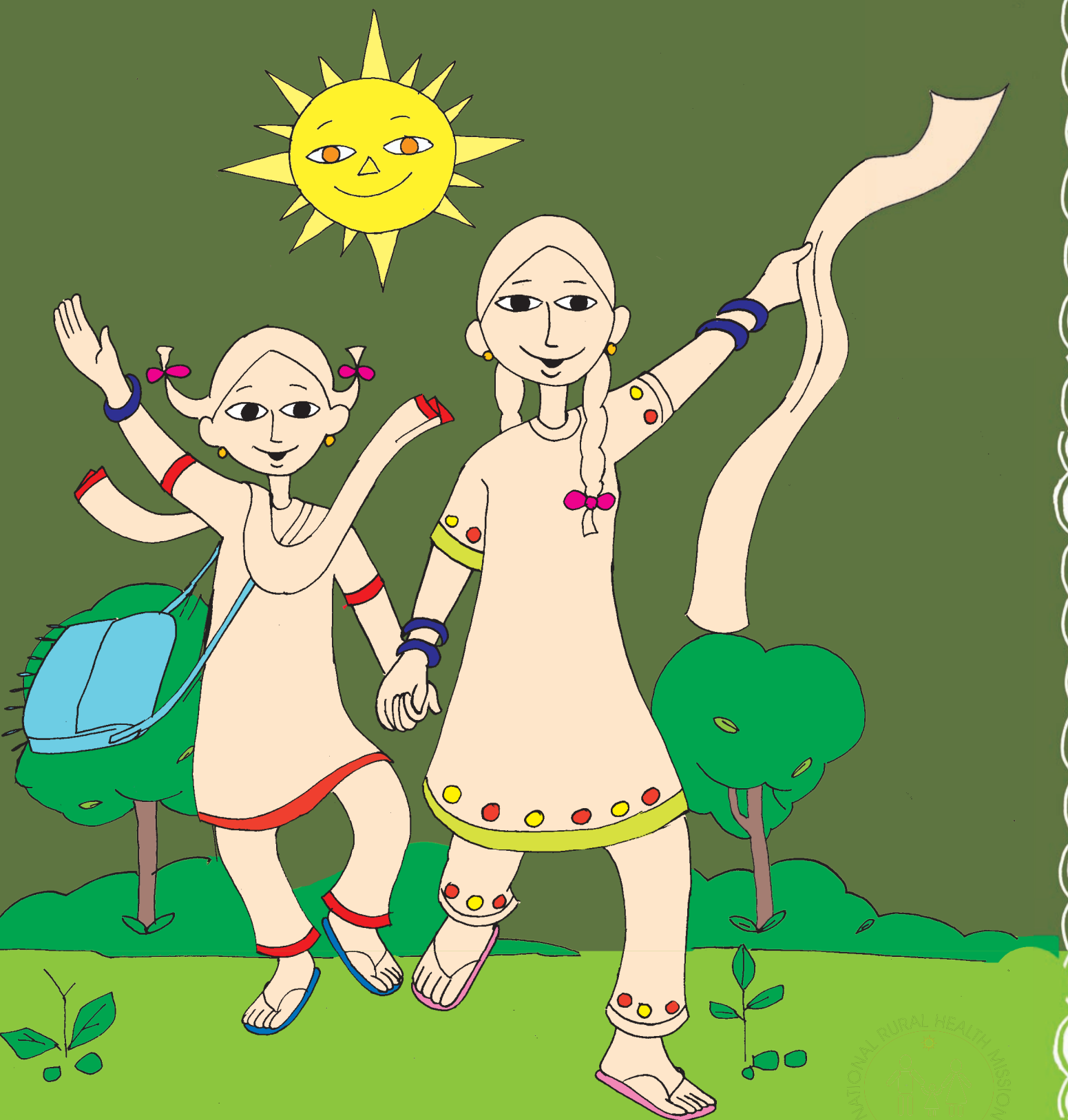


Operational Guidelines

Promotion of Menstrual Hygiene among Adolescent Girls (10-19 Years) in Rural Areas



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गुलाम नबी आज़ाद
GHULAM NABI AZAD



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108

Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

MESSAGE



Promoting adolescent health is an important part of the Reproductive and Child Health component of the National Rural Health Mission. If girls and women are to live healthy and productive lives, with dignity, menstrual hygiene is a priority. In majority of rural areas, there is complete neglect of menstrual hygiene due to low awareness levels and lack of access to sanitary products. Taboos and myths surrounding menstruation limit girls' access to schooling and socializing, adding to the existing gender discrimination.

The scheme for promotion of Menstrual Hygiene combines health education for adolescent girls in rural areas, providing a regular supply of sanitary napkins and enabling other sanitation measures such as access to water and toilets in schools and in the community through convergence with other programmes. Building on existing experience in the country, this scheme also promotes the active participation of women self help groups in the manufacturing of sanitary napkins. It will not only generate economic livelihood for the people in the villages, but will also promote local demand and distribution at a relatively low cost.

The Operational Guidelines on this scheme are a major effort in promoting menstrual hygiene in the country. The National Rural Health Mission is committed to providing the resources and technical support required to implement the scheme initially in the selected districts. I call upon programme managers to make effective use of these guidelines and ensure that the programme reaches all girls in the rural areas.

(Ghulam Nabi Azad)



K. SUJATHA RAO

Health & FW Secretary

Tel.: 23061863 Fax : 23061252

e-mail : secyhfw@nic.in



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110108

MESSAGE



Existing national health programmes such as the Adolescent Reproductive and Sexual Health (ARSH) and the Adolescent Education Programme (AEP) include a range of interventions for adolescent girls and boys who are in school and out of school. While pilot interventions to promote menstrual hygiene exist, the scheme for menstrual hygiene provides an opportunity for states to implement these in multiple districts.

The scheme for promotion of menstrual hygiene builds on and strengthens interventions for adolescent girls by creating a forum for discussion on menstrual health and hygiene, and distribution of sanitary napkins. The scheme emphasizes the involvement of the local women's groups, VHSC, and the ASHA in the promotion of menstrual hygiene. We hope that the scheme for menstrual hygiene serves as a platform to discuss other issues related to adolescent reproductive health.

The scheme provides for a package of health education and supply of sanitary napkins. But promoting menstrual hygiene also involves behaviour change among other influencers such as older women, access to safe water and clean toilets. States are expected to strengthen convergence with programmes such as the Total Sanitation Campaign (TLC) and the Sarva Shiksha Abhiyan to leverage support for building and improving water and toilet facilities in the community and in schools. The route of enabling self help groups to manufacture sanitary napkins opens an avenue for economic empowerment and raising awareness among older women as well.

Ensuring quality control of the sanitary napkins and safe disposal after use are critical component of the programme and states will need to pay attention to this.

The Ministry is launching these Operational Guidelines to facilitate the implementation of the scheme by the states. The Operational Guidelines have been designed with sufficient flexibility to allow adaptation of the scheme to the local context. Although the scheme is being implemented in 152 districts, it is hoped that states will use this beginning, to scale up the intervention to the entire state.

(K. Sujatha Rao)



P.K. PRADHAN, IAS

Additional Secretary &
Mission Director (NRHM)
Tel.: 23061451 Fax : 23061975
e-mail : md-nrhm@nic.in



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108

Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

MESSAGE



The scheme on promotion of menstrual hygiene marks a step forward in the adolescent reproductive and sexual health programmes in the country. Promoting menstrual hygiene will yield several dividends. Apart from addressing the very real need of ensuring the comfort and dignity of girls, it could promote school attendance and retention. The scheme also enables the broader participation of ASHA and women's groups in the community to engage with adolescent girls which could serve as an entry point for discussion on other adolescent health issues.

The Operational Guidelines lay out the contours of the scheme, including the management, monitoring and supervisory structures. The Central government has also developed reading material and training modules including a communication package to enable training of ASHA and other groups at the village and community level.

I hope that the states are able to effectively use these guidelines to implement the scheme to promote menstrual hygiene among rural adolescent girls.

(P. K. Pradhan)

Contents

I.	Introduction & Rationale	9
II.	Objectives of the Programme	9
III.	Target Groups	10
IV.	Overall Strategy	11
V.	Selection of Districts	11
VI.	Components of the Programme	12
VII.	Service Delivery Framework	16
VIII.	Operationalisation of the Programme	18
IX.	Management Structure	20
X.	Monitoring and Supervision	21
XI.	Non-negotiable in Programme Implementation	23
	Annexure 1	24
	Annexure 2	26

I. Introduction and Rationale

The Adolescent Reproductive and Sexual Health (ARSH) and the Adolescence Education Programme (AEP) are core components of national health programmes that address adolescent health. Both these programmes include a range of interventions for adolescent girls and boys who are in school and out of school. This scheme for promotion of menstrual hygiene builds on and strengthens interventions for adolescent girls by creating a forum for discussion on adolescent health related issues such as early age at marriage, nutrition, gender issues, contraceptives, self-esteem and negotiation skills, making available information and products related to improved menstrual hygiene.

In India, menstruation and menstrual practices are clouded by taboos and socio-cultural restrictions for women as well as adolescent girls. Limited access to products for sanitary hygiene, and lack of safe sanitary facilities could prove to be barriers to increased mobility and the likelihood of resorting to unhygienic practices to manage menstruation. Traditionally in India, it appears that there are some strategies:¹ use of old clothes as pads by recycling them, and use of ash or straw, which offers no protection, and endangering menstrual hygiene with long term implications for reproductive health.

Anecdotal evidence suggests that the lack of access to menstrual hygiene (which includes sanitary napkins, toilets in schools, availability of water, privacy and safe disposal) could constrain school attendance and possibly contribute to local infections during this period. Therefore, creating awareness and increasing access to the requisite sanitary infrastructure related to menstrual hygiene is important.

II. Objectives of the Programme

The programme will be focused in rural areas with the following objectives:

- To increase awareness among adolescent girls on menstrual hygiene, build self-esteem, and empower girls for greater socialisation
- To increase access to and use of high quality sanitary napkins by adolescent girls in rural areas
- To ensure safe disposal of sanitary napkins in an environment friendly manner.



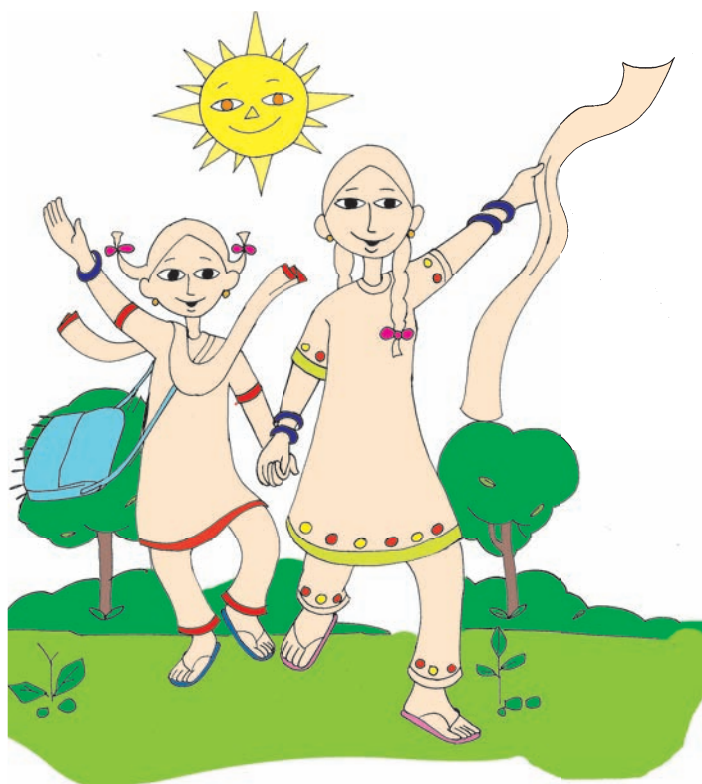
¹ The Gendered Dimension of Basic Needs: Exploring Menstrual Hygiene and Reproductive Infections : Vanitha Nayak Mukherjee, Final Report to the MacArthur Foundation

III. Target Group

This programme will be targeted at **adolescent girls in the age group of 10-19 years, residing in rural areas**, to ensure that they have adequate knowledge and information about the use of sanitary napkins, that high quality safe products are made available to them, and that environmentally safe disposal mechanisms are readily accessible. Based on data from Census 2001, there are an estimated 225 million adolescents comprising nearly one-fifth (22%) of India's total population. The projected rural population of girls (10-19 years) is 8.55 crore, of which 2.42 crore belong to the Below Poverty Line (BPL) category and 6.13 crore to the Above Poverty Line (APL) category.

In the first phase, 150 districts are to be covered, i.e there will be 25% geographic coverage. Therefore, of the total adolescent girl population of 8.55 crore girls, the coverage (at 25%) for the first year amounts to 2.14 crore girls in the target group.

Assuming that approximately 70% of population of 2.14 crore of adolescent girls is to be reached, and given varying ages of onset of menarche between 10-12 years, the calculation in this programme is based upon a target population of 1.5 crore girls in the age group of 10-19 years. Out of these 1.5 crore girls, the approximate proportion of APL girls is about 70% (105 lakh) and that of BPL girls is 30% (45 lakh).



² Projected population for India and states (2001-2026), National Commission on Population

IV. Overall Strategy

The scheme adopts two key strategies:

- Demand generation through ASHA and other community mechanisms such as Women's Groups/Kishori Mandals. An additional mechanism for in-school youth would be that of the AEP through the life skills courses for Classes IX and XI.
- Supply side intervention through ensuring a supply of a product (sanitary napkin) which is reasonably priced and of high quality.

V. Selection of Districts

The initiative will be rolled out in phases, with 25% of the country being covered in the first phase, i.e. 150 districts in selected states.

The following criteria are suggested to the states for selection of districts where this intervention may be taken up:

- Existing adolescent health programme
- Strong AEP intervention
- Active Self-Help Group (SHG) federations
- Effective ASHA training and support systems.

In the selected districts, the states would cover approximately 70% of the adolescent girl population because of the varying ages of onset of menarche between 10-12 years.

VI. Components of the Programme

The various components of the programme and its operational steps are outlined below:

1. Community-based health education and outreach in the target population to promote menstrual health

a. Outreach through ASHA/other community mechanisms

The outreach to adolescent girls will be through:

- Monthly meetings to be convened by ASHA at the Anganwadi Centre or Panchayat Bhavan for adolescent girls in the target age group. The monthly meeting can also be held with the Kishori Samooch or the Adolescent Resource Centre proposed under the SABLA scheme - Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) by the Ministry of Women and Child Development (MWCD). Sunday is suggested as a day to hold the meeting as it will ensure that both in-school and out-of-school girls can attend. ASHA will be paid an incentive from the Village Health and Sanitation Committee (VHSC) funds for conducting each monthly meeting. But states can select an alternative to this.
- Monthly meetings should be complemented by household visits to promote menstrual hygiene among girls who are unable to attend the monthly meeting and motivate attendance for future meetings.



The meeting will focus on issues of menstrual hygiene and also serve as a forum for supplying sanitary napkins to the girls. In addition, other issues that impact adolescent health such as: early marriage, nutrition, gender issues, knowledge of contraceptive choices, understanding of Sexually Transmitted Infection (STI) including HIV and the consequences of high risk behaviour, improving self-esteem and negotiation skills will be discussed.

States can choose to involve other community-based groups such as SHGs/ Community-Based Organisations (CBOs) in the process of mobilisation and awareness creation for menstrual hygiene promotion.

b. Outreach through schools

Another channel for promotion of menstrual hygiene for school going adolescents could be the AEP/School Health Promotion and the nodal school teachers.

2. Ensuring regular availability of sanitary napkins to the adolescents

a. In the community

At the community level, the ASHA will be responsible for ensuring an adequate supply of sanitary napkins to adolescent girls who require them. The monthly meetings would be the key forum to facilitate this regular supply. Girls who are at homes and unable to attend these monthly meetings will be reached through home visits to ensure supply of sanitary napkins. The role of ASHA in supplying the sanitary napkins is a suggested option. States are free to select other mechanisms for reaching the adolescent girls in order to provide them with sanitary napkins which may be better suited to the local context.



b. In the school

Based on existing data, it can be assumed that approximately 45% of the rural adolescent girl population is in school and the remaining is out of school. Thus, health education and supply and distribution of sanitary napkins both can be done through the mechanisms of the AEP/School Health Programme. Orientation of nodal teachers and school principals will have to be conducted through the existing mechanisms. The nodal teachers would be made responsible for storage of sanitary napkins, maintaining record of use and for safe disposal. The provision of separate toilets for girls and incinerators for safe disposal of sanitary napkins will also need to be made.

3. Sourcing and procurement of sanitary napkins

The requirement of sanitary napkins for each selected district is based on 70% of the total population of adolescent girls in the age group 10-19 years. These guidelines stipulate that each pack of sanitary napkins will contain six napkins.

The sanitary napkins shall be sourced through the following ways:

- Through enabling manufacture by SHGs in states. Under various national and state programmes under Women and Child Development, Rural Development, Social Welfare, and Women's Development Corporations, SHGs are fairly widespread and active. This method of procurement will be applicable in 50 districts where SHG presence is strong and where there are Self Help Groups already manufacturing sanitary napkins or have the capacity to do so.
- Sourcing sanitary napkins through manufacturers through a **competitive bidding** process – This can be done in the 100 districts in Central, Northern and North-Eastern states, where SHGs may not yet have matured or are non-existent.

If the SHG route is selected, states would need to ensure that SHGs have access to: bank finance, micro financing institutions and linkages to other programmes that offer subsidies and capacity building to Self Help Groups in order to take up production of sanitary napkins.

Over time, states should develop mechanisms so that SHGs are strengthened to supply the sanitary napkins.

States will need to put into place uniform standards for production and quality checks to ensure safety of the product in line with the prescribed standards. This would require that the state involves local technology institutions for material testing and Research and Development (R&D) by establishing quality testing labs and ensuring quality measures for infection prevention during manufacture.

4. Training of ASHA in menstrual hygiene

I. Trainers

(i) State level trainers: At the state level, four trainers will be selected, preferably women, with about 10 years experience in training on women's reproductive health issues, and an understanding of working with grass roots workers such as Auxiliary Nurse Midwife (ANM), ASHA, Anganwadi Workers (AWW).

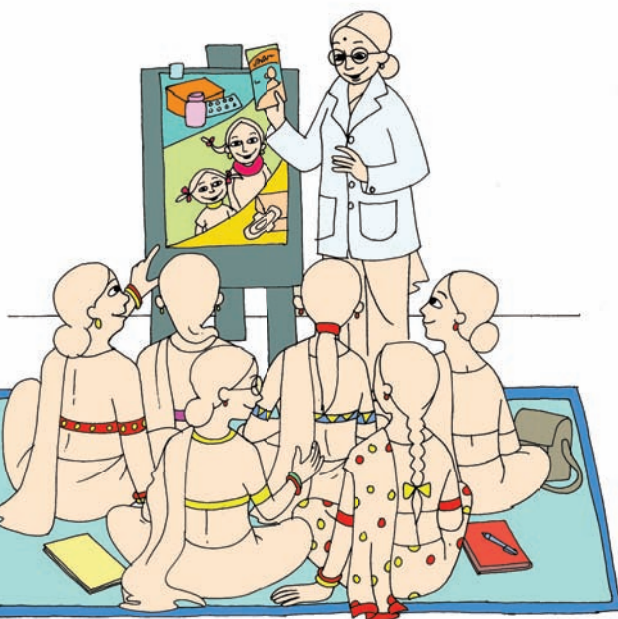
(ii) ASHA trainers: Each district will select two ANMs/Lady Health Visitors (LHVs) from each block, preferably those who have participated in earlier ASHA trainings. Thus, 20 trainers per district (assuming a normative district has 10 blocks) will be selected. These trainers will train the ASHA of their respective blocks.

II. Where will they be trained?

- (i) State trainers will be trained by NHSRC at the national level in a one-day workshop.
- (ii) The 20 block trainers will be trained at the state/district level by the state trainers.

III. ASHA training

For purposes of calculation, it is assumed that each block has 100 ASHAs and five facilitators. These can be divided into three batches of 35 each. The training duration for a batch is about four hours. The three batches of ASHA will be trained at the block level by a team of two district trainers, who belong to that block.



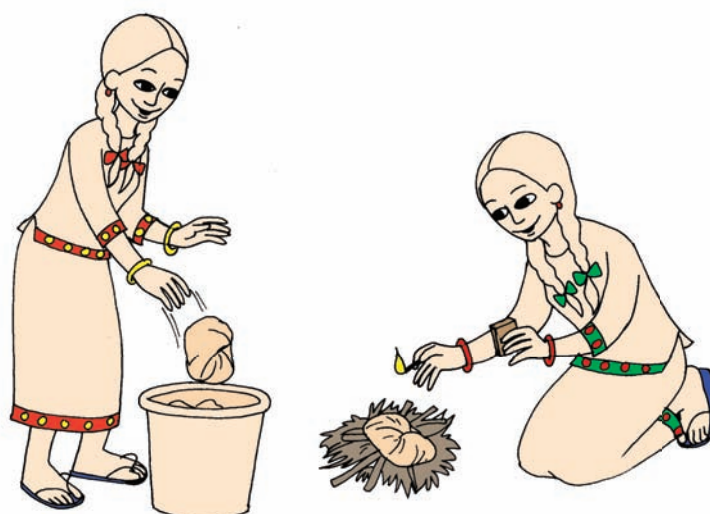
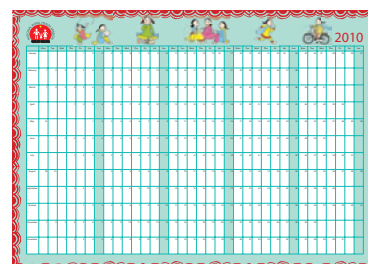
The ASHA will be given a copy of the flipbook and reading material, and the trainers will be given the trainer module in addition. The reading material and trainer module can also be used to train SHGs and AWWs if the state so chooses.

5. Behaviour Change Communication

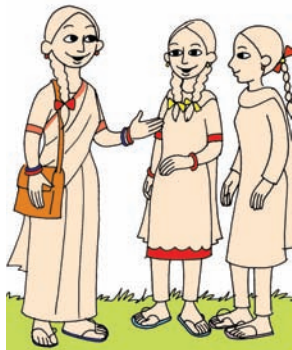
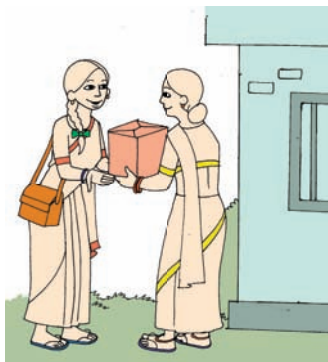
A communication strategy and a kit targeted at adolescent girls and gatekeepers and influencers (mothers, teachers, women members of PRI and VHSC) will be developed at the national level for translation and adaptation at state levels. The mechanisms for Behaviour Change Communication (BCC) will include Interpersonal Communication (IPC), use of Flipcharts and Leaflets, and Health Camps. Messages on Menstrual Health will be incorporated in the existing Information, Education and Communication (IEC) campaigns under the National Rural Health Mission (NRHM), being undertaken by the IEC Division of the Ministry of Health and Family Welfare (MoHFW) with adaptation at state level.


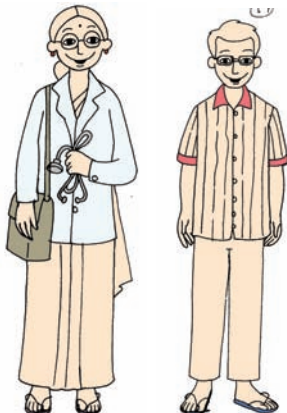
6. Safe disposal of sanitary napkins

Safe disposal of sanitary napkins is an integral part of the programme, particularly given the consequences for the environment. Safe disposal communication will be one of the core components of the BCC training. At the community level, deep pit burial or burning are two options which could be considered after due environmental clearances are obtained. States could consider installing incinerators in schools. Incinerators range from manually operated to those that employ more sophisticated technologies. States could leverage funding for such equipment through the Total Sanitation Campaign (TSC) or Sarva Shiksha Abhiyan (SSA).



VII. Service Delivery Framework: Roles and Responsibilities at Various Service Delivery Levels

Level of Care	Service Provider	Service Package
Village	ASHA/SHGs/CBOs 	<ul style="list-style-type: none"> • Mobilise adolescent girls. • Conduct monthly meetings. • Provide health education to adolescent girls. • Conduct women's group meetings. • Distribute sanitary napkins to adolescent girls. • Ensure regular refill and supply of sanitary napkins to the village from the Sub-Centre. • Sell sanitary napkins and maintain accounts. • Track supplies and estimate requirement for the following month. • Submit progress report on key indicators.
Sub-Centre	ANMs 	<ul style="list-style-type: none"> • Training of the ASHA on menstrual hygiene booklet, and conduct periodic refreshers. • Monitor the monthly meetings periodically. • Transport the sanitary napkin stock from block PHC to Sub-Centre. • Ensure safe storage of the sanitary napkin stock. • Supply requisite number of sanitary napkin packs to ASHA in her Sub-Centre area. • Provide imprest funds and transportation costs to ASHA. • Conduct spot checks during regular field visits and Village Health and Nutrition Day (VHND). • Review and validate ASHA tracking system and accounts register. • Maintain inventory, tracking and accounts register.

PHC	MO/Block Accounts Officer 	<ul style="list-style-type: none"> Ensures that ASHA training on menstrual hygiene takes place. Ensure safe storage of sanitary napkins. Conduct spot checks during regular field visits. Maintain inventory, tracking and accounts-register.
District	CMHO/CS/DPM  Collector/Additional Collector	<ul style="list-style-type: none"> Serve as the nodal point for the programme. Engage the services of a bookkeeper on a contractual basis to train MO/Block Accounts Officer and ANM in all blocks on maintaining inventory and accounts for the scheme. Ensure remittance of funds obtained to District Health Society through the block. Ensure safe storage of sanitary napkins. Monitor the programme on a regular basis. Monthly programme and financial review of the scheme along with other health programmes. Manage convergence of various depts.
State	Mission Director, NRHM	<ul style="list-style-type: none"> Organise sourcing of sanitary napkins from SHGs/bidding process. Set up quality cell to ensure conformity with prescribed standards. Ensure sound logistics systems for smooth supply to district and below.

Annexure 1: Roles and Responsibilities at Various Levels

VIII. Operationalisation of the Programme at the District and Sub-District Levels

The steps of operationalisation of the programme at District, Block, Sub-Centre and Village levels is detailed below. A state steering committee will be set up to take decisions regarding state specific modifications. (such as the sanitary napkin packs being sold at same or differential price by the ASHA).

Step 1:	Sanitary napkins are supplied to the block warehouse. Storage will need to be organised by states at the block level. Such storage needs to be clean, dry, rodent-free and secure.
Step 2:	The ANM will collect the sanitary napkins from the block during her monthly meeting visit and transport it to the Sub-Centre. Even when packaged for delivery at the level of the PHC, the commodity is lightweight but bulky, needing adequate space which is free of moisture and pests/rodents. It will be stored at the Sub-Centre or at a place rented for this particular purpose, if the space in the Sub-Centre is insufficient. Such storage will need to be organised by States.
Step 3:	The ANM will provide the ASHA with a one-time imprest fund of Rs. 300 (or more if decided by the State Steering Committee) which she will take from the untied funds pool of the Sub-Centre.
Step 4:	The ASHA will use the imprest funds to purchase sanitary napkins from the ANM. ASHA will also get a pack of sanitary napkins free every month for her own use to be able to become an effective change agent
Step 5:	The ASHA will sell sanitary napkins to the adolescent girls at a price decided by the Government.
Step 6:	In case ASHA is selling the sanitary napkin packs, she will retain an incentive for every pack sold, the incentive amount being decided by the State Steering Committee.
Step 7:	The ASHA will retain the amount recovered from the sale to replenish the imprest amount which the ASHA will use for subsequent purchase.
Step 8:	The ANM will deposit the funds obtained from the sale of napkins to the ASHA in the untied funds of the Sub-Centre.
Step 9:	These funds will be used for meeting the costs of transportation from Block to Sub-Centre and then to the village and rental to store the sanitary napkins at the Sub-Centre level if required.
Step 10:	The balance fund, if any after, meeting the above costs will be returned to the District Health Society through the block. The District Health Society should use these funds for programmes for adolescents.

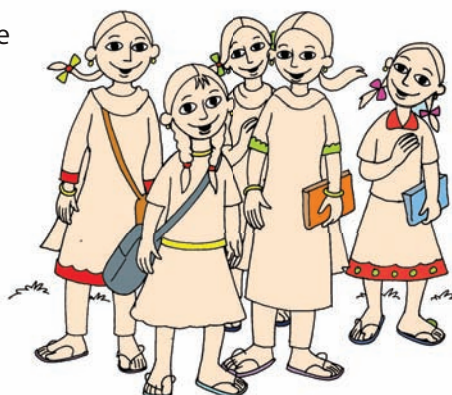
At the village level, the ASHA will maintain a register of sales of APL and BPL girls (in case the state decides to have differential pricing for both) which will be verified and certified by at least two women members of the VHSC to ensure that the sales to the APL and BPL girls are made in accordance with the guidelines.



Illustrative calculation for one ASHA is as follows **(in case the state decides to fix a price for the sanitary napkins):**

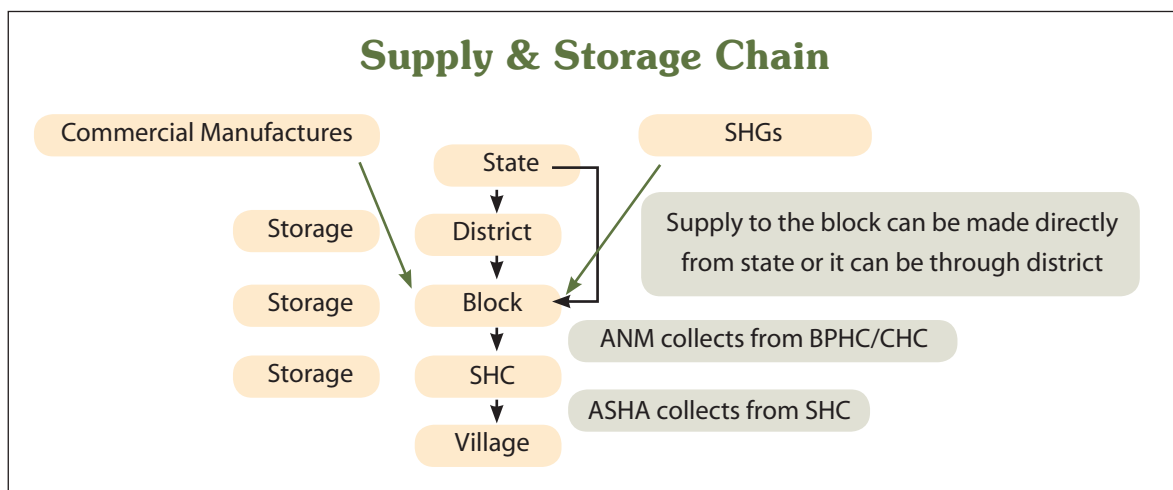
- For the first month, the ASHA will purchase approximately Rs. X worth of sanitary napkins from the ANM.
- At the village, every month, she will sell the sanitary napkins to the APL and BPL adolescent girls at a reasonable price decided by the Government.
- This would give her some monthly incentive and some amount to plough back into the imprest money which would be used as a revolving fund for subsequent purchases.
- For organising the adolescent girls' education sessions on one day every month, the ASHA will receive a certain pre-determined incentive as well (as fixed by the State Steering Committee). This will be reimbursed only after the verification of the reports.

School-based distribution: Existing mechanisms of the School Health Programme may be used when sanitary napkins are to be distributed through the school route to ensure supply of commodities. The School Health Programme team will ensure handing over of the commodity to the nodal lady teachers in the schools. States and districts could consider installation of vending machines for sanitary napkins, depending on state context. Leveraging of funds for this could be from the SSA.



IX. Management Structure

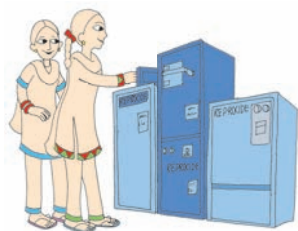
The programme will be administered as part of the NRHM programme at the state and district levels. The implementation of the programme will be through the State and District Health Societies. The final delivery point for the adolescent girl would be the ASHA/school teacher/other community-based mechanisms.



The programme would require convergence with other departments such as: Education, Water and Sanitation, Women and Child Development, Rural Development, Social Welfare, Youth and Sports Affairs, Social Justice and Empowerment for:

- Leveraging of funds for financing of SHGs to manufacture sanitary napkins
- Procurement of vending machines and incinerators
- Involvement of SHGs and institutions such as girls hostels and orphanages
- Distribution of sanitary napkins to the adolescent girls
- Construction of toilets for girls, etc.

At the **national level**, the Secretary, HFW will convene a meeting of the departments mentioned above in order to ensure convergence at the highest level. This will be replicated at the state level as well.



At the **state level**, a State Steering Committee is proposed to be formed in every state for the operationalisation of the Scheme for implementation of menstrual hygiene. The Committee would be responsible for the following tasks:

- Finalise the price for the pack of sanitary napkins, including a differential price for APL and BPL (if any) as decided by the state government.
- Finalise the ASHA incentive per pack of sanitary napkins.
- An incentive of at least Re. 1 per pack must be given.



- Finalise the incentive amount to be given to ASHA for organising the monthly meeting. An incentive of Rs. 50 is recommended.
- Modify the one-time ASHA imprest money if required, depending on her first time requirement for purchasing sanitary napkin packs.
- Approve the funds for the Scheme if they go beyond the Central funding for the same.
- Estimate and arrange for adequate storage space at the block level as well as allocating responsibility for stock management at each storage point.
- Coordination with the concerned departments like Education, Women and Child Development (WCD), Rural Development, Panchayati Raj, Social Welfare, Water and Sanitation for the implementation of the Scheme.



At the **District level**, a District Coordination Committee, Chaired by the Collector/Additional Collector/Project Director, DRDA/CEO, Zilla Panchayat and with members from the concerned departments like Education, WCD, Rural Development, Panchayati Raj, Social Welfare, Water and Sanitation will coordinate the entire programme including SHG led manufacturing and its associated processes, monitoring of the programme, school linkages etc.

X. Monitoring and Supervision

The components in the proposal that need to be monitored are:

- **Quality of sanitary napkins:** The state will ensure that the sanitary napkins supplied in the programme conform to the Bureau of Indian Standards. This will be done through issue and updates of guidelines for manufacture and quality control, and periodic checks of random samples across the states. This can be done through the quality assurance cell in the states and in collaboration with quality testing labs set up in selected technology institutions.
- **Uninterrupted supplies:** The state will monitor the procurement and distribution to ensure that the supply of sanitary napkins is not interrupted and monthly stocks are available at all centres. States will designate and train nodal officers in maintaining inventories at various levels.
- **Distribution and sale:** The distribution and sale of sanitary napkins will be monitored at sub-centre, block, district and state levels (please see monitoring framework).
 - The ASHA would maintain a monthly record of sanitary napkin packs sold to APL and BPL girls and keep accounts of monies recovered. The register and accounts would be co-signed by a designated female member of the VHSC.
 - The ANM and the VHSC will do the monitoring at the village level to ensure proper access to all adolescent girls. They will conduct sample checks at the household level to ensure that the BPL girls are not being left out from the benefits of the programme and that neither BPL nor APL girls are over-charged. She will therefore, have to conduct random verifications during



her village visits. The ANM will have to attend at least one monthly meeting per quarter. She will pay the ASHA the incentive for holding the meeting only after the verification of the report.

- The monitoring of this programme will also form part of the monitoring and review processes of senior officials at all levels above the ANM.

Key tracking indicators to be reported by ASHA and supervisor include:

- Quantity of sanitary napkins obtained from the district, block, Sub-Centre ANM at the beginning of the month
- Quantity of sanitary napkins remaining with ASHA at the end of the month
- Number of girls in the village who require sanitary napkins (break-up between APL and BPL)
- Number of girls who attend monthly meeting (break-up between APL and BPL)
- Number of girls who purchased sanitary napkins (break-up between APL and BPL)
- Amount spent by ASHA on buying sanitary napkin packs
- Amount of incentive
- Amount replenished into imprest fund at the end of every month

Annexure 2 includes Monitoring formats for the ASHA, ANM and Block levels.

Monitoring Framework

State

- Estimate district requirement of sanitary napkins and consolidate for state.
- Set up quality assurance system.
- Identify source of procurement.
- Finalise contracts for procurement.
- Set up distribution system for districts.
- Review and feedback to districts on monthly monitoring reports.
- Conduct quarterly meetings to review programme implementation and progress.
- Annual audit of accounts for implementing districts and state.

District

- Estimate block requirement of sanitary napkins and consolidate for district.
- Set up distribution system for blocks.
- Monthly meetings to review programme implementation and feedback on report.
- Monthly financial review of funds flow and funds recouped into the District Health Society (DHS).
- Annual audit of accounts from blocks.

Block

- Estimate Sub-Centre requirement of sanitary napkins and consolidate for block.
- Set up distribution system for Sub-Centre.
- Monthly meetings to review programme implementation and progress.
- Monthly financial review of funds flow, expenditures incurred on storage and transport and quantification of funds to be recouped into the DHS.

Sub-Centre

- Estimate sanitary napkins requirements – break-up BPL/APL.
- Ensure transport to ASHA village.
- Monthly payment of ASHA incentive.
- Recoupment of imprest funds into the SC united funds.

Village: ANM/VHSC female members

- Random verification of beneficiaries
- Regular monthly meetings
- Verify sales of sanitary napkins and incentive

XI. Non-Negotiables in programme implementation

- An incentive of at least Re. 1 will be given per pack sold through ASHA.
- NRHM logo should be on all packs of sanitary napkins provided under the programme.



Annexure 1: Roles and Responsibilities at Various Levels

- I. *Community-based health education and outreach in the target population to promote menstrual health.*
 - **Central level:** Develop trainers manual (for use by ANM, reading material for ASHA, and communication kit on menstrual hygiene for ASHA to use in monthly meetings - Communication kit on: menstrual cycle, menstrual hygiene, use of sanitary napkins, source of supply, disposal and other ARSH issues.
 - **State level:** Adaptation, translation and printing of material, and communication kit.
 - **District and sub district levels:** Ensure training of MO, Block Accounts Officer and ANM in inventory and accounts management, supervision of outreach sessions and in school health education.
 - **Village level:** Organize regular monthly meetings for adolescent girls facilitated by ASHA, addressing menstrual hygiene and other adolescent issues.
- II. *Ensuring regular availability of sanitary napkins to the adolescents (including sourcing, procurement, storage and distribution of sanitary napkins to the adolescent girls)*
 - **Central level:** Guidelines for quality, BIS, linkage with Central Ministries that have SHGs.
 - **State level:** Demand estimation per district, sourcing and procurement of sanitary napkins from SHGs or through bidding processes: if through SHGs, linkages with concerned depts., mapping of SHG federations, facilitation with banks, facilitate raw material availability, organize state and district training for SHG for standardized quality products, using existing logistics mechanisms to arrange for transport to district, tie up with SSA to support vending machines in schools will need to be organized.
 - **District level:** Storage and onward distribution to block, and Sub-Centre.
 - **Village:** Storage and distribution to adolescent girls in community/school:
- III. *Training of ASHA and nodal teachers in menstrual health*
 - **Central level:** Create trainers manual, develop training programme, and train national training team (link to existing ASHA/ARSH training).
 - **State level:** Train state trainers, (ASHA/ARSH).
 - **District and sub district:** Training of Trainers (TOT) for district and block trainers, train ASHA and nodal teachers through existing mechanisms, supply reading material and communication kit to ASHA.
- IV. *Safe disposal of sanitary napkins*
 - **Central level:** Consultation and clearance from Ministry of Environment, collaboration with research agencies to identify most environment friendly

technologies for production, and means of disposal and creating guidelines for states on manufacture and disposal.

- **State Level:** State to issue guidelines for manufacture and disposal to groups producing sanitary napkins, organise state and district trainings for SHG for standardised quality products, link with SSA, TSC to leverage support for toilets, and incinerators.
- **District level:** Monitoring of safe disposal through health department staff and collaboration with PRI.
- **Village level:** Involvement of Gram Panchayat (GP)/SHG and other community groups to ensure and support safe disposal facilities.

V. Programme management structure

- **Central level:** Sensitisation and orientation of other Ministries: Human Resource Development, Women and Child Development, Rural Development, Ministry of Youth Affairs and Sports and Water and Sanitation.
- **State level:** Sensitisation and orientation of other departments: Education, Women and Child Development, Rural Development, Department of Youth Affairs and Sports, and Water and Sanitation; convergence with these departments and issue of directives for collaboration at district level.
- **District level:** Ensure convergence with key departments for linkages and leveraging.
- **Village level:** Community level meetings and collaboration with extension workers of collaborating departments, led by GP (women members) and VHSC.

VI. Funding mechanism and financing pattern

- **Central level:** Issue of guidance for costing, selling price, incentive, and suggested mechanisms for replenishment and use of funds obtained from sales of sanitary napkins.
- **State level:** Establish state specific mechanisms for above, including accounting systems at village, Sub-Centre, block and district.
- **District level:** Operationalise and monitor the fund flows, including the recoupment into pool of untied funds at Sub-Centre, through block level to DHS.
- **Village level:** Implement and ensure compliance with accounting guidelines.

VII. Monitoring and supervision

- **Central level:** Development of monitoring formats and roles and responsibilities for reporting at all levels. Conduct periodic surveys to track progress.
- **State level:** Ensure appropriate monitoring and supervisory systems to comply with reporting on required formats. Monitoring of quality of products and disposal mechanisms.
- **District level:** Monitoring of supplies received, tracking of supplies to block and sub-block, periodic monitoring of programme implementation at Sub-Centre and village levels.



Annexure 2: Monitoring Formats for Various Levels

I (a). State level format: (data to be collected on an annual basis)

Name of district	Number of girls to be reached (BPL/APL break-up)		Number of sanitary napkin packs required		Sourcing agency		Quality assurance agency	Storage	Transport
	APL	BPL							
Total									

I (b). State level format: (data to be consolidated on a monthly basis from the district records i.e. 2b)

Name of district	Number of girls reached per month (BPL/APL break-up)		Number of sanitary napkin packs (BPL/APL break-up)		Amount of incentive paid to ASHA		Amount of funds recouped to the DHS	Rental cost for storage arrangement if any	Costs of transportation
	APL	BPL							
Total									

II. District level formats:

a. Data to be collected on an annual basis

- Number of girls to be reached
- Number of sanitary napkin packs required
- Transport system to enable reach of sanitary napkins to the blocks
- Storage arrangements if required
- Annual audit of accounts at district and block
- Training: TOT held for trainers

b. Data to be collected on a monthly basis at district level

Name of Block	Number of girls reached per month		Number of sanitary napkin packs (BPL/APL break-up)		Amount of Incentive paid to ASHA		Amount of funds recouped to the DHS	Rental cost for storage arrangements, if any	Costs of transportation
	APL	BPL	APL	BPL	Sale of napkins	Monthly meetings			
Total									

III. Block level formats:**a. Data to be collected on an annual basis**

- Number of girls to be reached
- Number of sanitary napkin packs required
- Transport systems to enable reach of sanitary napkins to the Sub-Centre
- Storage arrangements
 - Training
 - Training of ASHA
 - Orientation of VHSC
 - Orientation of ANM

b. Data to be collected on a monthly basis at block level

Name of Sub-Centre	Number of girls reached per month (BPL/APL break-up)	Number of sanitary napkin packs received	Number of sanitary napkin packs distributed	Balance Packs	Amount of incentive paid to ASHA	Amount of funds recouped to Sub-Centre	Rental cost for storage arrangements, if any	Costs of transportation
	APL	BPL						
Total								

IV. Monthly monitoring format/Register for Sub-Centre

- a. Rental cost for storage arrangements (e.g. Sub-Centre, rented godown)
- b. Costs of transportation

Name of village	Name of ASHA	Number of girls reached per month (BPL/APL break-up)		Number of sanitary napkin packs recd from block	Number of sanitary napkin packs sold (BPL/APL break-up)		Balance sanitary napkin packs	Amount of incentive paid to ASHA		Amount of fund recouped to Sub-Centre
		APL	BPL		APL	BPL		Sale of napkins	Monthly meetings	
Total										

V. The ASHA will maintain a tracking register (Format A) of the adolescent girls in her village and submit a monthly report to the ANM in Format B.

Format A

Name of girl	Whether APL or BPL		Jan		Feb		Mar		Apr		May	
	APL	BPL	Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting
Total												

Jun		Jul		Aug		Sep		Oct		Nov		Dec	
Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting	Number of sanitary napkin packs sold	Whether attended meeting
Total													

Format B – Monthly Report

1. Name of ASHA:
2. Name of village:
3. Stock of sanitary napkin packs at the beginning of the month:
4. Stock of sanitary napkin packs at the end of the month:
5. Cost of transporting from Sub-Centre to village:

S.No.	Contact with adolescent girls		Monthly meetings held					Number of sanitary napkin packs sold		Amount of incentive earned	
	APL	BPL	Date	No. of girls attended meeting	Number of VHSC members attending the meeting	ANM present/not	AWW present/not	APL	BPL	APL	BPL

