

India

Menstrual Health Strategy Design Report

Table of Contents

1. Overview	1
2. Beneficiary Design Session	2
2.1. Menstrual Health Narrative.....	2
2.2. Rapid Ideation Exercise	3
2.3. Ideal Toilet Exercise.....	4
3. Splash Field Staff Design Session	4
3.1. Visioning exercise.....	4
3.1.1. Key Considerations for the Menstrual Health Program Vision.....	4
3.2. Rapid Ideation + Star-bursting	5
3.2.1. Student to student dissemination ideas.....	5
3.2.2. Teacher to student dissemination ideas	6
3.2.3. Outside of school to student dissemination ideas	6
3.3. Final Splash Field Staff Recommendations.....	7
4. Overview of Technical Specialist Design Session.....	7
4.1. Adult Audiences: Parents, Teachers, School Administration	8
4.1.1. How might we empower teachers and parents to have sensitive conversations with girls?	8
4.1.2. How might we facilitate access to menstrual health tools and services for teachers, school administration, and parents?	9
4.1.3. How might we increase teachers', school administrators', and parents' menstrual health knowledge?	9
4.2. Student Audiences: Pre-Menstruating and Menstruating Girls	10
4.2.1. How might we decrease anxiety and isolation and increase confidence and belonging for girls?	10
4.2.2. How might we help girls manage pain?	11
4.2.3. How might we facilitate access to menstrual health tools and services for girls?	11
4.2.4. How might we increase girls' menstrual health knowledge?.....	12
4.2.5. How might we engage male students in menstrual health interventions?.....	12
5. Recommendations for Pilots	13

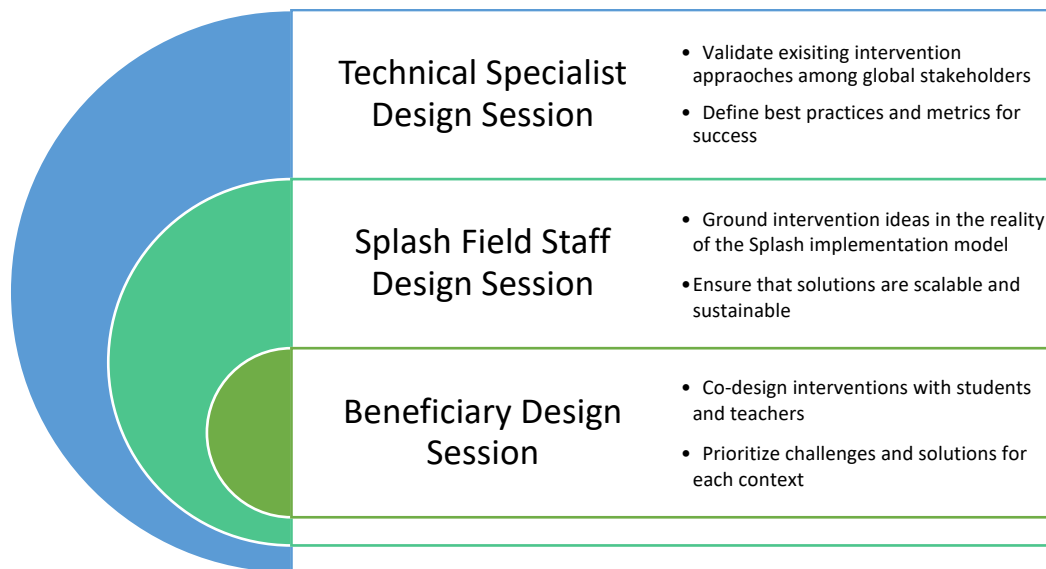
1. Overview

Splash, a leader in providing urban water, sanitation, and hygiene (WASH) at scale has a clear intervention goal to improve the lives and health of children living in urban environments. Splash's anchor project, WASH in Schools for Everyone (Project WISE) intends to reach 1,200+ government schools in Kolkata and 450 schools in Addis Ababa over the next 5 years with its holistic school-based model consisting of quality WASH infrastructure, innovative menstrual health solutions, and hygiene behavior change programming.

In 2019, Splash initiated a formative research effort to investigate avenues for optimizing our menstrual health approach under Project WISE. Our formative research focused on uncovering critical menstrual health related barriers and motivators, gaps in existing menstrual health programming, as well as mapping social systems that impact how girls experience menstruation.

In addition to the formative research conducted by Splash, there was also a series of human-centered design sessions conducted to ground the research findings in reality. Three design sessions with three discreet groups of stakeholders have ensured a comprehensive view of the range of opportunities available to improve the menstrual experience of girls in Kolkata, India and Addis Ababa, Ethiopia.

Figure 1. Menstrual Health Design Approach



2. Beneficiary Design Session

To gather insights directly from beneficiaries Splash conducted a human-centered design (HCD) session with female students in schools across Kolkata, India. The HCD sessions were structured in such a way that girls were able to share their experience of menstruation and to voice their opinions around how to address menstrual health in schools. The HCD session was formatted in three parts, 1) the Menstrual Health Narrative, 2) Rapid Ideation, and 3) Ideal Toilet Exercise. By hearing directly from female students, Splash hopes to co-design a menstrual health program that is culturally relevant, comprehensive, and sustainable.

2.1. Menstrual Health Narrative

During the Menstrual Health Narrative activity, girls were asked to develop a story line of two characters – Rinky and Pinky - that covered the topics that they felt were the most critical for a menstruating girl to be aware of. The stories were from the girls' perspective and highlighted a multitude of experiences such as:

- How they talk to a friend about menstruation
- How they could tell a trusted adult about their menstrual experience
- Learning about products and where to buy them/access them
- Getting support when having a menstrual leak at school or helping a friend
- Managing pain

While constructing the stories of two girls who had just started their periods, participants used visual cues and icons to trigger creative thinking. There were two groups that developed the narratives separately and it was incredibly surprising to find that the narratives between the groups were very different.

Narrative 1: Rinky's Story

The first group developed a story sharing their character, Rinky's experience of extreme confusion upon reaching menarche. As described in the story, Rinky's source of information regarding menstruation was her mother, at home or her teacher, at school. Rinky also might ask older students at school for advice as she gets more comfortable with her menstruation. After starting her period, Rinky used sanitary napkins as suggested by her mother but when she comes to school and does not have access to water, soap, or a waste bin to dispose of her used napkins, her experience becomes more challenging. Rinky also faced a lot of new restrictions after her menarche such as not being allowed to play and go to school during her menses as she is forbidden to touch certain food items such as pickles. Another challenge she faced was menstrual pain, however she was able to find some relief when she took pain medication and applied a hot water pack to her abdomen, as suggested by her mother. Rinky faced some ridicule and shaming at school when she stained her skirt and that causes her a lot of embarrassment and shame.

Narrative 2: Pinky's Story



Pinky got her first period while she was at home. She was confused and sad, but thankfully she got the support and information she needs from her mother. Other channels of information regarding menstruation for Pinky were her teachers at school, older peers, and television. She uses sanitary napkins during her menses as she feels it is cleaner and more convenient than cloth. When she needs access to toilets to change her sanitary pad, she finds that her school has water, soap, waste bins available. She is happy but she faces some restrictions such as she is forbidden from touching pickle bottles. But her mother is progressive and allows her to go to school and play.

The two experiences described in Rinky and Pinky's stories were very different. Where Pinky's experience is much more positive, Rinky faced difficult challenges and negativity associated with her menstruation. Some of the themes that came up during the development of these narratives were the impact of social norms and restrictions around menstruation. It is also evident from the narratives that both the characters did not have information about periods before their menarche, thus their first reaction was sadness and confusion.

2.2. Rapid Ideation Exercise

After conducting the Menstrual Health narrative activity, the Splash facilitator challenged the students to think through solutions for some of the key challenges they referenced in their narratives.

Using prompts around education, engaging parents, peer mentoring, and solutions based outside of the school setting girls were asked to develop program activities and interventions that could improve the menstrual experience of girls like them.

Participants wrote down as many ideas as possible over a ten-minute period on sticky notes. After the ideas were written, the participants were asked to vote on their top three solutions.

The main ideas that girls felt would improve menstrual health management in schools were:

- Parent engagement through teachers. Teachers are seen as well-respected members of the community so girls felt confident that their parents would listen to them
 - “We trust teachers for information. Teachers should speak with our mothers.”
- Development of distribution of IEC leaflets and videos addressing menstrual health taboo and misinformation for parents
- Messages on menstruation broadcasted on the radio
 - “We need to make sure that Mom watches the movie Padman.”
 - The Padman actor Akshay Kumar can come to our school
 - Youth Club intervention: Information about menstruation and safe and hygienic practices could be given during events held by local youth clubs.
 - Peer mentoring: Older girls should talk to younger girls about menstruation.



The Splash facilitators closed this session by asking girls to incorporate their new ideas into the narrative from the first activity. This approach served as a “check” that solutions developed addressed the challenges highlighted in the narratives.

2.3. Ideal Toilet Exercise

An “Ideal Toilet” activity was conducted but due to the backgrounds of the participants it was challenging for the girls to develop ideas for “improvements” to the existing sanitation infrastructure at their schools. The quality and function of the school sanitation facilities was much better than the sanitation facilities that they used at home.

Though they did not have much to add to infrastructure, they made an aspirational wish-list which included colorful bathroom tiles, marble tiles, and bathroom fragrance tablets which they identified as Odonil, a brand manufactured by Dabur India.

3. Splash Field Staff Design Session

3.1. Visioning exercise

The Splash staff were asked to develop a vision statement for the Splash Menstrual Health program. They did this in groups of three following the format: “In five years’ time, we will have created a Menstrual Health program that does X, Y, and Z.”

Each team came up with their vision for our MH Program. The small group vision statements were as follows:

- To create a child-sensitive environment for adolescent girls, which ensures availability and access to appropriate knowledge and menstrual hygiene facilities in schools.
- That all adolescent girls are aware of menstrual hygiene and health and live in an environment where girls can talk about MH without any taboo attached.
- Reduction and elimination of RTI and myths and social stigma.

After the small group work, the three teams combined key elements from each of their vision statements and came up with one common vision for the Splash Menstrual Health Program. The final vision statement was:

“All girls, regardless of age have adequate knowledge of menstruation and its management. Girls attend school in an environment free from social stigma with access to girl-friendly facilities.”

3.1.1. Key Considerations for the Menstrual Health Program Vision

While discussing the ultimate vision for the Splash Kolkata Menstrual Health Program, team members shared some insights into why certain components of the vision were so critical given the context in Kolkata. These key considerations included:

- **Cultural Context**



- There are different needs for girls of different cultural backgrounds, religions, and socio-economic statuses.
- **Challenges faced by girls in urban settings**
 - Taboo remains the biggest challenge for menstruating girls in Kolkata
 - Product access is less of a concern for girls in urban centers than those in rural settings. The vision for our program must reflect this.
- **Teacher self-efficacy**
 - For teachers to be purveyors of information, they must feel comfortable discussing biological processes, physiology, and sensitive topics. Our program must build their self-efficacy and ensure their comfort with the educational material.
 - Teachers must be prepared to answer questions related to menstruation and when they cannot, they must be able to direct students to the proper sources of information such as local clinics, nurse hotlines, etc.
- **Pre-menstrual student engagement**
 - Pre-menstrual students must be included in menstruation education but in an age-appropriate manner.

3.2. Rapid Ideation + Star-bursting

After the visioning exercise, Splash team members were asked to participate in a “Rapid Ideation” session to answer the question: How do we disseminate our solutions to everyone so that there is maximum potential for impact?

During the Rapid Ideation activity, teams came up with as many ideas as they could around the following three topics:

- Topic 1: Student to student dissemination strategies
- Topic 2: Teacher to student dissemination strategies
- Topic 3: Outside of school to student dissemination strategies

The team used the “Starbursting” approach which is a form of brainstorming that focuses on generating questions rather than answers. This approach can be used iteratively, with further layers of questioning about the answers to the initial set of questions. Asking iterative questions about a proposed intervention is a valuable way of understanding a new idea, and of challenging it to ensure that all of the relevant aspects of it have been considered before moving forward with piloting.

3.2.1. Student to student dissemination ideas

The first group was asked to ideate around approaches to disseminate information about menstruation from student to student. After developing as many ideas as possible the team then used the starbursting method to ask questions related to the actualization of the approaches produced.

Some of the key ideas produced during this session were:



- The creating of MH experts among the child hygiene club or “Child Cabinet” and appoint one-point person in each class to discuss MH issues with their peers
- Using peer counselling for cases of teasing of a menstruating student.
- Developing and displaying different IEC materials to display on school grounds
- Disseminating information related to menstrual health during the school assembly. The school assembly is conducted over the loudspeaker each morning.
- Mandating that the Child Cabinet have monthly meetings during which the commit time to discussing menstrual health

Key Considerations

- Peer-to-peer mentoring could be difficult to implement and measure as it would require that child mentors miss classes during peer mentoring sessions.
- Utilizing the school assembly for dissemination of menstrual health-related information could be challenging due to a fear that neighbors of the school may overhear the content and disapprove. Among traditional communities, menstrual health is considered an inappropriate topic for public discussion and children.

3.2.2. Teacher to student dissemination ideas

The second group was asked to ideate around approaches to disseminate information about menstruation from teacher to student. After developing as many ideas as possible the team then used the starbursting method to ask questions related to the actualization of the approaches produced.

Some key ideas produced during this session include:

- Provide a MH training for schoolteachers utilizing a “head, heart and hands “ approach so that they acquire proper knowledge, build empathy, and develop practical skills to address the menstrual health needs of their students.
- Require that teachers engage parents in menstrual health related trainings
- Develop a social media network where teachers can support each other. The media platform could be Facebook, WhatsApp, or other messaging platforms

Key Considerations

- Due to the sensitive nature of menstrual health-related information, there is a concern that discussion of such topics by male teachers be interpreted as abuse of a female students.
- Life skills are not enough to improve the experience of menstruating students. Addressing the taboo, misinformation, and stigma around menstruation is critical for any other programmatic approach to succeed.

3.2.3. Outside of school to student dissemination ideas

Lastly, the third group was asked to ideate around approaches to disseminate information about menstruation outside of the school setting. After developing as many ideas as possible



the team then used the starbursting method to ask questions related to the actualization of the approaches produced.

Some key ideas produced during this session include:

- Organizing events such as puppet shows, street plays outside school premises in the evening.
- Targeting elderly people and household influencers.
- Developing cartoon characters talking about periods and disseminating through TV or print media
- Utilizing FM radio spots to disseminate menstrual health knowledge and address misinformation.
- Using popular festivals to talk about menstrual health topics. E.g.: Durga Puja and Saraswati Puja.

Key Considerations

- Language is important when we go out of the safe zone of schools. We should be aware of the risk of misinterpretation
- Children are not seen as a source for novel information in households. People don't ask children for advice. For such activities about menstruation in communities we must involve local community leaders.

3.3. Final Splash Field Staff Recommendations

The Splash Field Staff were asked to prioritize five intervention approaches to be included in the ultimate Kolkata Menstrual Health Program. The top five ideas included:

- 1) The use of FM radio to disseminate information to communities around menstrual health
- 2) Developing ways to target household influencers through in-depth formative research.
- 3) Developing Splash's own IEC and IPC materials related to menstrual health to be displayed throughout schools
- 4) Creating menstrual health experts among the Child Cabinet members through in-depth training
- 5) Ensure consistency in messaging between teachers, parents, community engagement, and students.

4. Overview of Technical Specialist Design Session

To disseminate our formative research findings, pilot results, stakeholder landscape insights, and beneficiary-level inputs Splash hosted a virtual Menstrual Health Strategy Summit. The Summit was conducted in two parts: the first, pre-summit component leveraged human-centered design principles through the engagement of beneficiaries in ideation activities to develop an intervention framework and ground the global and regional strategies in reality. Second, Splash brought together government stakeholders, technical specialists, thought leaders, and implementing organizations to:



1. Define a menstrual health program strategy for Ethiopia and India including actionable and contextually bound recommendations for program interventions
2. Obtain buy-in from critical stakeholders including beneficiaries, government, and implementing partners
3. Define global best practices for MH Programming in schools

The consortium of Summit participants that Splash brought together represent some of the brightest minds in the menstrual health space. This report is an effort to share all that was discussed during the virtual MH Summit so that everyone working in the sector can benefit.

The after the virtual presentation of the Splash formative research findings, pilot results, and stakeholder insights, participants were asked to collaborate on an online brainstorming worksheet to define intervention approaches for a given audience and geography. Brainstorming prompts were presented as “How might we...” statements and were oriented around three channels for intervention: built environment, felt environment, and policy.

4.1. Adult Audiences: Parents, Teachers, School Administration

4.1.1. How might we empower teachers and parents to have sensitive conversations with girls?

Built	Felt	Policy
Digital tool to engage parents remotely (WhatsApp Group, online learning modules)	Parent MH conversation “check list” to ensure all necessary components of menstrual health and hygiene are addressed	Incorporate menstrual health in the curriculum for grades 5 through 7.
Student-led ICE material development and distribution inside classrooms and in shared school spaces	Nominate student committee to report on the cleanliness of sanitation facilities to a focal teacher	
Non-monetary awards for schools who have girl-friendly sanitation and an active menstrual health/gender club. Conduct surprise sentinel checks of schools to assess this accurately	Parent- Teacher meetings to ensure needs of student are being met and that parents have accurate information about menstrual health	
Anonymous letter boxes where girls can submit questions regarding sensitive matters such as menstrual health	Menstrual Health pamphlet distribution at Parents’ Night	
A dedicated space at school for student counselling	Parent “projects” at schools where they contribute to the beautification and maintenance of the school building and sanitation facilities	



4.1.2. How might we facilitate access to menstrual health tools and services for teachers, school administration, and parents?

Built	Felt	Policy
Design and supply chain for female friendly WASH facilities in schools, institutions and at home	Understand cultural barriers to safe space conversations amongst these stakeholders and sensitize them through a holistic gender approach - not just focused on menstruation. Integration with existing gender-based interventions and programs.	Advocacy with education policymakers for linked learning modules with general e-learning modules on gender and puberty.
Viable menstrual waste management solutions at community level, healthcare facilities (aggregated waste from community can be managed here) and institutions. Solutions can be infrastructure - incinerators; composting solutions; new technologies for shredding/separating and recycling; small scale solutions like matka incinerators and matka composters.	Communicate linkage with key health outcomes for girls e.g. nutrition, RTI incidence (which in turn impacts maternal mortality and perinatal morbidity)	Mainstreaming menstrual health needs in education policies through the Ministry of Education or development of particular action plan for menstrual health and hygiene.
	Mother/Daughter Puberty Education classes starting at age 10	
	Self-learning modules for knowledge providers through digital platforms like YouTube, WhatsApp etc. Training on how to share knowledge with young girls e.g. a facilitator guide combined with tools and activities that can be used by teachers, parents, caregivers.	

4.1.3. How might we increase teachers', school administrators', and parents' menstrual health knowledge?

Built	Felt	Policy
Small library in each school from which parents can check-out books related to menstrual health and puberty education	Evening Classes for parents to learn about menstruation and puberty	Include a menstrual health training module in the syllabus of the teachers' training colleges



	Identify menstrual health champions among parents and teachers and ask that they lead school wide engagement events	
	Sensitization workshops for school administration, teachers, and education department officials	
	School-to-school network for knowledge and resources exchange	
	Teacher-to-teacher mentoring program	
	School events such as lectures provided by doctors for parents to learn more about menstruation and puberty	
	Identifying teachers with a background in biology or life sciences and leveraging their knowledge to build the capacity of other teachers	

4.2. Student Audiences: Pre-Menstruating and Menstruating Girls

4.2.1. How might we decrease anxiety and isolation and increase confidence and belonging for girls?

Built	Felt	Policy
Include changing rooms in bathrooms that support girls during their menstruation	Mother/Daughter puberty education courses	Advocate for government mandated free or subsidized menstrual hygiene products
Include mirrors in bathrooms	Develop a Gender Club model to be implemented in every school	Advocate for a state led campaign to address menstrual taboo and myths that includes messages from faith leaders, social influencers, and government officials
Provision of IEC materials in bathrooms such as information about menstruation, empowering quotes, and visual prompts for proper disposal of menstrual hygiene materials	Menstrual health FAQ IEC materials provided to gender club, teachers, and displayed in restrooms	
	Menstrual Health education module on the importance of proper disposal	
	Engage Gender Club or female students generally in the	



	beautification of the sanitation facilities	
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4.2.2. How might we help girls manage pain?

Built	Felt	Policy
Ensuring availability of hot water bottles and painkillers (with caution and as advised by medical practitioners) and potentially flexible seating options in classrooms to ease participation	For effective pain management, men etc. have to be an important stakeholder so that work participation at home can be eased.	Frontline health workers and teachers to be educated on home-based methods of pain management.
Menstrual calendar and other IEC tools to support girls in tracking their PMS symptoms for holistic approach to their menstrual cycle - to help them link pain and other symptoms and incorporate changes in diet and exercise to ease pain.	Holistic IEC linking pain management to nutrition, exercise, tracking menstrual cycle (as part of reproductive health education)	Reproductive health education that helps girls understand the menstrual cycle and not just the period
Accessibility of pain medications in the schools through doctors/nurses who will rotationally visit the schools weekly/biweekly/monthly.	Mobile health services or doctors' contact number/helpline numbers should be provided in a visible place so that girls can reach out when needed.	

4.2.3. How might we facilitate access to menstrual health tools and services for girls?

Built	Felt	Policy
WhatsApp or Facebook groups for girls to access accurate information and provide support to one another	Comprehensive information to teachers, parents, and girls on basket of products	Ensuring quality of products by creating appropriate quality benchmarks
Access to a basket of products that can compete with sanitary pads on affordability and aspiration - reusable cloth pads, menstrual cups (with free distribution or financing mechanisms to support upfront costs) with appropriate guidance on safe use and maintenance	Focus on informed choice in Menstrual Health education guides.	Procurement policy to ensure that quality benchmarks are adhered to
Retail models through teachers/school supplies shop for sale of multiple products to girls		Retail models for testing availability of a basket of products through frontline health workers, livelihood missions etc.
Guidance on stitching own cloth pads		



4.2.4. How might we increase girls' menstrual health knowledge?

Built	Felt	Policy
Digital tools and platforms need to be explored. Many partners are developing apps with focused menstrual health.	Provision of the tools and services (along with schoolbooks) to the girls during the start of school years from the schools.	Integration of menstrual health within different modules delivered by frontline health workers e.g. linkage with Iron-Folic Acid (IFA) distribution on nutrition within adolescent health, safe days method in family planning conversations (for parents and teachers) etc.
Social media platforms also guide knowledge on puberty and menstruation so placement of information through these platforms and creation of safe space conversation groups on social media.	Observation of MH day from school level and provision of such tools and services using posters, leaflets etc. on those days.	Integration of menstrual health within existing reproductive health and gender-based curriculum

4.2.5. How might we engage male students in menstrual health interventions?

Built	Felt	Policy
Including male students in a participatory way (formation of clubs, giving them a sense of their future role as a husband, father, brother etc.) to promote gender sensitivity.	Comic books that includes the role of male students and their puberty related issues.	School based social norms on respecting menstruation related issues.



5. Recommendations for Pilots

Pilot Concept	Recommended By			
	Beneficiaries	Splash Staff	Technical Specialists	Priority
Peer Mentoring Program (involving girls to talk about MH among peers)	X	X	X	1
Parents Engagement (e.g. teacher-parent meetings, mother -daughter meetings, game box)	X	X	X	1
Social & Community Influencers (this includes faith-based leaders, community influencers such as social media, actors, etc.)	X	X	X	1
Gender Club Development			X	3
Teacher engagement (engaging teachers who studied biology, identifying MH champions in local circuit) knowledge dissemination			X	3
School Counselling Services			X	3
Use of mass media and social media: Messaging via radio, WhatsApp groups, SMS	X	X	X	1
Community IEC Materials (leaflets, videos)	X		X	2
MH Awareness Events (in school and out of school)	X	X	X	1

