Report on Rapid Assessment of the Scheme for Promotion of Menstrual Hygiene in Kerala

Kannan Srinivasan

Manju R. Nair

Sreejini J

JyolsnaAnand U

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Achutha Menon Centre for Health Science Studies,

SreeChitraTirunal Institute for Medical Sciences and Technology,

Trivandrum, Kerala

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Kannan Srinivasan

Principal Investigator

List of Abbreviations

LHI	Lady Health Inspector (supervises all the activities taking place under the PHC)
LHS	Lady Health Supervisor (supervises all the activities taking place under the CHC)
JPHN	Junior Public Health Nurse (supervises all the activities taking place under the Subcentre, Multipurpose worker)
ANM	Auxiliary Nurse Midwife (supervises all the activities taking place under the Subcentre)
ASHA	Accredited Social Health Activist (field worker)
DPM	District Programme Manager (supervises all the activities taking place in a district)
MD	Mission Director
PHC	Primary Health Centre
CHC	Community Health Centre
MHS	Menstrual Hygiene Scheme
SSA	Sarva Shiksha Abhiyan

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INTRODUCTION

Menstrual hygiene and practices related to them are of interest to public health as it is directly linked to reproductive health of young adolescent girls (Dasgupta A, Sarkar M 2011)[a]. In India, menstruation is associated with different beliefs, practises and taboos which are sometimes adversely affect health young girls.

Taking this into account, the Menstrual Hygiene Scheme (MHS) was launched by the Government of India in 2010 to promote menstrual hygiene and health among adolescent girls in 152 districts in 20 states as a pilot scheme.

1.1 Situational Analysis: Kerala & Scheme for promotion of menstrual hygiene

Kerala, a state located on the south west region of India. Kerala is three times as densely populated compared to the rest of the India. (Total population -33.3 million - Census 2011).The State is known for its high health and development indicators especially with those related to women's reproductive health. This is reflected by indicators such as a favourable sex ratio (1084 female per 1000 male) female literacy (91.98 %), school enrollment of girl children (98.5).

In Kerala, the MHS was piloted in seven districts which covers at least half of the 14 districts in the State.

The districts included in the pilot phase are,

1. Idduki
2. Kottayam
3. Palakkad
4. Malappuram
5. Wayanad
6. Kannur
7. Kasaragod

Palakkad district was selected by the National health system resource center for the rapid assessment of menstrual hygiene scheme. The implementation of the scheme in Palakkad began in February, 2012.

According to 2011 Census, Palakkad district had a total population of 2,810,892(Census 2011[b]). According to the data collected by ASHAs in Palakkad district in 2010, there are 1, 50,575 adolescent girls in the age group of 10 to 19 years.

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a)DasguptaA,SarkarM.Menstrualhygiene:How hygienic is the adolescent girl?. Indian J Community Med 2008;33: 77-80.
b) Census 2011

1.2 Methodology

For the present exercise, we have selected one district in Kerala based on the suggestion given by NHSRC. Palakkad is a North Eastern district of Kerala state. Palakkad town is the district headquarters for the Palakkad district.

For rapid assessment, two blocks were selected on the basis of distance from the district headquarter; one block nearer and the other farther. From the thirteen community developmental blocks of Palakkad, two blocks were randomly selected based on the distance from the headquarters as mentioned above. The basis for the selection was a median value of 30 kms. The block which was more than 30 kms from the headquarters was Thrithala and the block within 30 kms from the district headquarter was Kollengode were included. Kollengode block was 22.5 kilometers and Thrithala block was 75 kilometers away from the district headquarters. A brief description of the blocks is provided below.

Kollengode block

Kollengode block has one Koduvayur Community Health Center (CHC) with 11 PHCs and 50 subcentres. We selected the main centre – IPDF Kollengode for the assessment. Out of 4 sub centers under this PHC namely, IPP sub center Anamari, RCH Nedumani, FWC Nenmani, and FWC Thekkinkara, we have selected two - RCH Nedumani, FWC Nenmani. In the selected subcentres, two wards in each were selected randomly.

For the purpose of the interviews, 2 JPHNs and 4 ASHAs (2 per JPHN) were selected from each subcentre.

In addition, 8 Focus Group Discussions (FGD) were held; 4 in each subcentre. The eight FGDs are distributed equally among Category A and Category B. Category A included girls who had started using the sanitary napkins under Menstrual Hygiene Scheme [MHS] and Category B included girls who had not yet started using the sanitary napkins under the MHS.

Thrithala block

Thrithala block is served by the Chalisery CHC with 33 subcenters. We have selected the main centre to the CHC for the assessment. Out of the 4 sub centers under this PHC namely; Mudavannur IPPSC, FWC Nangathri, IPP sub centre Melathur and IPP sub centre Kannanur,

we had selected - the main centre and Mudavannur. Two wards each of the two sub centers were assessed.

For the purpose of the interviews, 2 JPHNs and 4 ASHAs (2 per JPHN) were selected from each subcentre.

In addition, 8 Focus Group Discussions (FGD) were held; 4 in each subcentre. The eight FGDs are distributed equally among Category A and Category B. Category A included girls who had started using the sanitary napkins under Menstrual Hygiene Scheme [MHS] and Category B included girls who had not yet started using the sanitary napkins under the MHS.

Table 1: Details of field visits and Interview conducted

	State	***District***	***Block***	***Sub-block***	***Village***
No. of interviews conducted.	4	2	6	JPHN – 4 ASHA – 8	-------
No. of beneficiaries and non-beneficiaries interviewed	------	------	------	------	16 Focus group discussions [Category A & B]
No. of facilities visited*	1	2	2	12	--------
No. of storage sites*	-----	-----	2	-------	-------
Total number of storage sites actually visited*	-----	-----	2	4	------

*****Applicable only for District, Block and Sub block levels (should be considered for District only if storage is being done at the district level

Table 2:Name and type of facilities visited at each level

	Name and type of facilities visited
State	1. State mission director 2. State nodal officer 3. State nodal officer, School health program 3. Head of Social Development and senior consultant decentralized planning NRHM office Trivandrum
District	1. DPM NRHM office, Palakkad. 2. RCH officer Civil station, Palakkad
Block	1. Koduvayur CHC Kollengode Block. 2. Chalisery CHC Thrithala Block
Sub-block	1. Main centre IPDF Kollengode 2. RCH Nedumani 3. RCH Main center, Thrithala

	4. Mudavannur IPPSC 1. Ward 1 - RCH Nedumani, Kollengode 2. Ward 2 – RCH Nedumani, Kollengode 3. Ward 3 – FWC Nenmani, Kollengode 4. Ward 4 – FWC Nenmani, Kollengode 5. Ward 5 – RCH sub centre Main centre, Thrithala 6. Ward 6 – RCH sub centre Main centre, Thrithala 7. Ward 7 – Mudavannur IPPSC, Thrithala 8. Ward 8 – Mudavannur IPPSC, Thrithala.
Village level	At all the 8 wards.

2.1 FINDINGS

Section 1: Programme Implementation

2.1.1 Programme management and Implementation

Menstrual hygiene scheme is an initiative of the Government of India to improve menstrual hygiene among adolescent girls aged between 10 to 19 years across 152 districts in 20 states of India. The programme is managed by the mission steering group of the NRHM. Operational guidelines for the promotion of menstrual hygiene among adolescent girls were issued by the Ministry of Health, Government of India.

During November 2011 a notification for implementation of the scheme in the selected districts in Kerala was issued.[1] Subsquently, the State Mission Director had forwarded an operational guideline for the implementation of the program to the District Medical Officers and the District Programme Managers of all the 7 districts in 2012. [2]

Then District Programme Manager NRHM of Palakkad district issued an order of implementation to the lower levels.[3] However the order for implementation had reached the Superintendent of one of the Block CHC only after a gap of four months. Though there was a commitment to launch the scheme there seems to have been considerable delay and tempo. Some conversations off the record indicated that a dynamic individual who had taken up the leadership of the programme initially had to leave office due to official reasons leading to a loss of momentum affecting the effective roll out of the programme. During the implementation and management of the programme, there were some deviations from the operational guidelines which are high lighted in the table below.

1. The Order No: NRHM/SD/MH/1/2011/SPMSU dated on 11/11/2011 issues the implementation of the scheme in the selected districts in Kerala
2. Order No: NRHM/8891/HSD/2011/SPMSU dated on March, 2012.
3. Order No: NRHM/JC/342/2012 dated on February 15, 2012

Table 3: Programme implementation and management – Guideline and Reality

Guidelines	Practices
• Block medical officer shall issue the sanitary napkins through proper channel to all sub centers. • JPHN attached to the sub centers will issue the Sanitary napkins to ASHA as a loan and ASHA will remit the money after the sale of the sanitary napkins	• Lady health supervisor of the block CHC is in charge of the entire stock at the block level. The LHS issues the supply to the respective LHIs of the sub centers. The LHI further issues the order to the respective JPHNs. JPHN further issues the stock to the ASHA as loan, and will remit the money after the sale.
• A beneficiary will be given packets to their need, subject to a maximum of two packets.	• Most staff were still not clear about how many packets to be given to beneficiaries
• ASHA will retain an incentive of rupees 1 per sale per each packet.	• It's happening on the ground.
• ASHA will be given one packet free per month	• Initially the beneficiaries were not given any free packets. • Now they are given one in some and two packets in some other places • Some complain that they are not getting free packets
• Joint account by the LHI with the main center JPHN.	• Complied as per guidelines
• The funds collected will be utilized by the PHC's to procure sanitary napkins in the year 2012 – 2013 under the scheme.	• Lack of clarity regarding the utilization of the money collected
• ASHA will conduct monthly meeting with adolescent girls in each month. • Given an incentive of 50 rupees for each monthly meeting with at least 20 adolescent girls	• Regular meetings are reported to be happening • Disparity in the payment for the meetings; some centers deny payment if attendance less than 20 and others do not
• ASHA will distribute the sanitary napkins in all schools in their respective area on demand from the school JPHNs.	• Though intended for all government and aided schools, in practice, only in selected schools
• Monitoring formats should be kept duly filled and block wise consolidation should be forwarded to NRHM through PRO cum LO.	• The monitoring formats from the ASHA are being received by the JPHNs; further a mini PHC consolidation and the final Block CHC consolidation further submitted to the NRHM districts through the PRO.
• Safe and secure storage places should be ensured in all the concerned health centers.	• Lack of proper storage facility. Therefore the CHC/PHC refrain from storing the packets long term and tries to shift the products to the concerned ASHA at the earliest. Practically a one day distribution chain from Block to the ASHA
• Expenditure for transportation of sanitary napkin from CHC to PHCs shall be met from the untied funds.	• Lack of clarity in the fund utilization for such purposes

2.1.2 Operationalization of the programme

The general view among the programme managers was that there were no major issues with regard to the operationalisation of the programme in the State. They attributed it mainly to the high levels of awareness, social acceptance and use of sanitary pads that already exists in the State. However the additional challenge in the State according to them was the expectation of the adolescents out of their access to and awareness regarding the various branded sanitary napkins available in the market. MHS is therefore viewed by most officials as an effort to reach the non users and improve the menstrual hygienic practices further.

The implementation and reporting of the programme is through the general health system upto the DPM (ASHA to JPHN to LHI to LHS thro PRO to DPM) and above that the district NRHM administers it. The interviews among the state functionaries indicates that the MHS scheme was still viewed as a programme that is of the "Centre" and they also realize a real need to integrate it with the adolescent sexual and reproductive health (ARSH) programme and school health for better operationalisation.

2.1.3 State steering committee / District coordination committee

Though initially, there was a decision to constitute a State level steering committee, the decisions are currently made by the NRHM Executive Committee. The District Coordination Committee has been formed in the district; the DMO health is the chairman or the convener, RCH officer, MCH officer, DPHN and the MOs of all blocks are members. Regular meetings don't happen but discussions do happen at the executive meetings.

2.1.4 Pattern of coverage of adolescent girls under the scheme

Under the scheme, the adolescent girls aged from 10 to 19 years old are provided with sanitary napkin to promote adolescent health and hygiene. Majority of the beneficiaries according to the records and as reported by the beneficiaries and ASHA, are girls belonging to the intended age group. However there were indications of a 'target shift' in the scheme as reflected in the conversations of the beneficiaries as well as the officials. Few mentioned during casual conversations of their apprehensions of the pads being used by mothers and others who spend most of their time at home. This also according to them was strongly related to the perception that the pads were of poor quality and therefore required frequent change. The course of the conversation also reflected that many of the girls used the pads only during the last days of menstruation when the flow was considerably less.

Table 4: List of adolescent girls in the district and block

Name	***Population of the Adolescent Girls***	***Number of Girls who have received the Sanitary Napkins so far***	***Percentage of population actually covered so far***
District	150575	127362	84.58%
Blocks 1	13388	5285	3.96%
Blocks 2	20691	559	2.70%

2.2 Section 2: Supply and Distribution

2.2.1 Process for the requirement of sanitary napkins

The sanitary napkins are supplied by Government of India based on the number of adolescent girls in the implementing districts as requisitioned by the State Government. The State officials could not describe a regular process of requisition as a current practice since an assessment of the total number of adolescents was carried out through preliminary surveys by ASHAs in the respective areas two years back. The supply has since then been the same and are supplied by the manufacturer directly to the Blocks periodically. Many were of the opinion that the distributor supplies at its own convenience, time and quantity despite informing them repeatedly.

The responses from the field however illustrate the fact that the supply is erratic. Except for the first allotment; there has not been a regular supply of the sanitary napkins. At times napkins were supplied on monthly basis and at other times it takes 3 to 4 months to get the material. District nodal officer stated "they are delivered in lots; we have no information on how many boxes would be delivered. Block PROs many at time were left wondering about where to store the lot." Officials repeatedly referred to the "loads of pads being dumped at CHCs without any prior notice, sometimes even at the middle of the night."

At the grass roots level ASHAs are distributed fairly equally (almost 50 packets per ASHA as and when the stock arrived). Any additional requirements reported by the ASHA was based on the demand from their beneficiaries.

2.2.2 Timeliness and Adequacy of supplies from the centre

The common feeling at the State level according to the feedback from the periphery was that the supply of the product was irregular and inconvenient. The supply was so irregular that some centres have received three consignments until now, while others have not received any for the past three to four months. The stakeholders from the ASHA to the SMD seemed to have a literal sense of helplessness in the supply mechanism of the product.

In Thritala, due to the interruption in the supply, there was no availability of the pads for about a month. Thritala is a block with a comparatively higher proportion of tribal and other marginalised populations and a higher demand for the napkins. (among the blocks that we assessed.) This could well indicate that in a situation where there is increased demand, there could be issues of inadequate supply.

The records in the community health centre clearly indicated that there was no supply of the product in the months of July, August, September and October. However there were about 10 boxes with 160 sanitary napkin packets in each lying at the Kollengode CHC. This also highlights the issue of low demand in some centres

No mention of storing buffer stock was discussed at any level considering the above context and the effort to distribute the stock to the ASHAs as soon as possible to avoid storage and prevent damage and pilferage.

2.2.3 School based distribution of sanitary napkins

As a design, the school based distribution of sanitary napkins is not followed in the State with the exception of Palakkad. The initiative in the particular district was attributed to the special interest of the District Programme Manager. However the distribution is currently suspended particularly in the town areas due to issues regarding perceived quality of the pads supplied. One of the officials reported that there were complaints from the parents regarding the quality of pads supplied through schools.

One of the major problems related to school based distribution was the disposal of napkins. Many schools did not have incinerators and there were no initiatives as part of the programme to set them up for the disposal of sanitary napkins.

Some schools were also reported to have vending machines with branded sanitary napkins (Rs 5/ pad) packaged with company sponsored incinerators for disposal.

The State officials felt that there is absolutely no convergence of the scheme with the school health programme that is very effectively implemented in all the schools of the programme. The concerned official also felt that it is a lost opportunity in Kerala. Since almost all of the adolescents in the targeted age group are in educational institutions in Kerala, the school JPHN (employed as part of the state school health programme) would be the ideal link worker to the ASHA in addition to the JPHN in the PHCs to widen coverage and use.

Table 5: List of Requisition, Supply and Deficit

Financial year 2011-2012	***Requisition***	***Supply***	***Deficit***	***Date of receiving the supply***
State	Nil	2,89,0906	Nil	Up to November 2012
Palakkad district	Nil	3,54,726	Nil	February 2012 March 2012 September 2012 November 2012
Koyyayam	Nil	5,74,023	Nil	Up to November 2012
Idukki	Nil	2,01,600	Nil	Up to November 2012
Malappuram	Nil	9,69,063	Nil	Up to November 2012
Wayanad	Nil	1,92,800	Nil	Up to November 2012
Kannur	Nil	3,91,800	Nil	Up to November 2012
Kasargod	Nil	2,06,894	Nil	Up to November 2012

Table 6: Data on status of supplies, stock position and distribution of napkins in the district visited

Table 6.1: District level

	Requisition made	Supply received	Distribution	Balance stock
Palakkad district	Nil	354726	49855	304871
Block wise CHC				
1. Kadampazhipuram CHC	Nil	18980	3871	15109
2. Alanallur CHC	Nil	39200	0	39200
3. Kongad CHC	Nil	19200	4699	14501
4. Koduvayur CHC	Nil	19040	13716	5324
3. Parli CHC	Nil	18880	0	18880
4. Pazhzmpalakkod CHC	Nil	19153	2577	16576
5. Vadakkenchery CHC	Nil	19200	4064	15136
6. Chalavara CHC	Nil	38339	697	37642
7. Chalisery CHC	Nil	38400	1280	37120
8. Kuzhzlmannam CHC	Nil	20480	2320	18160
9. Koppam CHC	Nil	18240	0	18240
10. Ambalappara CHC	Nil	18880	2555	16325
11. Agali CHC	Nil	47534	10671	36863
12. Nanniyod CHC	Nil	19200	3405	15795

Table 6.1 shows the supply, distribution and balance stock of sanitary napkins in Palakkad district. The list shows the 12 Block CHC wise data of Palakkad district.

Table 6.2: Block level –only for blocks visited

	Supply received	*No. of packets distributed to the SHC*	*Balance remaining at block*
Block 1			
Kollengode block Koduvayur CHC	19040	13716	5324
Block 2			
Thrithala block Chalisery CHC	38400	1280	37120

Table 6.2 shows the supply, distribution and the balance stock of sanitary napkins remaining at the two blocks of Palakkad – Kollengode and Thrithala

Table 6.3: SHC level –only for Sub centres visited [Month of December 2012]

	Total No. of ASHAs under SHC	No. of ASHAs who got the supply	No. of packets given to per ASHA	No. of Packets distributed by all ASHAs
SHC 1 in block 1	4	0	0 [*Due to the presence of opening balance with the ASHA*]	100
SHC2 in block 1	4	4	25	100
SHC 3 in block 2	5	5	60	300
SHC 4 in block 2	5	5	160	500

Table 6.3 denotes the SHC wise data of the two blocks for the month of December 2012; indicating the total number of ASHAs, number of ASHAs who got the supply, number of packets given to per ASHA and the number of packets distributed by all ASHAs.

Table 7: Consolidated list of stock and supply distribution list of the blocks and sub centers visited

Write in months and year	*Supply received by the block on*	*Distribution to SHCs started on*	*Distribution to the ASHAs from SHC started on*	*Distribution started by ASHAs*	*Remarks*
District					
Block 1	01-02-2012		13-04-2012	14-04-2012	73 days
SHC 1		30-03-2012	13-04-2012	14-04-2012	73 days
SHC 2		30-03-2012			
Block 2	2-2-2012				
SHC 3		21-03-2012	02-05-2012	03-05-2012	51 days
SHC 4		21-03-2012	02-05-2012	03-05-2012	51 days

Table 7 shows the supply chain of pads distributed from the district to the beneficiaries. It is evident from the table that it takes 50 days to 73 days to reach the beneficiaries from the district level.

2.3 Section 3: Storage and Transportation

2.3.1 STORAGE

State and District

The storage issue by the sheer design of the programme is nonexistent at the State and the district level and is the issue that arises at the level of the block and under. This is reflected in the guideline where there was no mention about storage facility in the state or in the district. A storage facility is neither a necessary condition for the supply of sanitary napkins by HLL Lifecare Limited. HLL Life care supplies directly to the block level institutions.

Feedback from the block level reflect a concern that the district and state level officers did not view their issues with storage and distribution as priority issues.Referring to this problem a higher official said, "Sub-centres need not keep the pad with themselves, when they receive stock they immediately distribute it to intended groups. We have directed to them to literally do a one day programme – to immediately shift all the stock to the lower levels at the earliest so that they will have no stock to manage." However this does not seem to work in all centres since reports indicated a range of 50-75 days to shift the stock from block to the beneficiary

However according to our observations, it was noted and reported that the onus of stocking the packets ultimately falls on the ASHAs and they often keep them in their homes or in some cases anganwadis. This raises concerns of the risk of damage to the packets and becoming unsterile.

There are no rented spaces specifically taken as a storage facility in the district as reported by the district programme manager.

Storage and Supply chain

The stocks that are being supplied at the Block CHC are primarily entered into the stock register by the pharmacist. Following the procedure the pharmacist issues the stock to the LHS, further the stocks are being transferred from the LHS to the LHI of the main centres. From the block the stocks are being dispatched off to the lower levels, with in a time interval of one week to prevent the stock being stored in a limitation of space at the block level.

Some of the PHCs have storage spaces available while others don't have. Many of the storage spaces in the block and sub centres are not meant for menstrual hygiene scheme; often the storage spaces are immunisation room, multipurpose halls, conference halls and pharmacy are used for storing pads.

LHI issues the stock to the concerned JPHN, further issues to the ASHAs. Thereafter the storage becomes the problem of ASHAs. ASHAs do face constraints in getting proper space for storage. Many ASHAs don't have a proper storing facilities for the napkins; often they store in big cartons, big shopper bag or in the cupboard. Many at times this affects the family life of ASHAs as they store them at their houses.

An ASHA on this said, "I keep the pads in my cupboard at home. When my husband finds pad when he fetches his dress from the cupboard leads to conflict at home."

Many of them are also embarrassed by young boys and other young male friends and relatives seeing them with big boxes of pads at their house.

Often the storage spaces was located in a multipurpose hall, which lead to loss of some packets of sanitary napkins. One of the storage spaces we visited had large ventilation holes which often attracted rats and other rodents and was damp. Storage of the stocks in the pharmacy, was reported to affect the daily routine of pharmacy due to acute space constraint.

Figure 1: Storage and Supply chain Flow chart

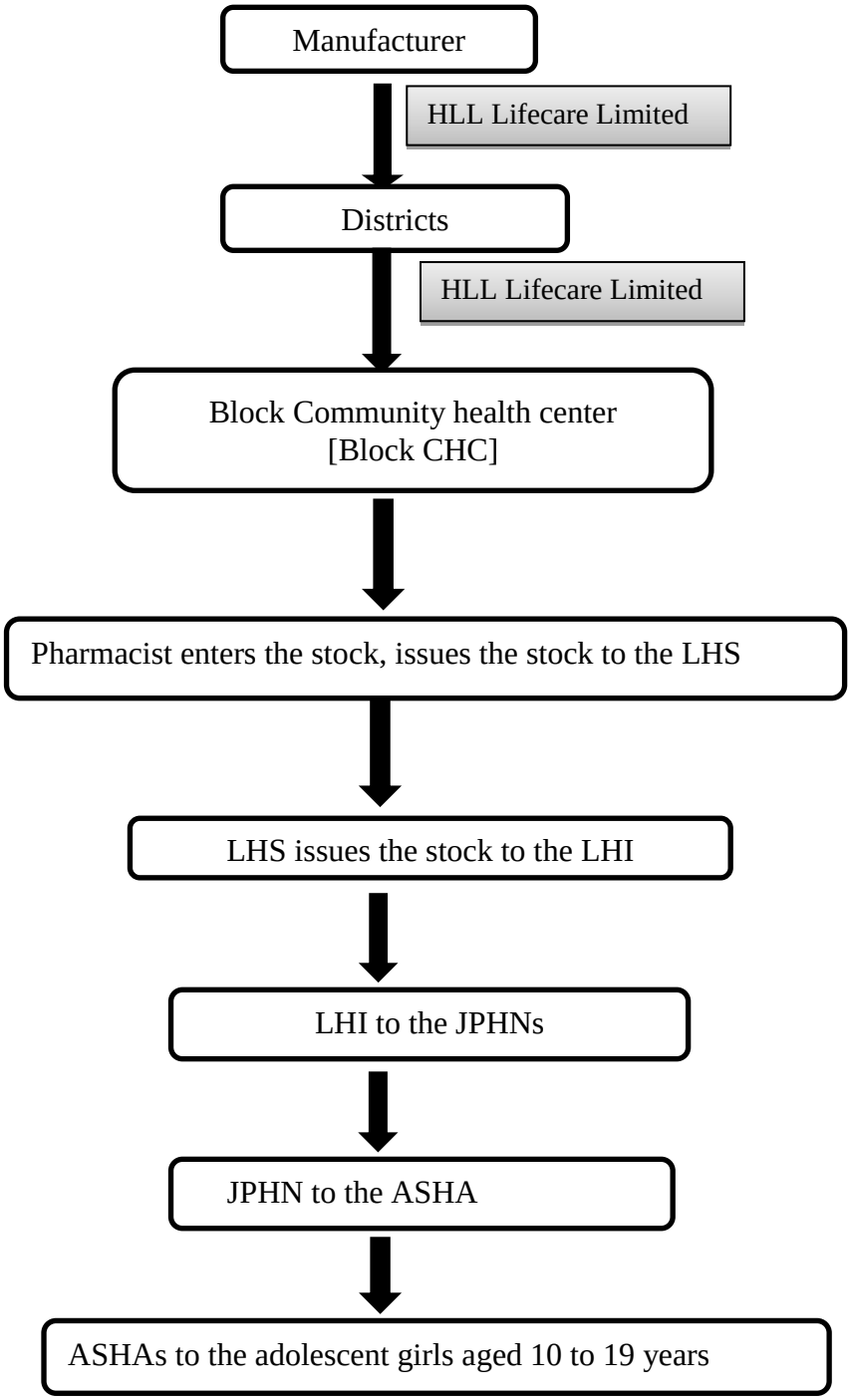


Figure 2:Images of storage spaces in the blocks and sub centres visited

Storage details in the district visited – Palakkad

From the district programme manager's office we came to know that all the primary health centres and sub centres of the district have a storage space; all located in government buildings.

Table 8: Storage details in the block visited

	Total storage sites	Number of sites in the government buildings	Number of sites in rented buildings
Block 1 [CHC Koduvayur]	**1**	**1**	**0**
SHC level	**5**	**5**	**0**
Block 2 [CHC Chalisery]	**1**	**1**	**0**
SHC level	**5**	**5**	**0**

2.3.2 TRANSPORTATION

- The transportation of the stocks from the centre to the block has been planned to be delivered at the doorstep of the CHCs. It was also proposed to transport the pads by the HLL Lifecare Limited directly to the block. The expenses for transportation, loading and unloading were to be paid by the HLL Lifecare. Though it did not happen the first time and payments were made by the LHS and the PROs, it seems to have been resolved now. "The first time when the load came, the lorry driver asked us to make necessary steps for unloading the packets. We somehow arranged for unloading,

but we didn't know what to do. We were not aware how to pay the money. When the second load came; we told them that as per the guidelines the delivery has to be by the HLL Lifecare. Then we refused to pay money for the delivery. Later the lorry driver himself paid money for offloading."

Some of the issues raised by the district and block level officials are:

- Loads come during odd times. "The load comes at night times and during Sundays, therefore we have difficulties".
- Lack of prior information regarding the arrival of the stocks. One of the officials commented that "It comes without notice and often dumped somewhere unceremoniously. And nobody is informing that the consignment is coming or has come despite repeated letters to HLL Lifecare Ltd".

Transportation from the block level

The stocks are being transferred from the Blocks to the respective Primary health centres [PHC], using transport facilities of the block or the PHC. Some PHCs have ambulances to carry the stock or may utilize their untied fund for the transportation. Sub centres don't have their own transport facility or hire an auto rickshaw for transportation. The ASHAs have to bear the expenses of the auto/other transportation used to carry the packets home. Some of the JPHNs reported that they were paying the ASHAs for the transportation expenses after an indication from the reporting format questions and clarifications from the DPM. Some of the JPHNs pointed out an important fact regarding transportation: "In the reporting format there is a question –"How much is the transportation charge?" Since there was a question regarding this, we started deducting the transportation charges."

Only after subtracting the transportation charges, the collection money goes to the untied account. But this has not been followed uniformly in all the sub centers; some centers pay from their untied funds.

There is no proper transportation format followed in the case of ASHAs. They get either their packets when the JPHNs come for outreach programme or have to pay out of pocket to pay for the travel expenses. They carry the packets in a bus or auto rickshaws.

One of the ASHA says: "There is no benefit for the 1 rupee gained per packet; auto charge here is very high – for me it is 30 rupees, some ASHAs are residing more far from here. Therefore there is no benefit in selling these pads."

Some of the PHCs they follow the ASHAs reporting format; there is a question regarding transportation charges; therefore the JPHNs are providing the ASHAs with a minimum charge of 25 rupees.

Table 9: Transportation cost for the financial year 2011 – 2012 for the Palakkad district

Estimated expenditure on transportation	Data not available
Transportation amount actually proposed	Data not available
Transportation amount approved	Data not available
Amount spent on transportation so far	Rs 5330

2.4 Section 4: Funding Mechanism and financing pattern

The implementing officers at the state level said that the programme is a 100% centrally sponsored programme and hence the state has no fund allocated for the programme. The guideline sent to the state at the beginning had suggested having an imprest fund of Rs 300 in the beginning of the programme. But in Kerala that was not given, instead the first stock to each ASHA was issued by the JPHN as a loan and this was a state specific modification done in the running of the programme.

In Kerala, the money collected under this scheme is remitted in a joint account maintained by JPHN of main centre and LHI exclusively opened for this scheme. The State official remarked that this was due to the fact that the funds collected through this scheme can be clearly tracked through a separate account for the same. Guideline suggests opening a new account for JPHNs. On this a district implementing officer said "first they told that every JPHN has to open an account; which was impossible. This is because we have 514 sub-centers means, 514 new zero balance accounts. No bank was allowing that many new accounts……" No specific fund routing mechanism has been devised. The fund collected is as such lying in the joint account of main centre JPHN and the LHI and not routed to the district.

The united fund of NRHM is utilized for transportation expenses for distributing napkins from CHC to sub-centres levels. In addition, Rs 50 to be given to ASHA as an incentive for conducting adolescent meeting. The imprest fund of Rs 300 is not been a practice in the state.

Table 10: The fund utilization and maintenance

	Total expenditure on transport	**Amount of Incentive Paid to ASHA (Sale of packets)**	**Amount of funds recouped to the district health society ****	**Total expenditure**
District				
Block wise				
KADAMPAZHIPURAM	0	3806	19030	22836
ALANALLUR	0	0	0	
KONGAD	0	4699	23495	28194
KODUVAYUR	2450	11709	60950	75190
PARLI	0	0	0	
PAZHAMPALAKKOD	0	2479	12395	14874
VADAKKENCHERY	0	4024	20134	24158
CHALAVARA	0	697	3485	4182
CHALISERY	850	1116	5550	7516
KUZHALMANNAM	0	2620	13100	15720
KOPPAM	0	0	0	
AMBALAPPARA	2030	2541	12185	16756
AGALI	0	1671	53355	55026
NANNIYOD	0	3405	17025	20430

** **Not recouped back to the district health society, but still in the account**

There is no rented space in the district for storage and hence no money is issued to this area. Since the programme is completly centrally sponsored scheme, there is no data available on the the fund proposed and fund approved and released so far for this scheme.

2.5 Section 5: Monitoring and Supervision

Mechanism of monitoring

There are no specific mechanisms devised for monitoring and supervision of this MHS in the state and district level. The only mechanism to verify the functionality of the scheme is the reporting formats which are supplied at all levels.

The records are maintained correctly. The ASHS fill up the recording formats and give it to the sub centre JPHN. The JPHNs consolidate the ASHAs record and give it to the JPHN in the main centre PHC, the main centre JPHN consolidate all the data from all the PHC under that block and send it to the LHS in the block. From the block the LHS send the consolidated list to the DPM office. The consolidated list from all district heads will be sent to the state head office of NRHM. About 30% of the ASHA and JPHN said that they go for the monthly meeting conducted by the ASHA for the

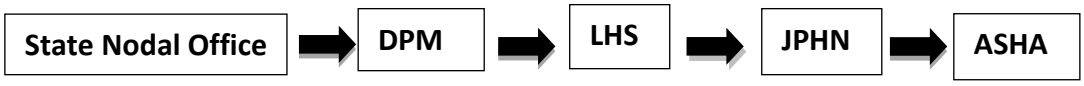
adolescent girls. No specific monitoring. The ASHA has a monthly review meeting at their respective PHC. The PHC Medical officer, respective JPHN and sometimes the district RCH officer also attend these review meetings. During these meeting the ASHA reports the status of the functionality of the scheme in their areas and also the difficulties, challenges, needs and the suggestions of the programme. During these meetings the ASHA has submitted their difficulties and problems in implementing this MHS due to the poor quality of the napkins to the PHC and block medical officer. The state implementing officer said "I have got many written complaints regarding the poor quality of the sanitary napkin supplied under this scheme. The district of Kottayam has written and given to me that if the same sanitary napkin is going to be sent to them again they will not receive it anymore".

There are no existing protocols of quality checks for transportation, distribution or disposal. The DPM said that "the block PRO calls me over the phone when the stock from the state. The stock comes as a bulk without ant prior notification. He will ask me Sir, what should I do, there is a huge load and the driver is unwilling to unload". So the chain of implementation in terms of transport, distribution or disposal and even the fund maintenance is not supervised. One of the implementing officers in the district sad "I believe that the collected money is in the accounts safe, I am not aware of it, the JPHN will have to keep it safe. I have not got any guideline telling me what to do with the collected money, so I don't know how to look after that part". The disposal is not supervised at any level. The actual service delivery in the grass root level is not supervised at all. The ASHA brings a paper with the name of signature of some girls to whom she has sold the sanitary napkin. There is no cross check happening at any level to verify whether the SN are reaching the selected '**Target population**'. Two implementing officers at two levels of hierarchy said that at many places **the target is getting shifted.** They said that since the sanitary napkin provided is of very low quality which is not suitable for the AGs who have heavy bleeding, the adults eg; the mothers and other older women with a reduced amount of bleeding. While interacting with the mother of an AG, the mother said "The pad is good, I have used it, yes, it is thin than the other market available napkins, but it is good for us mothers, please tell the government not to stop the scheme, it is difficult for me to the pads for both myself and my daughter from the shop". Some ASHAs also have said that they used to give these napkin packets to the mothers when they ask because the AGs don't use this.

The implementing officer at the state level said that there is absolutely no quality assurance cell in the state and no plan has so far been discussed to have one in the state.

The consensus voice that arose across the board was a concern regarding the perceived quality of the product supplied. While beneficiaries expressed discontent and indications of target shifting the state level officials categorically believed that the programme would fail if the present quality of the product is not changed. A perceptible change in quality would raise the demand of the population by bounds and would greatly help in increasing usage, complete shift from cloth to sanitary pads and continuous use of sanitary napkins.

Figure 3: Monitoring mechanism



2.6 Section 6: Role of ASHA

2.6.1 Training

About one and half year ago medical officers at PHC level were given training under the Training of trainers (ToT) mode in the MHS implementing districts. This was enabling the Medical Officer to impart training to ASHAs. All ASHAs in the implementing districts had half a day training held at PHCs. In Palakkad district ASHAs were given half day training at the CHCs. The health education and reporting material received from NRHM, New Delhi were translated and printed for the purpose of distributing to grass root level agencies. However, we found ASHA reported no receiving the materials such as flip charts and so on. On the other hand they have received the reporting sheets and hand book module prepared for them. We had an access to flip book used for ASHA training from a PRO at a block. Few ASHAs further mentioned that they have not issued a certificate as well as the ASHA handbook for attending the ASHA training.

It is observed that the ASHAs have good Inter Personal Communication (IPC) skills. To take advantage of such skills the health education tools and the content were either not available or adequate. It is also observed that the adolescent girls were not provided with adequate information on basic physiology of menstruation, ailments related to them and dietary requirements. On the reporting side all ASHAs fill in the report in the prescribed format.

2.6.2 Social marketing by ASHA

Social marketing the concept of using sanitary napkins during Menstruation was by end large successful. The scheme helped adolescent girls to be aware of the sanitary napkins and later use them. Initially the girls bought the napkins supplied by ASHAs and later discontinued them as the quality was not as expected. Some continue using the napkins available in the market with better quality many shifted back to traditional methods (clothes). Even the nodal agencies in state and district level commented that the social marketing will be successful only when there is quality.

2.6.3 Monthly meetings

The monthly meetings are not conducted regularly in all villages. In some villages, the meetings are regularly conducted, but in some villages the frequency varied from once in two months to twice in a year. The JPHNs do not attend the monthly meetings regularly. If the ASHA informs them with a prior notice and if they have time they attend the meetings.

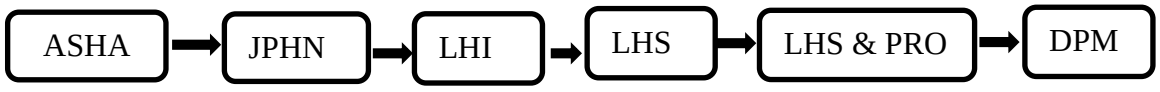
2.6.4 Incentives

ASHAs are aware that there is an incentive of Re. 1 if they sell a packet, which is priced Rs.6. They hand over the remaining Rs.5 per each packet to JPHN for the purpose of depositing in the bank account. In addition ASHAs are paid Rs.100 per month by the JPHNs for conducting nutritional classes. In addition they have also mentioned that they receive Rs.50 each for conducting adolescent meetings. Some have complained that they did not receive fifty rupees even after conducting the meetings. As per the guideline the meeting should be attended by at least 20 girls to be eligible to receive the incentive. Many at times it is difficult for ASHAs to collect 20 girls for the meeting which is held once a month. This criteria bars from receiving Rs.50 for some of the meetings. There were also instances where, about half of the ASHAs reported to have received two free packets per month, and the rest did not receive them. This makes them to pay for all the packets supplied to them. According to the guideline, an ASHA is entitled for two free packets per month. This was seconded by an RCH officer.

2.6.5 Reporting and Monitoring

The reporting formats submitted by the subordinates at all levels are rechecked and consolidated by the person in charge. The flow of records is explained in figure 3.

Figure 4: Path of reporting



The records are maintained correctly. The ASHS fill up the recording formats and hand it over to the sub centre JPHNs. The JPHNs consolidate the ASHAs record and hand it over to the JPHN in the main centre PHC, the main centre JPHN consolidate all the data from the entire mini PHCs under that block and send it to the LHS in the block. From the block the

LHS send the consolidated list to the DPM. The consolidated list from all districts dispatched to the state head quarter of NRHM. Only 30% of ASHAs and JPHNs mentioned that they attend the monthly meeting intended for adolescent girls. This meetings lack proper monitoring.

2.6.6 Requisition Process

There is no requisition process in place. JPHNs supply the napkins to ASHAs when they receive from the PHC. It is also found that ASHAs have excess stock all the time. In total only two ASHAs reported deficit and delay in getting napkins. It sometimes took 25 days.

2.6.7 Challenges faced by ASHA

Most important challenge faced by the ASHAs is the quality of napkins. ASHAs reported that it is difficult for them to sell the napkins until the quality is improved. An ASHA stated many girls buy because of rapport with her. With regard to behaviour change, ASHAs mentioned the interactive sessions are called by the anganwadi worker. The school health counsellor and the JPHN are training the girls on behaviour aspects during adolescent years. Another major difficulty faced by the ASHA is the transportation of the napkins from the PHC to sub-centres. Some PHCs do not supply napkins to sub centres. ASHAs themselves collect from PHCs and transport to their sub-centres. For this they were not paid. Another problem faced by ASHAs is conducting separate meetings for MHS in addition to regular nutritional meeting held at anganwadi. Many at times girls are not available to attend more meetings. This makes it difficult for ASHAs to get 20 girls for this meeting. This makes them ineligible to receive Rs.50 incentive. Another problem is related to the price of the packets. The napkins are priced Rs.6. But it is convenient for the girls to bring Rs.5 coin and buy the napkins with request to pay Re.1 later. Many a times it is difficult for ASHAs to collect the dues after chasing them at their residences. This lead to the loss of Re 1 incentive for them.

2.7 Section 7: Disposal

The commonly used method for disposal is flushing the used pads in the toilets. Some burn or bury them. ASHAs instruct the girls to burn the used napkins after removing the plastic layer after washing. They were also told to remove the cotton and flush in to toilets. There were instances of a few girls wash, dry and burry/burn them. Those who use cloth wash the cloth and sundry it and use it. Some girls wash the cloths, but do not sundry, instead they put it in shade and put a cloth on top of that and then dry and use it.

When we enquired about the incinerators, District Programme Manager (DPM) reported that there are 100 incinerators set up in schools. This set up is completely out of the purview of the present scheme. So they have no control over them. These are found only government and government aided schools. . According to DPM, "We spoke to the shuchitwa mission, and also took the help of SarvaShikshaAbhiyan (SSA). We had a convergence meeting with the chamber of the district Panchayat president Shuthitwa Mission agreed to support for incinerators for the toilets funded by the district Panchayat and SSA, so now we have 500 schools with incinerators, so that is the improvement which came after this MH programme". There is no budgetary allocation from the state or district for the disposal. However, there are some initiatives from the state and district level authorities to have some efforts to integrate the disposal with other departments.

Challenges encountered

The girls believe that burning the napkin containing own blood is not auspicious. Many schools do not have waste box, water and incinerator. The napkin provided under this scheme is very thin so that they will have to change it very frequently. These are the main challenges faced by the adolescent girls to dispose the sanitary napkins appropriately.

2.8 Section 8: Quality issues pertaining to the sanitary napkins

Stock verification

It was reported that when the JPHNs open boxes for distributing napkin packets to ASHAs, on an average 6 napkin packets were missing. Even the girls reported there were instances of pads missing.

Perception and findings of the state / district nodal officers/ JPHNs/ ASHAs

The state nodal office has received many written complaints regarding the quality of the napkins. ASHAs and JPHNs have used the napkins themselves and have reported very poor quality of the napkins. District nodal officer said that he initiated this programme in the schools and he quotes "Now I can't go to those schools even for other programmes due to the bad quality of this napkin". ASHA says that it is difficult for her to sell off the stock given to her because he girls are reluctant to buy this napkin.

2.9 Section 9: Focus Group Discussions

2.9.1 Key findings of FGD with adolescent girls who have started using the sanitary napkin under the scheme

Experience from usage by adolescent girls

The girls who have used the napkins say that the napkins will be completely wet in 2 hours and hence it is difficult for them to use it while going to schools. They also said that "we were unable to concentrate during the class hours while using this pad; we were always scared about something unwanted will happen; we wre always conscious that our clothes would be stained and this makes us worry as we have boys in our classes and this makes tensed when we use it". Six girls from each block have reported of itching while using these pads and relief of symptoms when they stop using MHS napkins.

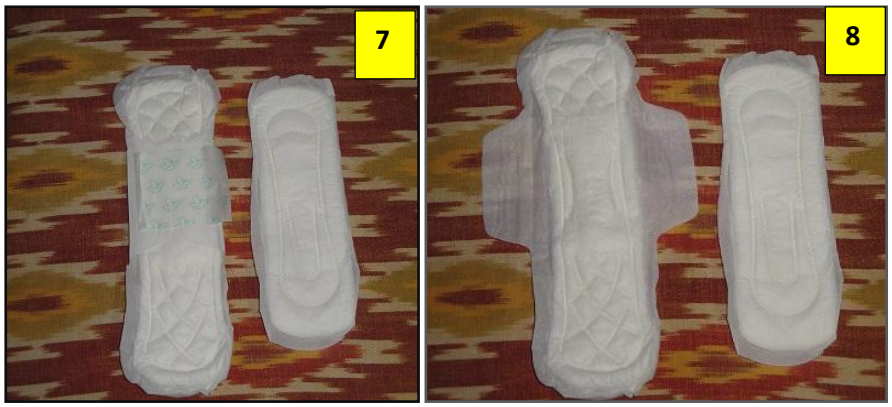
Adolescent girls who have started using the sanitary napkin

Source of information regarding these sanitary napkins were the ASHA. ASHA goes to individual houses of the adolescent girls in her list and gives the information. In one block the SN were provided from the month of April 2012 while in the next block the SN under this scheme was provided from December 2012.

Almost all of the user group and discontinued group of adolescent girls have said that the napkins are of poor quality, they all started buying this sanitary napkin in the beginning and then later either discontinued or reduced the usage due to **four major quality issues**

1. It is not long enough to use them (normal size of products available in market have regular napkins with 230mm and MHS napkins is only 210 mm long)
2. Very thin, cannot contain the flow for more than 2 ½ hours
3. Shrink very fast from both sides thus leading to leakage and staining of clothes
4. Non-adherent, the glue below the napkin is not adequate causing the napkin to slip and fall away from the undergarments
    - A very small group (2 girls) said that there is no much quality issue with the napkins provided
    - The napkin provision has increased the shift of behaviour from using clothes to napkins (For products available in the markets such as Stayfree and whisper and so on)

Figure 5: Comparison of the length of 'freedays' (right) sanitary napkin with the market available standard sanitary napkin (left)



Monthly meetings/counselling sessions conducted by ASHAs

The percentage of girls attending the meetings is generally less in number. This is true for both blocks of Palakkad district (20 – 30%). Girls are of the opinion that they receive only partial information on sanitary sapkin usage and the menstrual hygiene. They further reported that meetings are not conducted by ASHA, but by the school health counsellor/ JPHN. The content of the meeting included, adolescent behaviour changes, behavioural adjustment, hygienic practices and disposal of sanitary napkins.

Perception of the girls regarding quality, quantity, cost and ease of access of the napkins distributed through ASHAs

The girls are satisfied with the accessibility of the pads as ASHAs deliver at their door steps. The quality is a major issue for all girls. They seem to be dissatisfied with the quality of napkins sold. Even though they are sold maximum of 2 packets per person, keeping the quality in mind, it is not sufficient for them for a cycle. This makes them to buy napkins from the markets or shift to traditional methods such as using cloths.

Common suggestions for improvement of supply and quality of napkins

Increase the length of napkins. The common suggestion to improve the supply and quality of the sanitary napkins supplied are, increase the length of napkins, increase the thickness of sanitary napkins and have wings attached to napkins. The major observation was that the beneficiaries and the health workers in Kerala had a perception of low quality of the product supplied and an expectation based on the commonly available branded products in the

market. Unless the product supplied matches the branded ones in terms of absorption, physicial dimensions and features, there seems to be little chance of regular users to shift to 'freedays' and highly unlikely for first timers to continue using 'freedays' instead of cloth

2.9.2 Key findings of FGD with adolescent girls who have not yet started using the sanitary napkin

Reason for not using sanitary napkins

A. The adolescent girls who have not started using sanitary napkins

There is absolutely no information received on the scheme. ASHAs who are supposed to provide information have not done so. They have not attended the monthly meetings conducted by ASHAs. But they were aware of monthly meetings, and did not attend as they were busy with tuition or special classes during those time. In every group of girls interviewed, only 25 % of them attended the monthly meeting.

B. The adolescent girls who have started but discontinued napkins

For this group of girls, the major reason mentioned was the poor quality of napkins supplied. There were also some misconceptions and belief which made them to stop using the napkins. They are as follows. :

- The use of clothes is more hygienic than sanitary napkins
- Sanitary napkin causes uterine and cervical cancer
- Sanitary napkin causes infertility
- Sanitary napkin increases body temperature and this will lead to uterine infection
- There is no place or facility to dispose sanitary napkins
- Culturally it is bad to burn one's own menstrual blood which will pollute the atmosphere.

Inclination levels for using any sanitary napkin and type

The girls who do not use this napkins prefer using clothes (40%), clothes along with and other market products (60%), whisper choice (18 pads), Rs 30 and stayfree (8 pads) Rs 22. About 75% of them have known and used the "freedays" napkin and they said that they are ready to pay even up to 10-12 rupees and buy this napkin if the quality is improved. The girls who use both cloths and napkins said that they prefer to use napkins over clothes if the

napkins are of good quality. Some of them also said that they are not interested to buy the same napkins even if it is supplied for even lesser prise

Possible reasons for discontinuation in case of girls who have used branded sanitary napkins in the past and are currently not using

The girls who have used branded sanitary napkins and then discontinued its usage said that the cost was affordable for them, some had itching and skin peal in the groin while using the napkins, most of them said that either their class teacher/ parents/ elders/anganwadi teacher said that using sanitary napkins cause cervical cancer, infertility and other infection to uterus. The major reason mentioned by all the girls who have used and discontinued the use was the poor quality. There were **4 major aspects of poor quality** commonly mentioned by all of them

The major aspects of poor quality of the sanitary napkins supplied were found to be the reduced length (normal market available regular napkin is 230mm, the MHS sanitary napkin is only 210mm), the reduced thickness than the normal market available napkins, easly Shrink from the sides leading to leakage and staining of clothes, Not adhering to the undergarment leading to slippage and falling off from place.

Some of the major suggestions from the field was to ensure quality of the napkins, ensure mechanisms for disposal, adequate storage space, regular supply of the product, transportation costs for ASHA,

ANNEXURE -I

State level

State Nodal officers

Overall Programme Related

1. When the scheme was first launched in the state? What was the time lapse between launch and effective roll out of the scheme? (Ask about the time period when ASHAs received the supply and started distribution)
2. Has the state level steering committee been constituted? If yes then ask about the date of constitution, functions and List the members with designations. If no, then ask about the reasons for the same.
3. What is the chain of implementation (ask about nodal officers at each level – state, divisional, district, block, PHC/SHC and below).

Fund Flow

4. What are state specific funding mechanism and financing pattern related to the programme? List the steps with the nodal persons at each level (state, divisional, district, block, PHC/ SHC and ASHAs).
5. Has the state modified the guideline for local context? If yes, then explain the adaptation and the reasons for the same?
6. How much fund has been replenished back to the district health society from blocks? Where are these funds routed, thereafter (as RKS funds or any other specify)? How have these funds been utilized so far? Ask for the fund related data for all the districts in the state.
7. Do you face any challenge specifically related to the fund flow under the scheme?
8. Is the untied fund being used for the scheme – storage, transportation or distribution etc? Give details.

Supply and Distribution

9. What is the process used to estimate the requirement of sanitary napkins in the state?
10. What has been your experience with the supply form centre? – (ask about timeliness of supply and adequacy of the supply as against the requisition)

2011-12	Requisition	Supply	Deficit	Date of receiving the supply
State				
District wise				

11. How many storage sites are available in each district? Take a list of all sites and also specify whether they are in Government facilities or rented space. In case of rented space, ask about the rent amount and the duration of agreement for each rented storage site?

Storage sites	**Government building**	**Rented space**	**In case of rented space, duration of rent agreement**
District			

12. What was the criteria and process used for selecting the storage sites? (both government and rented space)
13. Please give the storage and supply chain in a flow chart with nodal officers?
14. What is the process of making the next requisition? Is there a buffer period to avoid stock outs? If not, why? If yes, then what is the duration? Who is responsible for generating the demand for next stock at each level?
15. What is the stock status now at all levels in each district?
16. Do schools play any role in distribution of sanitary napkins? If yes, then what is the experience and how many schools are playing this role? Take list for district wise….

Transportation

17. How is the transportation done from one storage site to the next level (specify for all levels)? What is the process of hiring the transport vehicle? What is your experience with the timeliness and cost of the transportation?
18. What is your budget for transportation? What is the status of the transport budget- proposed, approved and spent so far?

Monitoring

19. Is there any mechanism of monitoring all aspects of the scheme (-quality checks – for storage, transportation, distribution and disposal – ask for each component separately)? List the responsible people at each level with specific tasks done for monitoring?
20. What is the status of report generation at all levels? Are the formats (as per the guidelines) being used at all levels? What has been the experience with the reporting formats?
21. ***Quality Assurance cell-*** Have you set up the quality assurance cell? If not, why? If yes, then give details of their function and members?

Training and Role of ASHA

22. How many ASHAs have been trained in the MH module?
23. What criteria were used to select the state and district level trainers? Take the list of all the trainers with designation.
24. What was the duration of the training? Are you satisfied with the quality of training? If not then have there been any refresher rounds? Give details.
25. What is the status of distribution of modules, reporting formats and flip book to ASHAs?
26. What do you think about the role of ASHAs in the scheme? What is your perception regarding the concept of social marketing by ASHAs?
27. Have ASHAs started conducting monthly meetings with adolescent girls? What are the activities done during these meetings? Do they get the Rs.50 incentive for these meetings?
28. What are the challenges faced by AHSAs in counselling and distribution? Is she able to get the Re1 incentive – per packet?
29. Who monitors the functionality of ASHAs? What is the role of VHSNC and ANMs in monitoring?
30. What is the role of ANM in the scheme besides distributing the napkins to ASHAs? Do they attend the monthly meetings at village level?

Disposal

31. What are the methods of disposal used in the district?
32. What is the status of setting up of incinerators in the districts? (How many? Which districts? At what level)
33. Has the state allocated any budget for building disposal systems? How much budget was allocated and how much have been spent?
34. What was the involvement of other departments such as Total sanitation campaign (TSC) and SarvaShikshaabhiyan (SSA) in leveraging funds for the disposal.

Others

35. What has been your experience with the operationalization of the programme in the state? What are the major challenges in the implementation of the scheme?
36. Are you satisfied with the quality of sanitary napkins supplied to the state? If not, can you specify the quality issues?
37. What is the role of other community based groups such as SHGs/ Community Based organizations in the process of mobilisation and awareness creation for Menstrual Hygiene in your state?
38. Is there any form of on ground convergence of the scheme with other Adolescent Health programmes such as the SABLA Scheme?

ANNEXURE -II

District level

District Nodal officers

Overall Programme Related

1. When the scheme was first launched in the district? What was the time lapse between launch and effective roll out of the scheme? (Ask about the time period when ASHAs received the supply and started distribution)
2. Has the district coordination committee been constituted? If yes then ask about the date of constitution, functions and List the members with designations. If no, then ask about the reasons for the same.
3. What is the chain of implementation (ask about nodal officers at each level - district, block, PHC/SHC and below).
4. Have you received the operational guidelines for the scheme?
5. Has the orientation of MO, Block Accounts Officer and ANM done in inventory and accounts management, supervision of outreach sessions? Mention the proportion of ANMs who have been oriented about the programme.

Fund Flow

6. What is the fund flow mechanism in the district? List the steps with the nodal persons at each level (district, block, PHC/ SHC and ASHAs).
7. What are the guidelines used in the district for fund flow? In case of any adaptations please explain the adaptations and the reasons for the same?
8. How much fund has been replenished back to the district health society from blocks? Where are these funds routed, thereafter (such as RKS funds or any other specify)? How have these funds been utilized so far? Ask for the fund related data of the district.
9. Do you face any challenge specifically related to the fund flow under the scheme?
10. Is the untied fund being used for the scheme – storage, transportation, distribution or disposal etc? Give details.

Supply and Distribution

11. What is the process used to estimate the requirement of sanitary napkins in the district?
12. What has been your experience with the supply? – (ask about timeliness of supply and adequacy of the supply as against the requisition)

	Requisition	Supply	Deficit	Date of receiving the supply

District				

13. How many storage sites are available in your district? Take a list of all sites and also specify whether they are in Government facilities or rented space. In case of rented space, ask about the rent amount and the duration of agreement for each rented storage site?

Storage sites	**Government building**	**Rented space**	**In case of rented space, duration of rent agreement**
District			

14. What was the criteria and process used for selecting the storage sites? (both government and rented space)
15. Please give the storage and supply chain in a flow chart with nodal officers at each level?
    Who is in charge of the store at each level? Who receives the supply at the store at each level? Who is responsible for storage and distribution to the next level? Who maintains the stock details?
16. What is the process of making the next requisition? Is there a buffer period to avoid stock outs? If not, why? If yes, then what is the duration? Who is responsible for generating the demand for next stock at each level?
17. What is the stock status now at all levels in your district?
18. Do schools play any role in distribution of sanitary napkins? If yes, then what is the experience and how many schools are playing this role? Give block wise details

Transportation

19. How is the transportation done from one storage site to the next level (specify for all levels)? What is the process of hiring the transport vehicle? What is your experience with the timeliness and cost of the transportation?
20. What is your budget for transportation? What is the status of the transport budget-proposed, approved and spent so far?

Monitoring

21. Is there any mechanism of monitoring all aspects of the scheme (-quality checks – for storage, transportation, distribution and disposal – ask for each component

separately)? List the responsible people at each level with specific tasks done for monitoring?

22. What is the status of report generation at all levels? Are the formats (as per the guidelines) being used at all levels? What has been the experience with the reporting formats?
23. Are Monthly meetings conducted to review the scheme?

Training and Role of ASHA

24. What proportion of ASHAs has been trained in the MH module?
25. What criteria were used to select the district level trainers? Take the list of all the trainers with designation.
26. What was the duration of the training? Are you satisfied with the quality of training? If not then have there been any refresher rounds? Give details.
27. What is the status of distribution of modules, reporting formats and flip book to ASHAs?
28. What do you think about the role of ASHAs in the scheme? What is your perception regarding the concept of social marketing by ASHAs?
29. Have ASHAs started conducting monthly meetings with adolescent girls? What are the activities done during these meetings? Do they get the Rs.50 incentive for these meetings?
30. What are the challenges faced by AHSAs in counselling and distribution? Is she able to get the Re1 incentive – per packet?
31. Who monitors the functionality of ASHAs? What is the role of VHSNC and ANMs in monitoring?
32. What is the role of ANM in the scheme besides distributing the napkins to ASHAs? Do they attend the monthly meetings at village level?

Disposal

33. What are the methods of disposal used in the district?
34. What is the status of setting up of incinerators? (How many? Which block? At what level?)
35. Is there any allocated budget for building disposal systems? How much budget was allocated and how much have been spent?

Others

36. What has been your experience with the operationalization of the programme in the district? What are the major challenges in the implementation of the scheme?
37. Are you satisfied with the quality of sanitary napkins supplied? If not, can you specify the quality issues?
38. What is the role of other community based groups such as SHGs/ Community Based organizations in the process of mobilisation and awareness creation for Menstrual Hygiene in your district?

39. Is there any form of on ground convergence of the scheme with other Adolescent Health programmes such as the SABLA Scheme?

ANNEXURE - III

Block level

Block Nodal officers

Overall Programme Related

1. What is the chain of implementation (ask about nodal officers at each level - district, block, PHC/SHC and below).
2. Have you received the operational guidelines for the scheme?
3. Has the orientation of MO, Block Accounts Officer and ANM done in inventory and accounts management, supervision of outreach sessions? Mention the proportion of ANMs who have been oriented about the programme.

Fund Flow

4. What is the fund flow mechanism in the block? List the steps with the nodal persons at each level (block, PHC/ SHC and ASHAs).
5. What are the guidelines used in the block for fund flow? *In case of any adaptations please explain the adaptations and the reasons for the same?*
6. How much money have you collected at the block level from ANMs? How much fund have ANMs collected from ASHAs? (probe about the imprest fund of R3.300)
7. How much fund has been routed back to the district health society from your block? Ask for the fund related data for all the subcentres in the block.
8. Do you face any challenge specifically related to the fund flow under the scheme?
9. Is the untied fund being used for the scheme – storage, transportation, distribution or disposal etc? Give details.

Supply and Distribution

10. What is the process used to estimate the requirement of sanitary napkins in the block?
11. What has been your experience with the supply? – (ask about timeliness of supply and adequacy of the supply as against the requisition)

2011-12	Requisition	Supply	Deficit	Date of receiving the supply
District				

12. How many storage sites are available in your block? Take a list of all sites and also specify whether they are in Government facilities or rented space. In case of rented space, ask about the rent amount and the duration of agreement for each rented storage site?

Storage sites	Government building	Rented space	In case of rented space, duration of rent agreement
District			

13. What was the criteria and process used for selecting the storage sites? (both government and rented space)
14. Please give the storage and supply chain in a flow chart with nodal officers at each level?
    Who is in charge of the store at each level? Who receives the supply at the store at each level? Who is responsible for storage and distribution to the next level? Who maintains the stock details?
15. What is the process of making the next requisition? Is there a buffer period to avoid stock outs? If not, why? If yes, then what is the duration? Who is responsible for generating the demand for next stock at each level?
16. What is the stock status now at all levels in your block?
17. Do schools play any role in distribution of sanitary napkins? If yes, then what is the experience and how many schools are playing this role? Give subcentre wise details

Transportation

18. How is the transportation done from one storage site to the next level (specify for all levels)? What is the process of hiring the transport vehicle? What is your experience with the timeliness and cost of the transportation?
19. What is your budget for transportation? What is the status of the transport budget- proposed, approved and spent so far?

Monitoring

20. Is there any mechanism of monitoring all aspects of the scheme (-quality checks – for storage, transportation, distribution and disposal – ask for each component separately)? List the responsible people at each level with specific tasks done for monitoring?

21. What is the status of report generation at all levels? Are the formats (as per the guidelines) being used at all levels? What has been the experience with the reporting formats?
22. Are Monthly meetings conducted to review the scheme?

Training and Role of ASHA

23. What proportion of ASHAs has been trained in the MH module?
24. What was the duration of the training? What was the venue of the training? Are you satisfied with the quality of training?
25. What is the status of distribution of modules, reporting formats and flip book to ASHAs?
26. What do you think about the role of ASHAs in the scheme? What is your perception regarding the concept of social marketing by ASHAs?
27. Have ASHAs started conducting monthly meetings with adolescent girls? What are the activities done during these meetings? Do they get the Rs.50 incentive for these meetings?
28. What are the challenges faced by AHSAs in counselling and distribution? Is she able to get the Re1 incentive – per packet?
29. Who monitors the functionality of ASHAs? What is the role of VHSNC and ANMs in monitoring?
30. What is the role of ANM in the scheme besides distributing the napkins to ASHAs? Do they attend the monthly meetings at village level?

Disposal

31. What are the methods of disposal used in the block?
32. What is the status of setting up of incinerators? (How many? Which sub centre area? At what level?)
33. Is there any allocated budget for building disposal systems? How much budget was allocated and how much have been spent?

Others

34. What has been your experience with the operationalization of the programme? What are the major challenges in the implementation of the scheme?
35. Are you satisfied with the quality of sanitary napkins supplied? If not, can you specify the quality issues?

ANNEXURE - IV

Discussion Guide for ANM

1. What is your role in the MH scheme? What specific tasks do you perform under MH scheme?
2. How do you estimate the requirement for the coming month? Explain the process.
3. How do you maintain the stocks and accounts register? What information do you maintain in these records?
4. Have you received the reporting format? What information do you capture in it? To whom do you submit it? And at what frequency?
5. How do you collect the sanitary napkins for ASHAs? From where (level of facility) do you collect the napkins? What is the mode of transport you use and how do you pay for it? Do you face any problem in transportation?
6. Is the supply done in a timely manner? If no, what was the time lapse between demand and actual supply? What were the reasons for delay?
7. Where do you store the napkins? Do you have adequate storage space at the sub centre? If not then how do you manage (also ask about the rented space)? Do you face any problem in storage?
8. What is the mechanism that you follow to distribute the napkins to ASHAs? Do you face any problems in distribution of the napkins? What transport do you use for this purpose and how do you pay for it?
9. How do ASHAs communicate to you about their requirements? What is the routine time gap between requisition made by ASHAs and the supply (by ANM)?
10. What is the frequency of the meetings conducted with ASHAs?
11. What is your experience with the imprest fund (Rs.300)? How do you manage it? Explain the process of disbursement and collection of the funds as well as the challenges in managing this fund?
12. Do you monitor the functionality of ASHAs on this aspect? What is the mechanism of monitoring (look for responses related to random checks and monitoring the monthly meetings held with adolescent girls)
13. What are the disposal mechanisms used at the village level?
14. Are you satisfied with the quality of the napkins? If no, can you specify the quality issues? What did you do to address them?

ANNEXURE - V

ASHA

1. What is your role in the MH scheme? What specific tasks do you perform under MH scheme?
2. Have you received the training for MH? What was the duration of training? Where was it conducted?
3. Have you received module, flip books and reporting formats?
4. Has the planner been distributed to the adolescent girls?
5. What information do you record in your formats? To whom do you submit it? And at what frequency? Do you face any trouble while filling these formats?
6. How do you estimate the requirement for the coming month? Explain the process.
7. How do you maintain the stocks and accounts register? What information do you maintain in these records?
8. How do you communicate your requirements to ANM?
9. How do you collect the sanitary napkins from ANMs? What is the mode of transport you use and how do you pay for it? Do you face any problem in transportation?
10. Is the supply done in a timely manner? If no, what was the time lapse between demand and actual supply? What were the reasons for delay?
11. Where do you store the napkins? Do you face any problem in storage?
12. What is the frequency of the meetings conducted with adolescent girls?
13. While talking to the girls in the community what are the key messages that form a part of your counselling?
14. Do you get the entitled incentives of Re1 per packet and Rs.50 per meeting? What are the problems faced?
15. What is your experience with the imprest fund (Rs.300)? How do you manage it? Explain the process of disbursement and collection of the funds as well as the challenges in managing this fund?
16. Does ANM or VHSNC member conduct random checks in your village and/or visited you on the day of monthly meeting with adolescent girls)
17. What are the disposal mechanisms used at the village level?
18. Are you being provided with the pack of sanitary napkins for self- use? Are you satisfied with the quality of the napkins? (Also, have the girls approached you with quality issues pertaining to the napkins? Can you specify these issues and what action did you take to address them?
19. What are the major challenges you face in the community in your work under MH Scheme?

ANNEXURE -VI

FGD guide for Adolescent girls

A. Category A – Girls who have started using the sanitary napkin under MHS-

1. Do you know about the MHS scheme and availability of sanitary napkin in your village? Who informed you? What was the information given to you regarding the MHS scheme.? When did you first come to know about it?
2. Since how long have you been using the sanitary napkin under MHS (provided by ASHA)? Have you attended any meetings related to adolescent health issues or MHS in your village? Who organized this meeting? What was the main agenda or discussion point for the meeting? What is the frequency of such meetings? How many of these meetings were held in your village and how many have you attended? Do you think such meetings are useful for you? Do you attend these meetings regularly? In case no meetings were attended or very few were attended then ask about the reasons?

3. Are there adolescent girls in the village who do not come for such meetings? In your view what would be the percentage of adolescent girls in your village who attend these meetings?

4. Can you please tell me at what age you gained puberty and at what age did you use sanitary napkin (any) for the first time? For how long or how many years have you been using a sanitary napkin now? Does your family member or you buy sanitary napkin form market? If yes, then at what cost – ask from girls – who used it for a brief period and who used it regularly.

5. Which sanitary napkin are using currently – ask about napkins under MHS or some other brand? If she is using napkins supplied under MHS then ask the following questions –

    a. For how long have you been using the MHS napkin?
    b. How do you get the sanitary napkin under MHS – is it given during the meeting or do you collect it from ASHA's house or does she deliver it at your house or is it distributed from school?
    c. How much money did you pay for the MHS napkin? Do you think that the cost is appropriate?
    d. What do you think about the quality of the napkin? If the girls were using any branded napkin earlier then inquire about the difference in quality and the satisfaction with quality of the napkin? If the girls have used any napkin for the first time – then also ask about the experience of the girls regarding the quality of napkins? Also ask about the problems experienced by girls in using the MHS napkin.

6. Have you received the napkin in adequate numbers – for every month? If not then what were the reasons for the short supply?

7. Did you receive any counselling on the advantages of using a sanitary napkin instead of a cloth or other home based methods? Can you tell us what was the information given to you?

8. Are you comfortable in discussing your issues and problems with ASHA in your village? What do you think about her role in organising meetings, supplying napkins and providing information to you regarding adolescent health issues and use of sanitary napkins?

9. What information was provided to you about methods of disposal? What are the methods of disposal that you use? What are the problems they face in disposing the napkins safely?

10. Would you like to give any suggestions for improving the supply and quality of the sanitary napkins?

B. **Category B – Girls who have not yet started using the sanitary napkin**

1. Do you know about the MHS scheme and availability of sanitary napkin in your village? Who informed you? What was the information given to you regarding the MHS scheme? When did you first come to know about it?

2. Have you attended any meetings related to adolescent health issues or MHS in your village? Who organized this meeting? What was the main agenda or discussion point for the meeting? What is the frequency of such meetings? How many of these meetings were held in your village and how many have you attended? Do you think such meetings are useful for you? Do you attend these meetings regularly? In case no meetings were attended or very few were attended then ask about the reasons?

3. Are there adolescent girls in the village who do not come for such meetings? In your view what would be the percentage of adolescent girls in your village who attend these meetings?

4. Can you please tell me at what age you gained puberty and have you ever used any sanitary napkin since then?

5. ***Girls who have not used any type of sanitary napkin*** – Why have you never used any sanitary napkin? What problems do you face in accessing such services – MHS etc? Did ASHA ever counsel you on the issues of using sanitary napkins or on other adolescent health issues?

6. For girls who used branded sanitary napkin - At what age did you use sanitary napkin (any) for the first time? For how long or how many years did you use this branded sanitary napkin? Did your family member or you buy sanitary napkin form market? If yes, then at what cost? Why did you stop using this branded sanitary napkin?

7. Have you ever used the sanitary napkin supplied under MHS? Ask the following questions -
a. For how long did you use the MHS napkin?
b. How did you get the sanitary napkin under MHS – is it given during the meeting or do you collect it from ASHA's house or does she deliver it at your house or is it distributed from school?
c. How much money did you pay for the MHS napkin? Do you think that the cost is appropriate?
d. What do you think about the quality of the napkin? If the girls were using any branded napkin earlier then inquire about the difference in quality and the satisfaction with quality of the napkin? If the girls have used any napkin for the first time – then also ask about the experience of the girls regarding the quality of napkins? Also ask about the problems experienced by girls in using the MHS napkin.
8. What information was provided to you about methods of disposal? What were the methods of disposal used by girls? What were the problems they faced in disposing the napkins safely?

9. Are you comfortable in discussing your issues and problems with ASHA in your village? What do you think about her role in organising meetings, supplying napkins and providing information to you regarding adolescent health issues and use of sanitary napkins?

10. Why have you stopped using the sanitary napkin provided under MHS? What were the problems that you faced?
11. Did you receive any counselling on the advantages of using a sanitary napkin instead of a cloth or other home based methods? Can you tell us what was the information given to you?

12. Would you like to use any sanitary napkin? What type of napkin would you like to use?

ANNEXURE - VII

Menstrual Hygiene Formats for Districts and Blocks

1. Supply and Distribution

	Requisition made	Supply received	Distribution	Balance stock
District total				
Block wise				

II. At block level – visited

	Supply received	No.of packets distributed to the SHC	Balance remaining at block
Block 1			
Block 2			

iii. SHC level – visited

	Total No.of ASHAs under SHC	No. of ASHAs who got the supply	No.of packets given to per ASHA	No.of Packets distributed by all ASHAs
SHC 1 in block 1				
SHC2 in block 1				
SHC 3 in block 2				

SHC 4 in block 2				

2. Timeliness – for visited blocks and SHCs

Write in months and years…	**Supply received by the block on ---**	**Distribution to SHCs started on---**	**Distribution to the ASHAs from SHC started on---**	**Distribution started by ASHAs**	**Remarks**
District					
Block 1					
SHC 1					
SHC 2					
Block 2					
SHC 3					
SHC 4					

3. Funds

	Total expenditure	**Expenditure on transportation**	**Expenditure on rented Storage sites**	**Amount of funds recouped to the district health society**
District				
Block wise				

ii. Blocks visited

	Total expenditure	**Rental cost for storage**	**Expenditure on transportation**
Block 1			
Block 2			

iii. SHC visited

	Total expen diture	**Rental cost for storage**	**Total imprest (Rs.300) fund given to ASHAs**	**Amount of incentive for MH paid to ASHAs**	**Amount of money given spent on ASHA monthly meetings with adolescent girls (Rs.50 per meeting)** **Check – VHSNC funds??**	**Total money recouped back to the SHC.**
SHC 1 - block 1						
SHC 2 – block 1						
SHC 3 – block 2						
SHC 4 – block 2						

4. Storage

		Block level			**SHC level**		
	Total storage sites	**Total storage sites at block level**	**No.of sites in Government buildings**	**No.of sites in rented buildings**	**Total storage sites at SHC level**	**No.of sites in Government buildings**	**No.of sites in rented buildings**
District							
Block wise							

ii. Blocks visited

		Block level			**SHC level**		
	Total storage sites	**Total storage sites at block level**	**No.of sites in Government buildings**	**No.of sites in rented buildings**	**Total storage sites at SHC level**	**No.of sites in Government buildings**	**No.of sites in rented buildings**
Block 1							
SHC 1							
SHC2							
Block 2							
SHC 3							
SHC4							

ANNEXURE - VIII

Menstrual Hygiene Assessment Formats

1. **Supply and distribution for all districts**

2. **Storage sites – for all districts**

	District wise								State total
Total no. of storage sites									
Block level	No. of sites at block level								
	No. of sites in Government buildings								
	No. of sites in rented buildings								
PHC Level	No. of sites at PHC level								
	No. of sites in Government buildings								
	No. of sites in rented buildings								
SHC level	No. of sites at SHC level								
	No. of sites in Government buildings								
	No. of sites in rented buildings								

3. **Funds**

(In Rupees)	**Total expenditure**	**Expenditure from untied fund at block level**	**Expenditure from untied fund at PHC level**	**Expenditure from untied fund at SHC level**	**Total fund recouped back to the district health society**	**Remark**
District wise						
State total						

4. **Training**

District wise	**Total no.of ASHAs**	**No.of ASHAs trained in Menstrual Hygiene**	**Month and Year of completion of training for all the ASHAs**

State total			

ANNEXURE -IX

Consent From

My name is ……. We are conducting a study about the Menstrual Hygiene Scheme of the Ministry of Health and Family Welfare. Under this scheme Adolescent girls are provided Free Days – sanitary napkins at a nominal price. We would very much appreciate your participation in this study as your inputs would help the implementation of the scheme and its future outcomes. I would like to ask you some questions about your views on the scheme and your experiences. The interview/ discussion would take about 20 minutes to complete. Whatever information you provide will be kept strictly confidential.

Can we record your responses in voice format using a recorder?

Participation in this study is voluntary and you can choose not to answer any question or all the questions. However, we hope that you will participate in this study since your participation is important.

At this time do you want to ask me anything about the survey?

Answer any questions and address respondents concerns

May I begin the interview now?

Signature of the
Interviewer…….Date……

Signature of the respondent_____ Date _____