

Increasing Awareness and Safe Sanitary Practice among Adolescent Girls
Process Documentation Report

Submitted to: Plan India, New Delhi

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I. Introduction

Increasing Awareness and Safe Sanitary Practice among Adolescent Girls (IAAAG) is a unique initiative that was launched with the primary objective of bringing about change in the attitudes and knowledge about menstruation as well as practices with regard to menstrual hygiene and management among adolescent girls in the age group 10-14 years. The project was funded by Proctor and Gamble, supported by Plan India and implemented by *Vatsalya*, Lucknow. The core activity of this project involved facilitation of workshops (of one a half hour duration each) on menstruation for adolescent girls in several government, government-aided and private schools of Uttar Pradesh. The project also constituted distribution of free samples of sanitary napkins manufactured by Proctor and Gamble Company. The operational period of the project was April 2011 to January 2012, during which time, it covered 3,00,063 girls across 1870 schools in 26 districts of Uttar Pradesh in two phases, namely the pilot phase and the scale-up phase.

II. Context

Adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood. One of the signs of this transition is the onset of menstruation. Menstruation is defined as the process of shedding of the lining of the uterus. The lining is made up of tissue and blood, and is needed to nourish a fertilized egg. If there is no fertilized egg, the lining is expelled from the uterus. Menstruation may last between two and seven days. Therefore, menstrual hygiene is an issue that every girl and woman has to deal with, right from the time of adolescence around the age of 9-14 years, until she reaches menopause. However, although it is a normal part of growing up, menstruation is still regarded as taboo in several parts of India and South Asia.

The consequence is that during the days of menstruation, girls are placed under several restrictions; their movement curtailed, and they are even kept in isolation. Within the family too, negative attitudes towards this phenomenon are reinforced. In most cases, the possibility of having open and direct discussions about this issue with family members is minimal. Moreover, there is also an absence of scientific knowledge about the issue from other sources. This leaves the adolescent girl in a state of unpreparedness for understanding and managing menstruation. This issue is all the more poignant in the light of the study conducted by AC Nielson and Plan India, at a national level on Menstrual Hygiene Management with 1033 women and 151 gynaecologists across India, which revealed that over 88% women resort to shocking alternatives like unsanitized cloth, ashes, husk sand and more than 70% of these women suffer from Reproductive Tract Infection (RTI).

This illustrates the consequences of the lack of knowledge on menstrual health management. Preparedness for this phase of life, on the other hand, gives girls the confidence to deal with it in a mature way. To overcome these problems, good hygienic practices such as the use of sanitary pads and adequate washing of the genital area during menstruation need to be advocated. It was with this consideration that the project for promotion of menstrual hygiene among adolescent girls was initiated.

III. Objective

The immediate objective of the project is to enhance knowledge, attitude and practice (KAP) towards menstrual hygiene among adolescent girls in low-income urban, semi-urban and rural areas. The main strategy of the project is *Behaviour Change Communication* (BCC) to leverage capacity creation among communities via training of facilitators and a peer-to-peer model. Through the orientation sessions in schools, the girls in the 10-14 year age group were updated on the traditional and modern methods of managing menstruation, such as how to make homemade sanitary napkins, as well as how to use commercially available sanitary napkins.

IV. Project Implementation and Delivery

A. Methodology

To initiate the project, the districts of project implementation were selected, from the list provided by Plan India. From these districts, facilitators were recruited and trained at a Trainer of Trainers (ToT) workshop over three days. Following the training, the pilot phase of the project was rolled out, in which 16,075 girls were oriented. On completion of the pilot phase, an experience sharing meeting was held to share experiences and learnings that were later taken into the scale-up phase. A second orientation meeting was held with partner NGOs of the districts chosen for the scale-up phase. Selection and training of facilitators from these districts was conducted, after which the scale-up phase of the project was rolled out.

1. Pilot Phase and Scale-up Phase

The project was implemented in two phases – the pilot phase (April – May 2011) and the scale-up phase (June 2011 to January 2012). There are two reasons for dividing the implementation into pilot and scale-up phases. One is that the initial implementation within a smaller target group allows greater control over the information transfer processes. The second is that gaps, if any maybe addressed, and the learnings carried over to the scale-up phase that would be implemented within a much larger geographical area and target group.

Selection of districts: Initially, a list of 36 districts was shortlisted by Proctor and Gamble, which was shared with *Vatsalya*. Thereafter, a selection the 24 districts was made on the criteria that 18 per cent of the total population of the district should be urban. Later on, in November 2011, two new districts – Rampur and Sultanpur were added, in order to cover the target sample within the given timeline. In the meantime, the district of Meerut was dropped from the Project in September 2011, owing to inconsistency in reporting and message dissemination. This decision was taken jointly between Plan and *Vatsalya*. Thus, the overall intervention was carried out across 26 districts.

Pilot phase: The pilot phase was implemented in the four districts of Kanpur, Lucknow, Meerut and Ghaziabad. These districts were selected so as to cover representative districts of at least two regions – i.e., Kanpur and Lucknow in central U.P., and Ghaziabad and Meerut in western U.P. These districts were chosen also on the basis of ease of operations, as *Vatsalya*, the implementing agency, held

linkages with local agencies. In the pilot phase, it was planned to include approximately 100 girls per session, while the actual numbers varied between 80 and 120. In most of the schools, more than 100 girls were covered during the session. This way, a total of 16,075 girls were oriented during the pilot phase. This constituted approximately 5 per cent of the target sample of 3 lakh girls. The tools used during this phase were: an audio-visual presentation, apron, bead game, poster, sticker, card game and leaflet.



Participants watching a film on menstruation during a session at Kanpur

Changes in strategy during scale-up phase: A one-day experience sharing was carried out with the partner NGOs before initiating the scale-up phase. Learnings and challenges of the pilot phase were shared and discussed in order to carry out proper implementation of the scale-up phase. Therefore, it necessitated some changes, listed as follows:

- Difficulties were faced with regard to obtaining written permission from the District Education authorities. Such a sanction in writing was insisted upon by several of the government schools for allowing the sessions to be conducted. In many cases, such permissions were not forthcoming due to the rigid structures and systems within government institution. Besides, the sensitivity of the issue and perhaps even a lack of interest in the development of the students contributed to the bottlenecks. To facilitate the issue of permissions in government schools, a round of liaison with the school managements, especially of government schools, was carried out, in which the school staff was not only briefed about the session, but also showed the tools that would be used. Although this process greatly increased acceptance of the project, there remained schools that still refused permission to conduct the session. In such cases, the project was diverted to private schools.
- As it was found that 100 girls per session was too large a number for effective communication between the facilitator and the group, it was decided to keep this number at 80 as the upper limit per session. This was because visibility of IEC tools in a large group was poor.
- It was also found that adhering to the age criteria of 10-14 years was difficult. However, despite requests from school authorities to relax the age criteria, it was strictly maintained as per the guidelines laid out by Plan India.

- Also, the audio-visual presentation on menstruation was not feasible in all schools due to the unavailability of electricity. Therefore, it was decided to show the film only in those schools which had electricity provision. The context of the film being urban, it was found that students from the rural areas could not comprehend it completely. Therefore, in the scale-up phase, a compact and handy flipbook, covering all aspects of the topic was developed.
- Another aspect was that the supply of sanitary napkins was irregular due to logistic reasons. The result was that in some cases, the samples had to be delivered to the schools at a later date. This irregularity continued through the scale-up phase as well.

Scale-up phase: The target beneficiaries for the scale-up phase was 2,84,000 across the following 26 districts:

Ghaziabad	Bhagpat	Saharanpur	Bulandshahr	Aligarh	Meerut
Etawah	Rampur	Bareilly	Shahjahanpur	Hardoi	Allahabad
Pratapgarh	Varanasi	Mau	Sultanpur	Fatehpur	Raibareilly
Lucknow	Sitapur	Barabanki	Kanpur	Farukhabad	Jhansi
Jalaun	Lakhimpur				

The total number of girls thus covered in the pilot and scale-up phase together was 3,00,063.

2. Selection of District-level Partner NGOs/Coordinators

Implementing a project of such scale, geographical reach and sensitivity demands a network with local agencies and a meticulous structure of reporting and accountability to be put in place. To begin with, *Vatsalya* selected project partners in the chosen districts through which the project was to be implemented. Organisations with good track record and experience similar to that of *Vatsalya* were selected. (See Appendix 1 for list of partner NGOs). The role of these local organizations was to recommend and select district facilitators, as well as support the implementation of the project through liaison with schools, and monitoring. These (trained) facilitators would conduct the session in schools located in urban and semi-urban areas in the 26 districts. (See Appendix 2 for list of District Facilitators).

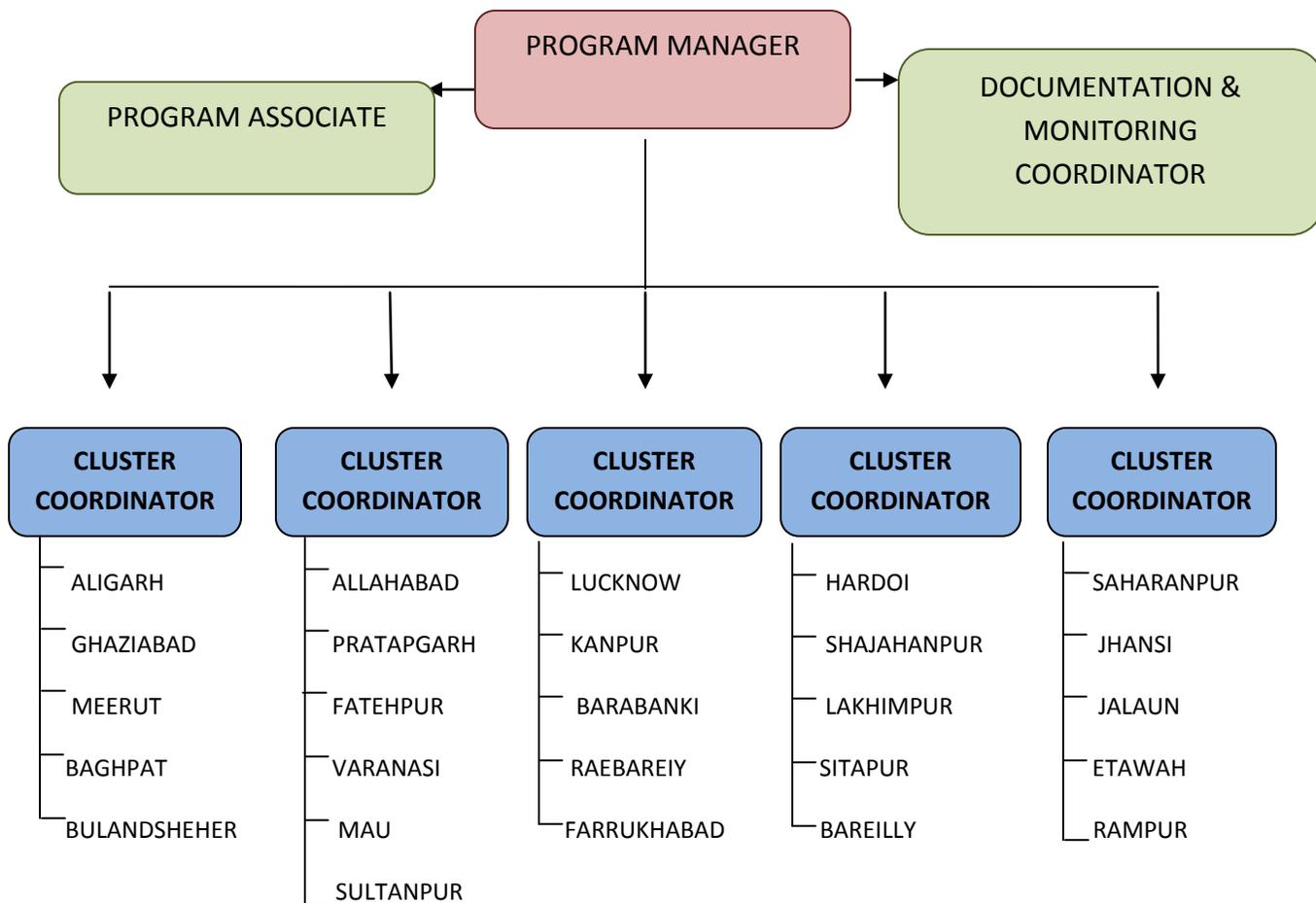
In the capacity of the overall implementation agency, *Vatsalya* also put in place a structured deployment of Project Staff (Illustrated in the diagram below).

The Program Manager was responsible for the overall implementation of the project. He was supported by a Program Associate and a Documentation & Monitoring Coordinator. The Program Associate was in charge of all aspects of finance, travel reimbursements, distribution of sanitary napkins, and logistics. The Documentation and Monitoring Coordinator was in charge of reporting activities, coordination with PLAN, and compilation and management of data and monitoring.

Five cluster coordinators were appointed for the purpose of regular on-site monitoring of the project. Each cluster coordinator was allotted a cluster of 5-6 districts that were located close to each other and

formed a 'cluster'. While such a system enabled easy access to the districts, it also provided greater control and quality assurance of the project. Each cluster coordinator made a monthly visit to each of the districts allotted to him/her and reported on the progress of project delivery. They were provided with formats and checklists for accurate reporting. (See Appendix – 8 for monitoring checklist)

Deployment of Project Personnel



3. Training of Trainers

In all, eight batches of Training of Trainers (ToT) were conducted – the first during April 2011, prior to the pilot phase, the second during June-July 2011 before the scale-up phase, and a third in November 2011 on the addition of two districts of Rampur and Sultanpur into the project (See Table 1). As some of the district facilitators of the other districts had dropped out, new facilitators were recruited, who also participated in this third round. (See Appendix -3 for agenda of ToT Workshop). As regards the selection criteria of the facilitators, they were required to be graduates or post graduates with some work experience in the health sector. Teaching experience was also preferred. The number of trainers per district was directly proportional to the target group for that district.

Most of the training workshops were carried out at Shahbagi Shiksha Kendra, Lucknow, a residential complex which provided a conducive environment for learning as well as informal inter-personal communication. The participants at the ToT workshops included both the District Facilitators and the Chief Functionary of the local organization/Coordinator, since they too were to be involved with liaising with the schools.

Each round of ToT was carried out (over a three-day period in the pilot phase and four-day period during the scale-up phase). The duration of training in the scale-up phase was increased by a day in order to provide sufficient time for both technical sessions and practice. This helped maintain the quality and thoroughness of the sessions at school, as was later realized during the monitoring sessions. Thus, the training of trainers also provided a kind of testing ground in terms of facilitators' thoroughness as well as in the accuracy of information.

The training was provided by experienced resource persons with good experience in the field of adolescent health. The participants were also administered a pre-test and post-test questionnaire comprising ten basic questions on menstruation and related issues (*See Appendix - 4*). As the same questionnaire was administered after the training, it was possible to gauge the percentage of improvement. The analysis showed that in all questions, the percentage of improvement varied from 25 to 65 or more. (*See Appendix -5 for sample analysis*).

Table 1: Scheduling of Training of Trainers

Pilot phase	April 5-7, 2011
Scale-up phase	June 21-24, 2011
	June 25-28, 2011
	July 4-7, 2011
	July 13-17, 2011
	July 24-27, 2011
	July 28-31, 2011
Scale-up phase (for new districts and for new trainers to compensate for drop-outs)	November 14-17, 2011

4. Session Plan

Providing comprehensive information about menstruation and related issues within a time span of one and a half hours requires meticulous planning. Information needed to be transferred in a lively and interesting manner if the students' attention was to be retained. The participants of the session being from varied backgrounds, it was necessary to build not only their understanding and perspective, but ensure that their knowledge levels were brought up to a degree where they would be in a position to answer the students' queries. During the design of the session, it was kept in mind that information transfer should not be done through the lecture mode alone, but would also incorporate demonstrations and activities. The project also demands high level of precision in the nature of the

information imparted; as it was important to ensure that no incorrect information was passed. In order to achieve this level of accuracy, 50 per cent of the time was allotted for practice and ‘rehearsals’ by the facilitators during the ToT. They would receive feedback from the resource persons and thus incorporate the required changes in their sessions. During the monitoring process, it was reflected that this strategy worked very well.

The original session plan was designed by the *Vatsalya* team headed by Dr. Neelam Singh. It was finalized through several rounds of deliberation and discussion with the core team members. (See table below for details). These deliberations also included the development of IEC tools that would aid the dissemination of the required information. To this end, stickers, card games, leaflets, bead game, apron and posters were developed. During implementation, the posters were to be displayed in the schools, whereas the stickers were given to each girl along with sample sanitary napkins. The card game, on the other hand, carried various messages on menstruation and related issues. These were kept in the school library and used when required. In the scale-up phase, however, a new set of tools were developed and used. This was planned for purposes of fulfilling the objectives of the session. For instance, the flip book was developed in order to reduce variance in the information delivery of the facilitators and thus standardize the quality. The FAQ booklet was seen to be more feasible than the leaflets and card games, as it is something that the students can refer to at any time and in private. This booklet also included questions on gender-based discrimination and female foeticide.

The topics covered in the session broadly were: adolescence, menstruation, problems during menstruation, menstruation management (use of homemade/commercially available sanitary napkin) and hygiene during menstruation. It also covered related topics such as Nutrition (Anaemia), Reproductive Tract Infection, Gender, Female Foeticide, as it was thought these topics were also important for the student to understand. Anaemia and nutrition were aspects that have a direct impact of the students’ health. It is also understood that habits cultivated during adolescent age continue through life. Female Foeticide was incorporated with the thought that here was a programme with a reach of 3,00,000 girls, so this was an opportunity to use this platform to communicate this message, particularly considering the adverse sex ration in Uttar Pradesh. T

The session plan is provided below:

SESSION PLAN

Topic	Time duration
1	<p>Pre Session</p> <ul style="list-style-type: none"> • time • physical barriers (sitting arrangements/lights/etc)
2	<p>Session plan</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Introduction of self <input checked="" type="checkbox"/> About the program <ul style="list-style-type: none"> - Objectives of the program <p style="text-align: right;">5 min</p>

3	<input checked="" type="checkbox"/> Topics to be covered:	5 min
	<ul style="list-style-type: none"> • Adolescence <ul style="list-style-type: none"> ✚ What is adolescence? ✚ Problems of adolescence ✚ Why adolescents ✚ Developments during adolescence/ health issues 	
4	<ul style="list-style-type: none"> • Menstruation <ul style="list-style-type: none"> ✚ Process ✚ Problems during menstruation ✚ Myths and misconception 	20min
5	<ul style="list-style-type: none"> • Sanitary Napkin Demonstration <ul style="list-style-type: none"> ✚ Homemade ✚ Commercially available 	10 min
6	<ul style="list-style-type: none"> • Things to be taken care of during menstruation 	5 min
7	<ul style="list-style-type: none"> • Nutrition 	10 min
8	<ul style="list-style-type: none"> • RTI <ul style="list-style-type: none"> ✚ What is RTI ✚ Causes/symptoms/prevention/ consequences 	5 min
9	<ul style="list-style-type: none"> • Formation of boy or girl – bead game 	10 min
10	<ul style="list-style-type: none"> • Gender 	5 min
11	<ul style="list-style-type: none"> • Female Foeticide 	5 min
12	<ul style="list-style-type: none"> ✚ Summary ✚ Pledge/ feedback ✚ FAQ and Sanitary napkin distribution ✚ Vote of thanks 	10 min

IEC Materials Used

5. IEC Materials Used

A combination of well thought out and carefully prepared Information Education Communication (IEC) tools were used to communicate messages in a correct, interesting and lively manner. These tools are as follows: (for the scaled-up phase)

Flipbook: In order to ensure that the messages regarding menstruation, menstrual hygiene, RTI and nutrition get conveyed in a standardized manner, a 20-page flipbook was used. This flipbook helped

reinforce the stated facts and to aid understanding of ideas. The use of pictures was helpful in drawing responses from the girls.



The use of flipbook enlivened the information transfer process

Apron: A cloth apron with female reproductive organs painted on it was developed to be used as a training tool by the facilitators. The facilitators wear the apron and explain different stages of menstrual cycles – the thickening of the lining of the uterus, release of an egg by an ovary, shedding of lining and egg in the uterus. Sometimes the facilitator would ask a girl who is willing to wear the apron to

wear it. For explaining these stages, various flaps which can be buttoned on the apron are used by the facilitator. Through the use of this scientific training tool, the participants of the session were imparted correct information on the menstrual process.

FAQ Booklet: A 32-page booklet was developed, covering the topics related to reproductive health focusing on adolescence, menstruation-related issues, gender issues and female foeticide. Each adolescent girl attending the session was provided with the booklet. The FAQ booklet functioned as a ready reckoner and reinforced the information provided during the session. Besides, it is handy and compact, and can be referred to at a later time. One or two copies were provided to the school to be placed in the library for wider reading by other girls, teachers and staff members.

Bead game: A bead game, using beads of two colours was used to demonstrate the concept of fertilization of the egg. The combination of X and Y chromosomes that result in a male or female offspring was explained. This game was an easy way to help the girl understand that neither the man nor the woman can be held responsible for the outcome. This game helps them remember this fact for life.

(See appendix -9 for IEC tools)



Left: Students play the bead game to understand the concept of chromosomes.

Right: Students with their FAQ booklet.

Below: Trainers demonstrate the use of commercially available and home-made sanitary napkins



At the end of the session, the girls were asked to take the following pledge:

(Translated from Hindi)

I promise that I will incorporate the learnings from this session into my everyday life. I will also share the information with my mother and at least two friends.



The reason for the making the students take this pledge is to reinforce behaviour change and ensure that they remember the information.

Below: Trainer Ms.Sunita Sarkar conducts the session in Lucknow



District facilitator Jaya Singh distributes sample sanitary napkins at the end of the session in Lucknow. These were provided in brown paper covers.

6. Timeline of Project Delivery

Table 2 shows the timeline of project delivery with respect to all aspects and activities, right from the initial conception of the project until the final impact assessment. Table 3 shows the number of girls covered through these sessions on a monthly basis.

Table 2: Timeline of Project Delivery

Month /Year	Activity
March 2011	Preparation of IEC tools
April 2011	Selection of districts, NGO partners and district facilitators, ToT of pilot phase, school sessions
May 2011	School sessions, Experience sharing meeting
June 2011	Planning meeting for scale-up phase, selection of new districts, partnerships (NGOs) and district facilitators, development of IEC tools for

	scale-up phase
July 2011	Training of Trainers for scale-up phase
Aug- Sep 2011	School sessions, monitoring
September 2011	Experience sharing meeting, school sessions, monitoring
Oct –Nov 2011	School sessions, monitoring
Nov 2011	Additional Training of Trainers for new districts and new trainers of existing districts, school sessions, monitoring
Nov 2011 – Jan 2012	School sessions, experience sharing meeting, monitoring
February 2012	Preparation of Process documentation report, preparation of tools for impact assessment
March 2012	Orientation of surveyors and field data collection for Impact Assessment
April 2012	Data entry, analysis and finalization of Impact Assessment Report

Table 3: Coverage of Target Group – month-wise

S.NO.	MONTH	NO. OF GIRLS COVERED
PILOT PHASE		
1	APRIL - MAY	16075
SCALED UP PHASE		
1	AUGUST	20782
2	SEPTEMBER	71291
3	OCTOBER	71376
4	NOVEMBER	40712
5	DECEMBER	63191
6	JANUARY	16636
	Total	3,00,063

B. Monitoring

In order that the project runs smoothly and that the sessions are carried out as planned, a monitoring system was put in place. At level one, follow-up reports were filed by each facilitator, for each session. *(See Appendix – 6 for format of facilitator’s session-wise report.)* At level two, the 18 NGO partners

(either NGO head or a part time Project Coordinator, which was an internal arrangement) in all the 26 districts monitored the project delivery on a day-to-day basis. In the districts where the project was implemented directly through *Vatsalya*, the cluster coordinators visited the schools in their allotted districts. Wherever time permitted, Focus Group Discussions were carried out by Cluster Coordinators with the girls who attended the orientation session to elicit feedback on the effectiveness of the session.

In some cases, these FGDs were conducted immediately after the session (only when the session is completed within assigned time limit i.e. 1½ hour), and in some cases, after a few days as a follow up activity. The schools in which these FGDs were conducted depended on the grant of permission for the same by the school authorities. *(See Appendix - 7 for FGD guidelines).*

The Cluster coordinator made one visit every month to each of his/her allotted districts on an average. Obtaining the fortnightly schedule for coverage of schools from each district, the schools to be covered for monitoring were selected by the respective Cluster Coordinators. The selection of schools was done in such a manner that the every facilitator came under the purview of monitoring. The monitoring exercise also included an exit interview with the school authorities to have their feedback and to verify whether dustbins were kept in school toilets. School authorities are also motivated to keep sanitary napkins in school and to provide them to the girls in case of emergency.

The feedback and observations of the session monitored is shared with the district facilitators and coordinator at the end. Suggestions are even given to improve the quality of programme as well as cluster coordinator reviews and cross check the deliverables.

The observations points during monitoring included the following:

- **Venue and logistics** i.e. whether the space was sufficient for the orientation, was the seating arrangement appropriate, were the charts properly displayed.
- **Adherence to the training sessions/ module** i.e. was the session plan (including steps of the session) followed? If not; what were the deviations, were the contents of the session covered? If not, reasons; was the time plan followed? If not, the reasons.
- **Quality of facilitation** i.e. facilitation skill of the district facilitator, level of trainer’s knowledge on the issues, whether participatory methodology was used in the session.
- **Preparation** i.e. was the charts, games, other training materials arranged properly for the session.
- **Whether session was correlated with the pictures used in the flip book**, while explaining menstruation cycle whether all the key messages were given or not.
- **Whether FAQ booklets were properly distributed** towards the end of the program.

As is evident, apart from the purpose of quality assurance, the objective of the monitoring exercise was also for handholding, for ensuring that supply of sanitary napkin samples was regular, and to ensure that the progress of the project was in accordance with the timeline. Plan India also carried out an overall monitoring from time to time.

Table 4: Number of sessions monitored

July – Aug 20, 2011	Aug 21 – Sep 20, 2011	Sep 21- Oct 20, 2011	Oct 21- Nov 20, 2011	Nov 21- Dec 20, 2011	Dec 21' 11 to Jan 20, '12
16	30	18	8	14	1

V. Observations and Experiences

For the participants and facilitators alike, this was a one-of-a-kind experience. These facilitators came from mixed backgrounds, both in terms of education and experience. From this project, they acquired a command over the issues and menstruation and related topics. Besides, their skills, knowledge, confidence levels and capacities improved to a great extent. The facilitators also faced some problems in relation to carrying out their tasks. These were shared and discussed at the experience sharing workshops that were held at the end of the pilot phase, and during the middle of the scale-up phase.

Some of these observations/experiences were as follows:

- ❖ Although some time was provided at the end of the session for open discussion and clarification of doubts, it was after the session that a number of girls flocked to the trainer to clarify their doubts on an individual basis. This meant that the girls felt hesitant seeking their clarifications in a group. They rather preferred that their queries are answered in an atmosphere of confidentiality.
- ❖ In case of several schools, facilitators experienced delay in obtaining formal permission letters from schools. While this hampered logistic planning to some extent, the facilitators had to compensate for this uncertainty by keeping open the option of substitute schools.
- ❖ In several schools, the Principal did not want girls of Std VI to attend the session, as it was felt that those not yet menstruating need not be privy to this information. In such cases, the facilitators had to convince the Principals on the need for such information, citing the reason that the girls needed to be well prepared to manage menarche, no matter what age they may attain it at.
- ❖ There were requests from several girls of Std X I and XII to be included in the session; but these had to be turned down because the age criterion was 10-14. This is an indication that even girls who have been menstruating lack correct information on how to manage menstruation. This view was reinforced by the opinion of some teachers that girls of Std XII to should be part of the session, as neither parents nor teachers were able to fill in this information need.

- ❖ While there were some schools that were reluctant to give permission for the session, there were others who were equally enthusiastic and wanted to take the project forward by taking the sessions themselves for the classes that were not covered as part of the prescribed sessions. It is heartening that even in a tradition-bound, conservative society where any discussion on menstruation is considered taboo, some schools showed such enthusiasm.
- ❖ All district NGOs experienced that while the candidates recruited as facilitators were not professional trainers, their capacity was greatly enhanced through the experience gained from this project. These facilitators are now a good resource base that the NGO can continue to draw from. More so, they have created a platform among the schools and introduced behaviour change in menstruation management.
- ❖ In some of the schools in the rural areas, the girls of Std VI found it difficult to comprehend the topic. It is generally seen that the onset of menarche among girls in rural areas occurs at a slightly later age. This demanded extra effort on the part of the facilitators to prepare them to absorb and understand the information.
- ❖ As regards the NGO representatives, they envisage the setting up a helpline for girls that would provide correct information for their queries on menstruation and related issues. The NGO representatives mentioned that this project helped them talk about the issue of menstruation, in a matter-of-fact way. Understanding the need to improve access to commercially available sanitary napkins, one of the NGO representatives, Mr.Adil from Rampur took a step ahead in requesting roadside vendors of cosmetics and other items to also stock up sanitary napkins as well.
- ❖ In some schools, the sanitary napkins could not be distributed, as samples had not been received on time from Proctor and Gamble Company. However, as this situation was outside the control of the project teams, the samples had to be delivered at a later date, as per availability.
- ❖ Some of the teachers shared their concern with the facilitators that there were a lot of myths and misconceptions among women on this issue. This was indicative of the fact that not just young girls, but adult women too are often under the purview of such traditional customs. To this end, the FAQ booklet that was provided to the school library becomes a useful resource for anyone who requires correct information in this issue in a compact form. Comparing the response of teachers from urban and rural schools, the facilitators observed that teachers of rural schools were more responsive than those in urban schools.
- ❖ In some schools, there was suspicion that these sample sanitary napkins were being sold rather than distributed as free samples. The facilitator had to reassure the school management in such cases.

- ❖ Some of the schools objected to the word ‘menstruation’ being used in banners. During the experience sharing meeting held in January 2012, Ms. Gitanjali of Plan India reiterated that it is advisable to share the objectives and details of the project beforehand. In the absence of this clarity, the use of this word on the banner could come as a surprise to the school authorities, giving rise to objection. During the same meeting, Mr. Rajan from Plan India maintained that these schools should become model schools rather than spoil the school’s reputation. He also pointed out an important issue to be considered in future: that of affordability of sanitary napkins.
- ❖ During the experience sharing meeting of January 2012, Dr. Neelam Singh, *Vatsalya*, concluded the session with the message that although the project might officially be coming to an end, efforts on the issue should continue. It is important to think of how best to cash in on the platform created across these schools over the last several months. The possibility of setting up traditional and non-traditional outlets for sale of sanitary napkins needs to be chalked out.
- ❖ One of the expected outcomes of the project was that, apart from increasing the participants’ knowledge and understanding of menstruation and its management, the school management too would need to put certain systems in place. The project recommended that dustbins (with lids) be placed in the girls’ toilet. The school was also asked to stock-up a minimum number of sanitary napkins which could be provided to the girls on sudden requirement. It was observed that some of the girls had started using sanitary napkins. In some of the schools, dustbins to dispose of sanitary napkins were also in place.

A. Feedback

At the end of the session, each participant was provided with feedback cards in order for the facilitator to assess their impressions and understanding as a result of this session. The feedback cards also served another important purpose. It made it possible to gauge the doubts and concerns of the students on an age-wise (or class-wise) basis. For example, when we collate feedback from students of a particular class, we understand the nature of concerns faced by students of that age group. Thus, the feedback card-method worked as a simple but innovative manner in which to draw general inferences particularly from the students, but also from the teachers.

Some of the messages in the feedback cards are as follows:

“Thank you for giving us such correct information – earlier I used to feel shy to ask my mother about this”

- Sheeba, Class X, Lucknow

“It was such a nice project – it gives me and my children very good knowledge about month cycle and also about false traditions which are added to this”.

- Manjari Mishra, Teacher

From this project, I learnt the following:

We should take care of our body

We should maintain cleanliness

We should dry our undergarments in the sun

We should dispose of used pads by wrapping it in paper and throwing it in the dustbin.

We should not discriminate between boys and girls

We should eat nutritious food which includes milk and green vegetables

- Arjoo Rajput, Student, Farukhabad

“Earlier, I used the same cloth again and again, washing it and drying it as quickly as possible. The skin around the groin would hurt. I used to apply talcum powder for relief, but that used to give me allergy. I was too shy to talk to anybody about it. After this session I have understood how to make sanitary napkins at home. I have also understood why menstruation happens to me”

-Stuti, Class X

“Ma’am, I enjoyed the session and you have told us many useful things that we should follow throughout our lives. Thank you very much.”

- Ruchi Devi and Rolly Singh

B. Conclusion

When the project *Increasing Awareness and Safe Sanitary Practice among Adolescent Girls (IAAG)* was rolled out, it helped achieve the primary challenge of delivering information. During the project duration, requests were received from several schools for holding these sessions. This is an indication of the severe dearth of correct scientific information on this issue precisely at an age when the girls need it most. This not only reinforces the relevance of the project, but also rationalizes the need to expand it to other districts if feasible.

From this project came the learning that being an issue of very sensitive nature, it was important to provide time and space for the students to ask questions in confidence. The IEC materials used also seemed to be feasible with a combination of flipbook, bead game, FAQ booklet and apron. It served to reinforce and communicate clearly through the method of demonstration/activity/reading and

dissemination. The importance of using the right IEC tools for effective communication was underscored.

From the feedback post cards, it is evident that all information imparted has been very useful to the students. The challenge is to understand also, the extent to which behaviour change has actually occurred. In order to assess how far the knowledge, attitude and practice have changed as a result of this project, an impact assessment is being carried out. It is hoped that the study will reveal the barriers towards behaviour change, which may be addressed in future phases of the project.

I. Appendices

Appendix – 1

S.NO.	NAME OF PARTNER NGO	Chief functionary of the organization	District
1	VATSALYA	Dr. NEELAM SINGH	LUCKNOW, ETAWAH, BULANDSHAHR, GHAZIABAD
2	RAHI FOUNDATION	Mr. DINESH SHARMA	SITAPUR
3	GRAMIN VIKAS SANSTHAN	Shameem Abbasi	MAU
4	SAKAR	SHILPI AGARWAL	BAREILLY
5	TARUN CHETNA SANSTHAN	NASEEM ANSARI	PRATAPGARH
6	DISHA	ANIRUDDH AGNIHOTRI	SAHARANPUR
7	LOK CHETNA	DEVENDRA KUMAR DHAMA	BAGHPAT
8	PARIVARTAN SEWA SANSTHAN	SHIV BEER SINGH	KANPUR, FARRUKHABAD
9	NEHRU YUVA SANSTHAN	RAJENDRA SAHU	FATEHPUR, SULTANPUR, RAEBAREILLY
10	LAXMI	RAJ LAXMI KAKKAR	HARDOI, SHAHJAHANPUR
11	GRAMIN SWARAJYA	VISHAMBHAR	LAKHIMPUR
12	SAHBHAGI SHIKSHAN SANSTHAN	ASHOK SINGH	VARANASI
13	PUSHPANGAN SEWA SANSTHAN	Dr. URVASHI	MEERUT
14	JAN KALYAN SWASTHYA SAMITI	Dr. L.S. CHAUHAN	ALIGARH
15	ASHA GRAMOTTHAN SANSTHAN	RAJENDRA BHADORIA	JHANSI, JALAUN
16	MANAV VIKAS PARISHAD	MUSHTAKEEM	BARABANKI
17	SOCIETY FOR EDUCATION AND DEVELOPMENT	ADIL HUSAIN	RAMPUR
18	SWARG	MUKESH SRIVASTAVA	ALLAHABAD

Appendix - 2

IMPROVING AWARENESS & SAFE SANITARY PRACTICE AMONG ADOLESCENT GIRLS		
DISTRICT FACILITATORS		
S.NO	DISRTICT	NAME
1	Aligarh	Dr. Happy Saxena
		Kusum Singh
		Beena
2	Meerut	Dr. Urvashi
		Dr. Meenakshi
		Rekha Rana
		Anshu
3	Ghaziabad	Geeta Gupta
		Manohar
		Seema
4	Baghpat	Anuradha
		Mamta Sharma
		Sangeeta
5	Bulandshaher	Pinky
		Deepika
6	Allahabad	Seema Ojha
		Archana
		Neelu
		Anita
7	Pratapgarh	Munni Begum
		Shiv Kumari
		Asha Devi
		Akhatarul Nisha
		Amravati
		Pratibha
8	Fatehpur	Sudha Tiwari
		Savita Srivastava
		Premika Gupta

9	Varanasi	Kehkasha Khatoon
		Nargis Bano
		Ruby
		Shabina Khatoon
10	Mau	Humari Khatoon
		Vandana Singh
		Premlata Maurya
		Arti Verma
11	Lucknow	Sunita Sarkar
		Jaya Singh
		Rajini Singh
		Mala Kashyap
		Arvindar Kaur
12	Kanpur	Ranjana Srivastava
		Meenakshi
		Meera Tiwari
		Arti
13	Barabanki	Ranjana Srivastava
		Neelam Verma
		Daraksha
		Mamta
		Amita
14	Farrukhabad	Ranjana
15	Raebareilly	Ranjana Tiwari
		Sushma
		Rajkumari
		Rita Verma
		Suman Shukla
		Rajni
		Shikha
16	Harhoi /	Snehlata
	Shahjahanpur	Priyanka Bajpai
		Shikha Arya
		Sughanda

		Reena Devi
		Radha Mishra
		Rupam Bajpai
		Rajeshwari
17	Sitapur	Neelam Rai
		Amita Srivastava
		Anushree
		Minakshi Shukla
18	Lakhimpur	Kamla Devi
		Shaaluu
		Moni
		Suman
		Meera
19	Bareilly	Sandhaya Tiwari
		Kamlesh
		Mamta Soni
		Mamta Rani
		Garima Sharma
20	Saharanpur	Tasneem
		Ranjana Rana
		Reeta Sharma
		Suman Saini
		Parveen
		Rajnish
		Neelam
21	Jhansi	Poonam Chauhan
		Reeta Chaurasia
		Fauzia Khan
		Roshini
		Bhavna
		Priyanka
22	Jalaun	Poonam Chauhan
		Sangeeta Vishwakarma

23	Etawah	Anju Yadav
		Preeti Pal
		Rekha
		Arti Bhadoriya
24	Rampur	Noor Saba
		Dariksha
		Subhanabi
		Shama
25	Sultanpur	Neetu
		Anita
		Ashruti
		Sarla

Appendix 3: Agenda for Training of Trainers (ToT Workshop) – Session Plan

Day 1

Session	Topic	Methodology/Materials used
Session I	<ul style="list-style-type: none"> • Menstrual Hygiene / Project Concept, Target and Roll-out • The need to reach out to adolescents on this issue • Objectives of the training • Role of NGOs / Role of Trainers /Ground Rules • Expectation • Pretest 	PPT/Verbal
Session II	<ul style="list-style-type: none"> • The definition and characteristics of adolescents 	PPT/Flip book
Session III	<ul style="list-style-type: none"> • Social phenomenon on adolescence and menstruation 	Group work/lecture
Session IV	<ul style="list-style-type: none"> • Menstruation: Definition/ how it happens/ a brief on reproductive organs and conception /Problems during menstruation / myths and misconceptions 	PPT/demonstration by Apron set/ Flip book
Session V	<ul style="list-style-type: none"> • Hygiene / Managing menstruation the traditional and modern way/ • Sanitary napkin- commercially available and home-made ones • Disposal, hygienic handling and storage 	2 glasses / bowl / sanitary napkins: home-made and commercially available ones, ink, undergarment, thread, spoon, cotton, flip book
Session	<ul style="list-style-type: none"> • Nutrition during adolescence 	Flipbook

VI		
Session VII	<ul style="list-style-type: none"> • Reproductive Tract Infection in adolescents • Determination of gender during conception • Documentary: Have a happy period 	PPT/Flip book

Day 2

Session	Topic	Methodology/ Materials used
Session I	Female Foeticide	PPT/Flipbook
Session II	Communication skills and appropriate use of IEC tools during orientation session in schools	PPT
Session III	Planning and management: Listing of schools/no. of girls/ liaison with district officials/ listing of sessions/ date /time/logistic preparation before commencement of the session, such as registration form, chart for the pledge, feedback cards, sets of IEC tools and completion letter	
Session IV	Child Protection Policy	PPT/Lecture
Session V	<ul style="list-style-type: none"> • Issues of menstruation • Adolescence and changes during adolescence, menstruation, menstrual process, changes during menstruation, myths and misconceptions, Demonstration: sanitary napkins – homemade and commercially available ones, storage and disposal of sanitary napkins, nutrition • Logistics: • Introduction of district facilitators • Partner organizations: Plan India, Vatsalya, Partner NGOs, Proctor and Gamble • Objectives of the Project Registration sheet Proper use of IEC Flip book 	Flipbook/chart
Session VI	District-wise preparation of topics	Flipbook/Apron

Day 3

Session	Topic	Methodology/Method
Session I	Individual Presentation	Flipbook/Apron
Session II	Presentation by participants on issues Run-through of the training session	

	1.RTI – causes and consequences 2.Determination of gender during conception 3.Gender and female foeticide Logistics How to take feedback Concluding the session Distribution of sanitary napkins and FAQ booklet Photographs Running through the checklist	
Session III and IV	District-wise presentation	IEC tools, apron and flipbook, bead game
Session V	Post test and logistics	

Appendix - 4

Pre and Post-Test Questionnaire

<p>1. How much blood is released from an adolescent girl's body during menstruation? <input type="checkbox"/> 10 -20 ml <input type="checkbox"/> 35-50 ml <input type="checkbox"/> 50-60 ml <input type="checkbox"/> 150 – 200 ml</p> <p>2. If a girl does not start menstruating at the age of 16, what should be done? <input type="checkbox"/> Consult the doctor <input type="checkbox"/> Wait for a year <input type="checkbox"/> Eat heat-producing food</p> <p>3. What is the meaning of menstruation? <input type="checkbox"/> Internal layer of the uterus breaking down <input type="checkbox"/> No fertilization takes place <input type="checkbox"/> Indicative of the girl's capacity to attain motherhood <input type="checkbox"/> All of the above</p> <p>4. To reduce Anaemia, adolescent girls should take ---- <input type="checkbox"/> One IFA tablet at day <input type="checkbox"/> One IFA tablet in a week <input type="checkbox"/> One IFA tablet a week and de-wormin once in 6 months <input type="checkbox"/> Eat green vegetables at least once a week</p> <p>5. Discussion on the issue of menstruation is necessary because--- <input type="checkbox"/> A girl can prevent herself from unwanted pregnancy <input type="checkbox"/> Rather than paying attention to myths, she can carry out her routine work <input type="checkbox"/> She can use sanitary napkin</p> <p>6. Is it possible for an unmarried girl to contract RTI? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>7. The time period of a normal menstruation is : <input type="checkbox"/> 1-2 days <input type="checkbox"/> 2-7 days <input type="checkbox"/> 5-9 days <input type="checkbox"/> 10-12 days</p>
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8. Which of the following is not considered the right behaviour during menstruation?
 Taking nutritious food Exercising Should not take bath Should go to temple
9. An adolescent girl's body has
 One uterus and two ovaries One ovary and two uterus
 One uterus and one ovary Two uterus and two ovary
10. Adolescent girls should take meals
 At least twice a day At least 3 times a day
 Four times a day Before going to school and after returning from school

Appendix – 5: Sample Analysis of Pre and Post test questionnaires

1

	PRE TEST RESULT (TOTAL PARTICIPANT= 18)		SCORE IN %	POST TEST RESULT (TOTAL PARTICIPANT= 16)		SCORE IN %	%IMPROVEMENT
	YES	NO		YES	NO		
1. How much quantity of blood flows out during menstruation	7	11	39%	16	0	100%	61
2. What should be done, if menstruation does not start at the age of 15 years?	14	4	78%	15	1	94%	16
3. Meaning of menstruation.	10	8	56%	16	0	100%	44
4. How can Anemia be reduced amongst adolescent girls	4	14	22%	12	4	75%	53
5. It is important to talk about Menstruation why?	18	0	100%	16	0	100%	0
6. Can unmarried adolescent girl get RTI	15	3	83%	16	0	100%	17
7. Normal duration of menstruation	14	4	78%	16	0	100%	22
8. Which among adolescent girls is not correct behavior in connection to menstruation	12	6	67%	15	1	94%	27

¹ Pre & Post Test Analysis

9. An adolescent girl has how many (Uterus and ovaries)	13	5	72%	15	1	94%	22
10. No. of times adolescent girls should eat in a day?	4	14	22%	16	0	100%	78

Appendix – 6: Format of Facilitator’s session-wise report

Date:

Name of school:

Number of participants:

Topics covered during the session:

Questions raised during the session:

Positive aspects in the session:

Negative aspects in the session:

Challenges

Signature:

Name:

Trainer’s name:

Appendix – 7: FGD Guidelines

-
- **What did you like most about the session?**
 - **Which issues were discussed that you liked most?**
 - **What is new that you have learnt in this session?**
 - **Would you prefer to use sanitary napkins or home made napkins in future (during periods)?**
 - **Which of the topics do you think needs more emphasis?**
 - **Is there a covered dustbin in the school toilet?**
 - **Have you ever faced gender discrimination?**
 - **What is your perception of female foeticide? Is it right or wrong?**
-

CHECK LIST FOR MONITORING

Name of Supervisor:

Name of District:

Date:

Name of NGO:

Time:

Name of School and address:

Name of Surveyor:

S.No	Issues	Remarks
1	Has prior appointment been taken with school Principal	
2	Did the surveyor meet and brief the Principal before starting data collection	
3	Did the surveyor give the questionnaire to the teachers first.	
4	Are 20 students present in the data collection session.	
5	Have all the students attended the session.	
6	Are the questions being taken up one at a time	
7	Is each question being explained thoroughly.	
8	Is there sufficient time for the students to answer each question before going to the next.	
9	If the students are not able to understand a question is the surveyor clarifying the question.	
10	Are the students ticking the appropriate option.	

